

## **RECEIVED**

## NOV 14 2016

# CANDIDATE COMMITTEE COVER PAGE

#### **WOHAM COUNTY CLERK'S OFFICE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	07/21/16 <sub>to</sub> 10/2	0/16
1. Committee I.D. Number		Candidate Last Name	First Name	M.I.
46536		Hussain	Adam	N
O Committee Name		· · · · · ·	trict # or Community Served (If a	pplicable)
2. Committee Name		Lansing City Council,	3rd Ward	
Adam Hussain for 3rd W	ard	4b. County of Residence ING	НАМ	
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address	
3814 Calvin Dr.		Adam Hussain		
		3814 Calvin Dr.		
		Lansing, Mi. 48911		
Area Code and Phone (517) 528-2218				
If the address in this box is different from the commi mailing address on the Statement of Organization, r	ttee nail may	Area Code & Phone (517) 52	8-2218	•
be sent to this address by the filing official.  7. Treasurer's Business Address	<u>.                                    </u>		s Name and Mailing Address (If t	ha aammittaa haa a
		Designated Record keeper)	s Name and Mailing Address (ii i	ne committee has a
N/A		N/A		
		F2016-1496 11/14/16 8:27 AM Page 1 CAMP \$0:00	l of 1	
		Barb Byrum, Ingham Cour	ity Clerk	
				d ( a Marina), ( 11   11   11   11   11   11   11   1
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT		1 Area Gode and Friorie	9e. Dissolution of Candidate	Committee
9a. Pre-Election OR 9b. Post-Election	is not on the	NLY if candidate ballot for the		certify any outstanding debt
Pre-Election or Post-Election Statement relates to:	current year:	by the committee to the candidate or his or his or his discharged and forgiven, and no longer of the committee. The committee has no oustain		I no longer collectible from
Primary	July Quart	erly	owes no lates fees or has any o	•
General	X October Q	uarterly	Further, if the dissolution cannot	be granted, that this be
Convention			considered a request for the Re	porting Waiver.
☐Special	9c. Annua	al Statement ( )		
School		Coverage Year	Effective date of disso	blution
— □Caucus		dment to Campaign Statement		
		plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of residua	
	amend	ied.)	Schedule 1B and the Summary	rage.
Date of Election, Convention or Caucus				
	}			
<ol> <li>Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a</li> </ol>			ent and attached schedules (if ar	y) and to the best of
Current Treasurer or Designated Record keeper	n	1	Date	11/13/2016
Type or Print Name		Signature		
Candidate Adam Hussain			Date	11/13/2016
Type or Print Name		Signature		

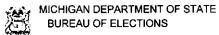
Authority granted under P.A. 388 of 1976

1. Committee I.D. Number 46536

# SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Adam Hussain for 3rd Ward

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 0.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$0.00	(18.) <b>\$ \$1</b> ,625.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _\$0.00	(19.) \$ \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$ \$1,625.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$0.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _\$0.00	(22.) \$ \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ \$0.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _\$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _\$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$0.00	(23.) \$ \$6,776.80
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
Disbursements     a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ _\$3,844.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	### STATEMENT  ### (13.) \$ \$67.45  ### (14.) + \$ \$0.00  ### (15.) = \$ \$67.45  ### (16.) - \$ \$0.00  ### (17.) \$ \$67.45	*



#### **ITEMIZED CONTRIBUTIONS SCHEDULE 1A**

#### CANDIDATE COMMITTEE

1. Committee I.D. Number 46536

2. Committee Name Adam Hussain for 3rd Ward

	x to indicate if cont	contribution is from an individu tribution is from a Political Cor regardless of amount.			6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1  Name & Address:	PAC Receipt?	YES 4. Date of Re	ceipt			
					\$	<u> </u>
5. If over \$100.00 cum	ılative, please pro	ovide:			Click Hors	for \$4 amo Itamination
Occupation		_ Employer	_		Click Here	for Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	Fund Raise	er		
3. Contribution #2 Name & Address	PAC Receipt?	YES 4. Date of Re	ceipt			
					\$	\$
5. If over \$100.00 cumu	lative, please pro	vide:			Click Here f	or Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a person	Fund Rai	ser		
5. If over \$100.00 cum	ılative. please pro	vide:			\$Click Here for	- \$or Memo Itemization
Occupation						
Business Address						
Type of Contribution:	Direct	Loan from a person	Fund Rai	ser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES 4. Date of F	teceipt			
5. If over \$100.00 cum	ılatîve, please pro	ovide:			\$	- \$
Occupation		Employer			Click nere to	or Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a person	Fund Rais	ег		
		(C		Page Subtotal All Schedules 1A age of Schedule)		
Page					Enter this total on line 3a of Summar Page.	у



