

CERTIFIED MAIL

OCT 15 1990

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee  
(Summary Page)

90 OCT 18 PM 2:33

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)

VINCENT FOR CONGRESS

ADDRESS (number and street) ☐ Check if different than previously reported.

2281 EDISON

CITY, STATE and ZIP CODE

DETROIT MICHIGAN

STATE/DISTRICT

4806

2. FEC IDENTIFICATION NUMBER

137367

3. IS THIS REPORT AN AMENDMENT?

☐ YES

☐ NO

OFFICE OF THE CLERK  
U.S. HOUSE OF REPRESENTATIVES

1990 OCT 19 PM 2:43

## 4. TYPE OF REPORT

☐ April 15 Quarterly Report

☐ July 15 Quarterly Report

☒ October 15 Quarterly Report

☐ January 31 Year End Report

☐ July 31 Mid-Year Report (Non-election Year Only)

☐ Twelfth day report preceding

(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

☐ Thirtieth day report following the General Election on

\_\_\_\_\_ in the State of \_\_\_\_\_

☐ Termination Report

This report contains activity for

☒ Primary Election

☐ General Election

☐ Special Election

☐ Runoff Election

## SUMMARY

| 5. Covering Period                                                                            | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|-----------------------------------------------------------------------------------------------|-------------------------|-----------------------------------|
| 7/27/90 through 9/30/90                                                                       |                         |                                   |
| 6. Net Contributions (other than loans)                                                       |                         |                                   |
| (a) Total Contributions (other than loans) (from Line 11(e))                                  | 34,506.50               | 125,088.50                        |
| (b) Total Contribution Refunds (from Line 20(d))                                              |                         |                                   |
| (c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))                       | 34,506.50               | 125,088.50                        |
| 7. Net Operating Expenditures                                                                 |                         |                                   |
| (a) Total Operating Expenditures (from Line 17)                                               | 39,630.61               | 166,230.70                        |
| (b) Total Offsets to Operating Expenditures (from Line 14)                                    |                         |                                   |
| (c) Net Operating Expenditures (subtract Line 7(b) from 7(a))                                 | 39,630.61               | 166,230.70                        |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)                                   | 6,990.21                |                                   |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)  |                         |                                   |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 44,581.64               |                                   |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Signature of Treasurer

Date

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-376-3120

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3  
(revised 4/87)

# DETAILED SUMMARY PAGE

of Receipts and Disbursements  
(Page 2, FEC FORM 3)

