MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137230
2. Committee Name COM FOR VINSON

FILED
06 OCT 26 AM 10:31
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Itemized Contributions (Schedule 1A - Column 6)	(3.) $	4874.14	(18.) $
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $	-0-	(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3 + Line 4)	(5.) $	4874-14	(20.) $
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	-0-	(21.) $
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	-0-	(22.) $
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	4421.45	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	-	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	-	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	4421.45	(23.) $
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) $	-0-	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	-0-	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	-0-	(24.) $
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed **by** the Committee (Schedule 1E)	(12a.) $		
b. Owed **to** the Committee (Schedule 1E)	(12b.) $		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	-0-
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	4421.45
15. SUBTOTAL Add lines 13 and 14	(15.) = $	4421.45
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	4421.45
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	-0- *

***If your ending balance is negative, please recheck your math.**

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137232

2. Committee Name COMM FOR VINSON

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7-8-04 Name: SAM Weaver Address: 11552 12 Mi Warren 48093 5. If over $100.00 cumulative, please provide: Occupation Self Employed Employer Business Address 11552 12 Mi Warren MI 48093 Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	200.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7-1-04 Name: DR LOUIS Heller Address: 22972 LASher RD S.F. 48034 5. If over $100.00 cumulative, please provide: Occupation — Employer — Business Address — Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	25.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7-2-04 Name: REV Sharon Buttry Address: 20798 Syracuse 5. If over $100.00 cumulative, please provide: Occupation — Employer — Business Address — Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	10.00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 1-4-04 Name: NATHAN VINSON Address: 3399 Pearl 5. If over $100.00 cumulative, please provide: Occupation Retired Employer G.M Business Address 23500 Mound Warren Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser	3754.14	
Page Subtotal	3989.14	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4874.14	

Enter this total on line 3a of Summary Page

Authority granted under P.A. 388 of 1976 CFR 4/2000-c-1a

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 13 723

2. Committee Name Committee For Vinson

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name DYNASTY ARTISTIC Address 1150 Grumwold Det 26 ☐ Fund Raiser	Purpose: Shirts Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6-4-04	140 40
Expenditure #2 Name SVEDEN House Address 29477 7 Mi LIVONIA MI 48152 ☐ Fund Raiser	Purpose: OPen House Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	6/20/04	190 00
Expenditure #3 Name Flyer Distribution Address Charles Sutton 19105 Mound Det 34 ☐ Fund Raiser	Purpose: PASS OUT FLYER Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/15/04	1,200
Expenditure #4 Name Badge o' Mint Address 345 N LEWIS Ave OGLESBY IL 61348 ☐ Fund Raiser	Purpose: Badges Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		41 90
Expenditure #5 Name NATHAN VINSON Address 3399 Reed Warren ☐ Fund Raiser	Purpose: LOAN Payment Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7-10-04	350 00

Subtotal this page: 1922.30

Grand Total of all Schedules 1B (Complete on last page of Schedule): 4421.45

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

 Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-1b

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 13723
2. Committee Name COM FOR VINSON

This Schedule itemizes:

a. ☐ Debts and obligations owed by or forgiven the committee **OR** b. ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. 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 (Indicate type and you may assign an expenditure code) 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: NATHAN VINSON 3399 Pearl Warren	4. Type: LOAN 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	1/4/04 $ 3754.14 1/4/04 $ / / $ / / $ / / $	$	$ 3754.14 ☒ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $	$	☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $		☐ FORGIVEN
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	

Page Subtotal (Outstanding debt) 3754.14

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

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.