# ITEMIZED OTHER RECEIPTS SCHEDULE 1A-1

#### CANDIDATE COMMITTEE

1. Committee I.D. Number 46536

2. Committee Name Adam Hussain for 3rd Ward

3. Name & Address From Whor	m Received 4. Date of Receipt	5. Type of Receipt 6. Amount	t
Receipt #1	Date of Receipt	Loan from a Lending Institution	
Name & Address:			;
		Refund \Rebate Click for Memo Itemization T	уре
	Fund Raiser	Other (Specify)	
Receipt #2	Date of Receipt	Loan from a Lending Institution	
Name & Address:			
		Interest \$	
		Refund \Rebate Click for Memo Itemization	Туре
	Fund Raiser	Other (Specify)	ļ
Receipt #3 Name & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest \$	<del></del>
		Refund \Rebate Click for Memo Itemization	Туре
	Fund Raiser	Other (Specify)	
Receipt #4	Date of Receipt		
Name & Address:		Loan from a Lending Institution  \$	
		Interest	
		Refund \Rebate Click for Memo Itemization 1	Туре
	Fund Raiser	Other (Specify)	i
Receipt #5	Date of Receipt	Loan from a Lending Institution	
Name & Address:			
		Refund \Rebate Click for Memo Itemization	Туре
	Fund Raiser	Other (Specify)	
Receipt #6 Name & Address:	Date of Receipt	Loan from a Lending Institution	
		Interest	
		Refund \Rebate Click for Memo Itemization 1	Туре
	Fund Raiser	Other (Specify)	
Receipt #7	Date of Receipt	Loop from a Looping Institution	
Name & Address:		Loan from a Lending Institution \$	
		Interest	
		Refund \Rebate Click for Memo Itemization T	туре
	Fund Raiser	Other (Specify)	
		Page Subtotal	
		Grand Total of All Schedules 1A -1	
		(Complete on last page of Schedule)	

Enter this total on line 4 of Summary Page

Page 1 of 2



Page 1 of 2

#### **ITEMIZED IN-KIND CONTRIBUTIONS**

SCHEDULE 1-IK

1. Committee I. D. Number 46536

CA	NE	DID.	ATE	CO	ΜN	IITTEE

DATE COMMITTEE 2. Committee Name Adam Hussain for 3rd Ward

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Reportall in-kind contributions.  Contribution # 1 PAC Receipt? Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. Type of In-Kind Contribution (Check applicable box)  5. Date of Receipt  6. Name & Address of Vendor from whom goods or services were purchased  4. Endorsement or Guarantee of Bank Loan  Goods Donated or Loaned Services Donated  Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others-LOAN  Description  5. Date Of Receipt:  6. Vendor Name & Address:	7. Amount or Fair Market Value \$	
Fund Raiser Contribution			
Contribution # 2 PAC Receipt? Yes Name & Address	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	\$	
If over \$100.00 cumulative, please provide: Occupation:	Description		
Employer Name & Address:	Date Of Receipt:      Vendor Name & Address:		
Fund Raiser Contribution	c	lick Here for Memo Ite	emization
Contribution #3 PAC Receipt? Yes Name & Address:	Endorsement or Guarantee of Bank Loan     Goods Donated or Loaned Services Donated	\$	
	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others-LOAN	<u> </u>	
If over \$100.00 cumulative, please provide:  Occupation:	Description		
Employer Name & Address:	Date Of Receipt:      Vendor Name & Address:  C	lick Here for Memo Ite	emization
Fund Raiser Contribution			
	Page Subtota	al	
	Grand Total of all Schedules 1- (Complete on last page of Schedule	I I	
		Enter this total on line 6 of Sumr Page	nary



# SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

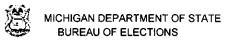
Adam Hussain for 3rd Ward

OANDIDATE OOMINITTEE	2. Committee Name	Old Tidla	
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name			\$
Address	Purpose:	Date	<u> </u>
Address		<del>-</del>	
	°	lick Here for Memo	Itemization Type
	Check box if this expenditure is paymer debt or obligation reported on previous	nt of	
Fund Raiser	statement		
Expenditure #2			
Name			\$
Address	Purpose:	Date	
Address	ruipose.	-	
	c	lick Here for Memo	Itemization Type
	Check box if this expenditure is paymer	nt of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3	Cantonion		
Name			
		Data	\$
Address	Purpose:	Date —	
	c	lick Here for Memo	Itemization Type
	Check box if this expenditure is paymer	nt of	
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4	order non		
Name			
		Date	\$
Address	Purpose:	– Date	
		lick Here for Memo	Itemization Type
			nomization Type
Court Pales	Check box if this expenditure is paymer debt or obligation reported on previous	nt or	
Fund Raiser	statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
		lick Horo for Marro	Itomization Tune
	Check box if this expenditure is paymer	lick Here for Memo nt of	пениганоп туре
Fund Raiser	debt or obligation reported on previous	·· ··	
Land Malour	statement	Nilotatal this assis	
	5	Subtotal this page	
	Grand Total o	f all Schodules 1B	1