|                                                                                     |  |                                                                        |                                          |
|-------------------------------------------------------------------------------------|--|------------------------------------------------------------------------|------------------------------------------|
| Name of Committee (in full)<br><b>VINCENT FOR CONGRESS</b>                          |  | Report Covering the Period:<br>From: <b>9/27/98</b> To: <b>9/30/98</b> |                                          |
| <b>I. RECEIPTS</b>                                                                  |  | <b>COLUMN A</b><br>Total This Period                                   | <b>COLUMN B</b><br>Calendar Year-To-Date |
| <b>11. CONTRIBUTIONS (other than loans) FROM:</b>                                   |  |                                                                        |                                          |
| (a) Individuals/Persons Other Than Political Committees                             |  |                                                                        |                                          |
| (i) Itemized (use Schedule A)                                                       |  | <b>34,156.50</b>                                                       |                                          |
| (ii) Unitemized                                                                     |  |                                                                        |                                          |
| (iii) Total of contributions from individuals                                       |  | <b>34,156.50</b>                                                       | <b>115,238.50</b>                        |
| (b) Political Party Committees                                                      |  | <b>1,350.00</b>                                                        | <b>9,350.00</b>                          |
| (c) Other Political Committees (such as PACs)                                       |  |                                                                        |                                          |
| (d) The Candidate                                                                   |  |                                                                        |                                          |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))       |  | <b>34,506.50</b>                                                       | <b>125,088.50</b>                        |
| <b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.</b>                              |  |                                                                        |                                          |
| <b>13. LOANS:</b>                                                                   |  |                                                                        |                                          |
| (a) Made or Guaranteed by the Candidate                                             |  |                                                                        | <b>30,152.00</b>                         |
| (b) All Other Loans                                                                 |  |                                                                        |                                          |
| (c) TOTAL LOANS (add 13(a) and (b))                                                 |  |                                                                        | <b>30,152.00</b>                         |
| <b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)</b>               |  |                                                                        |                                          |
| <b>15. OTHER RECEIPTS (Dividends, Interest, etc.)</b>                               |  |                                                                        |                                          |
| <b>16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)</b>                         |  | <b>34,506.50</b>                                                       | <b>155,240.50</b>                        |
| <b>II. DISBURSEMENTS</b>                                                            |  |                                                                        |                                          |
| <b>17. OPERATING EXPENDITURES</b>                                                   |  | <b>39,630.61</b>                                                       | <b>166,230.70</b>                        |
| <b>18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.</b>                                |  |                                                                        |                                          |
| <b>19. LOAN REPAYMENTS:</b>                                                         |  |                                                                        |                                          |
| (a) Of Loans Made or Guaranteed by the Candidate                                    |  |                                                                        |                                          |
| (b) Of All Other Loans                                                              |  |                                                                        |                                          |
| (c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))                                       |  |                                                                        |                                          |
| <b>20. REFUNDS OF CONTRIBUTIONS TO:</b>                                             |  |                                                                        |                                          |
| (a) Individuals/Persons Other Than Political Committees                             |  |                                                                        |                                          |
| (b) Political Party Committees                                                      |  |                                                                        |                                          |
| (c) Other Political Committees (such as PACs)                                       |  |                                                                        |                                          |
| (d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))                             |  |                                                                        |                                          |
| <b>21. OTHER DISBURSEMENTS</b>                                                      |  |                                                                        |                                          |
| <b>22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)</b>                    |  | <b>39,630.61</b>                                                       | <b>166,230.70</b>                        |
| <b>III. CASH SUMMARY</b>                                                            |  |                                                                        |                                          |
| <b>23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD</b>                            |  | \$                                                                     | <b>&lt;1866.09&gt;</b>                   |
| <b>24. TOTAL RECEIPTS THIS PERIOD (from Line 16)</b>                                |  | \$                                                                     | <b>34,506.50</b>                         |
| <b>25. SUBTOTAL (add Line 23 and Line 24)</b>                                       |  | \$                                                                     | <b>32,640.41</b>                         |
| <b>26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)</b>                           |  | \$                                                                     | <b>39,630.61</b>                         |
| <b>27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)</b> |  | \$                                                                     | <b>&lt;6990.20&gt;</b>                   |

90714132153

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 59  
FOR LINE NUMBER 58

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                         |                                                                                                                    |                                                                               |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Mary L. Doss - Morris</i><br/> <i>1232 St. Aubin Pl</i><br/> <i>Detroit MI 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>   | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>50.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>                   |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Corliss Floyd</i><br/> <i>18414 Moundland</i><br/> <i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>             | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>50.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>                   |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Ross Fowler</i><br/> <i>2425 W. Boston Blvd</i><br/> <i>Detroit MI 48206</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>           | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>50.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>                   |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Richard Freeman, M.D.</i><br/> <i>1300 Lafayette East</i><br/> <i>Detroit MI 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>50.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>                   |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Maurice Hall, M.D.</i><br/> <i>3001 Seminole</i><br/> <i>Detroit, MI 48214</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>         | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>185.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i><br/> <i>50.00</i></p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Anthony Harris, M.D.</i><br/> <i>26240 Summerdale</i><br/> <i>Southfield MI 48034</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>  | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>160.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>                   |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Jesse Hoover</i><br/> <i>16825 Normandy</i><br/> <i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>               | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>25.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p>                     | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>                   |

SUBTOTAL of Receipts This Page (optional)

*350.00*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE **2** OF **58**  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                |                                                                                                         |                                                  |                                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Vivian Howell</i><br><i>8120 E Jefferson #31K</i><br><i>Detroit MI 48214</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>25.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Jacqueline Hughes</i><br><i>1032 Trevor Place</i><br><i>Detroit MI 48207</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>50.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>50.00</i> |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Alice Jackson</i><br><i>1003 Trevor Pl.</i><br><i>Detroit MI 48207</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>50.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>50.00</i> |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Yvonne Johnson</i><br><i>250 Harbor Town</i><br><i>Detroit MI 48207</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>25.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>Yvonne Kendrick</i><br><i>1520 Lincolnshire</i><br><i>Detroit MI 48203</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>25.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>George Kimbrough</i><br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>25.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Earl Lloyd</i><br><i>1300 Lafayette E.</i><br><i>Detroit MI 48207</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>25.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |

SUBTOTAL of Receipts This Page (optional)

*225.00*

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE **3** OF **59**  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                           |                                                           |                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>John Loonis, M.D.</i><br/> <i>19301 Burlington</i><br/> <i>Detroit MI 48203</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>     | <p><b>Name of Employer</b><br/> <i>Self</i></p> <p><b>Occupation</b><br/> <i>Physician</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>275.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>                   |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Dennis Makulski</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                                                 | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>25.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>                   |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Amyre Makupson</i><br/> <i>23475 Coventry Woods</i><br/> <i>Southfield MI 48034</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>50.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>                   |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Philip Mathews</i><br/> <i>19205 Berkley Rd</i><br/> <i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>        | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>75.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i><br/> <i>25.00</i></p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>James McKee</i><br/> <i>2421 Second Ave</i><br/> <i>Detroit MI 48226</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>25.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>                   |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Shirley Mobley</i><br/> <i>2023 Orleans B331</i><br/> <i>Detroit MI 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>       | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>25.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>                   |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Velma Mobley</i><br/> <i>13305 Vassar</i><br/> <i>Detroit MI 48235</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>              | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>25.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>                   |

SUBTOTAL of Receipts This Page (optional)

*250.00*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 4 OF 5  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                     |                                                                                                                                        |                                                  |                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Flora Robinson</i><br><i>23860 Morton</i><br><i>Oak Park MI</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00                                       | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Dorothy Sanders</i><br><i>2661 E Lafayette</i><br><i>Detroit MI 48207</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00                                       | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Salman Sesi</i><br><i>6355 Wellesley Dr</i><br><i>W. Bloomfield, MI 48322</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><i>Sesi &amp; Sesi</i><br><b>Occupation</b><br><i>Attorney</i><br><b>Aggregate Year-to-Date</b> > \$ 350.00 | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>50.00</i> |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Shaya, Mary</i><br><i>3660 Wakeek Lake Rd</i><br><i>Bloomfield Hills MI 48013</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                                       | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>50.00</i> |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>Vernett Smith</i><br><i>19450 Robson</i><br><i>Detroit MI 48235</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                                       | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>50.00</i> |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Jennie Tanner</i><br><i>16247 Muirland</i><br><i>Detroit MI 48221</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00                                       | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Carol Watson</i><br><i>255 Eason</i><br><i>Highland Park MI 48203</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00                                       | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i> |

SUBTOTAL of Receipts This Page (optional)

*250.00*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE **5** OF **5**  
FOR LINE NUMBER

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NAME OF COMMITTEE (in full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                      |                                                                                              |                                                   |                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>Walter Webb</i><br/><i>1841 Pennington</i><br/><i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Stanley Webb</i><br/><i>6024 Kensington</i><br/><i>Detroit MI 48224</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Jeanette Wheatley</i><br/><i>18942 Wildemere</i><br/><i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>Richard White</i><br/><i>18403 Muirland</i><br/><i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>Phyllis White</i><br/><i>18403 Muirland</i><br/><i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>Robert Williams</i><br/><i>18912 Littlefield</i><br/><i>Detroit MI 48235</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Dan Williams</i><br/><i>18279 Livennois</i><br/><i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p> |

|                                                                  |                      |
|------------------------------------------------------------------|----------------------|
| <p>SUBTOTAL of Receipts This Page (optional) .....</p>           | <p><i>250.00</i></p> |
| <p>TOTAL This Period (last page this line number only) .....</p> | <p></p>              |