Enter this total on line 8a of Summary Page

(Complete on last page of Schedule)

Page \_\_\_\_ of \_\_\_



#### ITEMIZED IN-KIND EXPENDITURES SCHEDULE 1B - IK

**CANDIDATE COMMITTEE** 

1. Committee I. D. Number

46536

## 2. Committee Name Adam Hussain for 3rd Ward

	2. 001111111110		
Name and Address of person to whom goods or services were donated or transferred.	Type of In-Kind Expenditure     (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	Donation of goods or services to a Ballot     Question Committee     Donation of assets to tax exempt charitable     Institution     Donation of assets to Political Party Committee	S Date	<b>5</b>
	Other  Description	Click Here for Memo Item	nization Type
Expenditure #2 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo Item	
Expenditure #3 Name & Address:	Donation of goods or services to a Ballot Question Committee     Donation of assets to tax exempt charitable institution     Donation of assets to Political Party Committee     Other     Description:	Date Click Here for Memo Item	s nization Type
Expenditure #4 Name & Address:	Donation of goods or services to a Ballot Question Committee     Donation of assets to tax exempt charitable institution     Donation of assets to Political Party Committee     Other     Description:	Date Click Here for Memo Item	
Expenditure #5 Name & Address:	4. Donation of goods or services to a Ballot Question Committee Donation of assets to tax exempt charitable institution Donation of assets to Political Party Committee Other Description:	Date Click Here for Memo Item	
1 2		Page Subtotal  Page Subtotal  al of all Schedules 1B-iK  n last page of Schedule)	Enter this total on line 7 of the Summary Page

Page \_\_\_\_\_ of \_\_\_\_\_



#### **EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES**

SCHEDULE 1 B - G

1. Committee I.D. Number

46536	

**CANDIDATE COMMITTEE** 

2. Committee Name

Adam Hussain for 3rd Ward

BAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS.

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f.

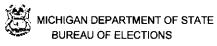
ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED 3. Name and address of person or vendor to whom the Type of Activity 6. Amount 5. Date expenditure was made Expenditure #1 Election Day Busing of Voters To The Polls Name & Address: Slate Cards Challengers Poll Watchers Poll Workers Date Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type For Activity Type b-f, check one: In-Kind Independent Check box if this expenditure is payment of If in support of, or in opposition to, a ballot proposal, check one: debt or obligation reported on previous statement Oppose Statewide Proposal Name Local Proposal Name Indicate County Expenditure #2 Name & Address: \_ Election Day Busing of Voters To The Polls Challengers b. Slate Cards Poll Watchers Poll Workers Date Get-Out-The Vote Activity (Specify): Click Here for Memo Itemization Type For Activity Type b-f, check one: In-Kind Independent \_Check box if this expenditure is payment of If in support of, or in opposition to, a ballot proposal, check one: debt or obligation reported on previous statement Support Oppose Statewide Proposal Name Indicate County Local Proposal Name Expenditure #3 a. Election Day Busing of Voters To Name & Address: b. Slate Cards c. Challengers Poil Watchers e. Poil Workers Date Get-Out-The Vote Activity (Specify): For Activity Type b-f, check one: Click Here for Memo Itemization Type Independent Check box if this expenditure is payment of If in support of, or in opposition to, a ballot proposal, check one: debt or obligation reported on previous statement Support Oppose Statewide Proposal Name Local Proposal Name Indicate County

Page \_\_\_\_ of \_2

Enter total on Line 8b Summary Page

Subtotal this page

Grand Total of all Schedules 1B-G) (Complete on last page of Schedule



#### **INCIDENTAL OFFICE EXPENSE DISBURSEMENTS SCHEDULE 1C CANDIDATE COMMITTEE**

1. Committee I. D. Number 46536

(For use by officeholders only)

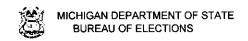
2. Committee Name Adam Hussain for 3rd Ward

Name and address of person to whom disbursement was made	Description of Disbursement     (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address:	Purpose		
			\$
		Date Click for Memo Ite	emization Tyne
			2
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 2 Name & Address:	Purpose		
			<u> </u>
		Date	
		Click for Memo Ite	mization Type
	Disbursement Code		
Check box if this disbursement is payment of debt or obligation reported on previous statement	Fund Raiser		
Disbursement # 3 Name & Address:	Purpose		
Name & Address.			<u> </u>
		Date	
		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser	·	
Disbursement # 4 Name & Address:	Purpose		
		Date	_ \$
		Click for Memo Ite	mization Type
Check box if this disbursement is payment of debt or obligation	Disbursement Code		
reported on previous statement	Fund Raiser	0.444	T
		Subtotal this page	
	Grand Tota (Complete on la	al of all Schedules 1C ast page of Schedule)	
			Enter this total

Enter this total on line 10a of Summary Page

\*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Page 1 of 2



Page \_1 \_\_\_ of \_2

## FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE 1. Committee I.D. Number CANDIDATE COMMITTEE

2. Committee Name Adam Hussain for 3rd Ward

	- USE A SEPARATE SH	EET FOR EACH EVENT	-
3. Date Event Was Held	Number of Individuals Attending or Participating (whichever is greater)	5. Type of Fund Raising Activity	6. Address and Name (If any) of place where the activity was held  Private Residence
7. Total Contributions			
8. Other Receipts			
9. Gross Receipts (Add lines	7 and 8)		
10. Total Cost of Event (Total Cost includes In-Kind	Contributions and All Expenditures	s Made For the Event)	
11. Check if event was a	a joint fund raiser and complete the	e following:	
Co-Sponsor(s)	Contribution § (%)	Split	Expenditure Split (%)
	_		
<del></del>			
_	_		
-	<del></del>		
The committee is re-	quired to file a separate Fund Rais	eer Schedule for each fund rais	ing event held during the
<ul> <li>period covered by the Receipts and expension Schedule (1A), Item Summary Page.</li> </ul>	quired to life a separate Fund Rais le Campaign Statement. ditures listed on a Fund Raiser Sc ized In-Kind Contributions Schedu t participated in a joint fund raiser	hedule must also be reported onle (1-IK), Itemized Expenditure	on the Itemized Contributions es Schedule (1B) and the



#### **DEBTS AND OBLIGATIONS** SCHEDULE 1E

1. Committee I.D. Number \_

2. Committee Name Adam Hussain for 3rd Ward

This Schedule itemizes:						
	_					
a ✓ Debts and obligations owed by or forgiven the com (Che	nmittee OR b. Debts eck either a or b. Use only for the pu	s and obligations owed <u>to</u> ourpose checked.)	or forgiven <u>by</u> the cor	nmittee.		
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding     Balance at close     of this period		
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)		
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	<b>\$</b>				
Adam Hussain	5. Date Debt Was Incurred:	s				
3814 Calvin Dr.	03/20/15	\$				
Lansing, Mi. 48911	6. Original Amount of Debt		\$ 0.00	\$ <u>244.00</u>		
	£ 244.00	<u> </u>		FORGIVEN		
	\$	l\$				
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _			
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	\$				
Adam Hussain	5. Date Debt Was Incurred:	s				
3814 Calvin Dr.	3/24/2015					
Lansing, Mi. 48911	6. Original Amount of Debt:	<b>\$</b>	\$ _0.00	\$ 500.00		
	\$ <u>500.00</u>	\$		FORGIVEN		
		\$		LITORGIVEN		
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_			
Debt #3 Corp? Yes	4. Type: Loan	s				
Owed to or by:	· · ·					
Adam Hussain 3814 Calvin Dr.	5. <u>Date Debt Was Incurred</u> :	\$				
Lansing, Mi. 48911	7/16/2015	\$	0.00	s 1,000.00		
Lansing, IVII. 40911	6. Original Amount of Debt:	\$	\$_0.00	\$		
	<u>\$1,000.00</u>	<b>*</b>		FORGIVEN		
		Ф				
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_			
		Page Subtota	al (Outstanding debt)	\$1,744.00		
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)  Enter this total						
				on line 12a "owed		

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

by"" or line 12b "owed to" of the Summary Page

Page \_1 \_\_\_ of \_2 \_\_\_



### DEBTS AND OBLIGATIONS 1. Committee I.D. Number SCHEDULE 1E

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46	536	
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Adam Hussain for 3rd Ward

CANDIDATE COMMITTEE 2. C	ommittee Name	Sail for Sid vvai	<u> </u>	
This Schedule itemizes:				
a	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan	<u> </u>		
Adam Hussain 3814 Calvin Dr. Lansing, Mi. 48911	5. <u>Date Debt Was Incurred</u> :  10/11/15 6. <u>Original Amount of Debt</u> :  \$ 500.00	\$ \$ \$ \$	\$ 0.00	\$_500.00
if bank loan, name of endorser or guarantor: Amount Endorsed: \$				
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	\$		
Adam Hussain 3814 Calvin Dr. Lansing, Mi. 48911	5. <u>Date Debt Was Incurred</u> :  12/3/2015 6. <u>Original Amount of Debt</u> :  \$ 1,600.00	\$ \$	\$ 0.00	\$_1,600.00
If bank loan, name of endorser or guarantor:		<u> </u>	t Southern de G	FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type:  5. Date Debt Was Incurred:  6. Original Amount of Debt:  \$	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ss	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
Page Subtotal (Outstanding debt)  Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				
A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.				