000141321-63

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

PAGE **6** OF **58**  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

**Vincent for Congress**

|                                                                                                                                                                                                                                                                                              |                                                                                              |                                                    |                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/> <b>Walter Woods</b><br/> <b>455 Palmarston</b><br/> <b>River Rouge MI 48218</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$ 50.00</b></p> | <p>Date (month, day, year)<br/> <b>7/29/90</b></p> | <p>Amount of Each Receipt this Period<br/> <b>50.00</b></p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/> <b>Harold Fuller</b><br/> <b>18931 Woodingham</b><br/> <b>Detroit MI 48221</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$ 50.00</b></p> | <p>Date (month, day, year)<br/> <b>7/29/90</b></p> | <p>Amount of Each Receipt this Period<br/> <b>50.00</b></p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/> <b>Jacqueline McCutcheon</b><br/> <b>1743 Strathcona</b><br/> <b>Detroit MI 48203</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$ 25.00</b></p> | <p>Date (month, day, year)<br/> <b>7/31/90</b></p> | <p>Amount of Each Receipt this Period<br/> <b>25.00</b></p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/> <b>Dora Brown</b><br/> <b>1770 Strathcona</b><br/> <b>Detroit MI 48203</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$ 25.00</b></p> | <p>Date (month, day, year)<br/> <b>7/31/90</b></p> | <p>Amount of Each Receipt this Period<br/> <b>25.00</b></p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/> <b>Ella Mae Stapleton</b><br/> <b>19405 Warrington</b><br/> <b>Detroit MI 48221</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$ 25.00</b></p> | <p>Date (month, day, year)<br/> <b>7/31/90</b></p> | <p>Amount of Each Receipt this Period<br/> <b>25.00</b></p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/> <b>Vera Heidelberg</b><br/> <b>1470 Belmont</b><br/> <b>Detroit MI 48203</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$ 50.00</b></p> | <p>Date (month, day, year)<br/> <b>7/31/90</b></p> | <p>Amount of Each Receipt this Period<br/> <b>50.00</b></p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/> <b>C. E. Person</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <b>&gt; \$ 50.00</b></p> | <p>Date (month, day, year)<br/> <b>7/31/90</b></p> | <p>Amount of Each Receipt this Period<br/> <b>50.00</b></p> |

SUBTOTAL of Receipts This Page (optional)

**275.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 7 OF 59  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                         |                                                                                                                                    |                                                   |                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>Willetta Cathrell</i><br/><i>19457 Gloucester</i><br/><i>Detroit MI 48203</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>100.00</i></p>                                      | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Viola Johnson</i><br/><i>29260 Franklin Rd.</i><br/><i>Southfield MI 48034</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p>  |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Anthony Attie M.D.</i><br/><i>21325 Gratiot</i><br/><i>E. Detroit, MI 48021</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation<br/><i>Physician</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>100.00</i></p>                 | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>James Boiz</i><br/><i>22250 Providence Dr</i><br/><i>Southfield MI 48035</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p>  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>Kenneth Brown, M.D.</i><br/><i>1750 Strathcona</i><br/><i>Detroit MI 48203</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer<br/><i>Self</i></p> <p>Occupation<br/><i>Physician</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>290.00</i></p> | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>Carol Carter, M.D.</i><br/><i>19271 Strathcona</i><br/><i>Detroit MI 48203</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>150.00</i></p>                                      | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>150.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Ned Chalot M.D.</i><br/><i>560 Fisher Bldg</i><br/><i>Detroit MI 48202</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>150.00</i></p>                                      | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>150.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

*700.00*

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 8 OF 59  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                 |                                                                                                                         |                                                      |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>George C. Hill, M.D.<br>4082 St Andrews Ct.<br>Bloomfield Hills, MI 48013<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Chrysler Corp<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 450.00 | <b>Date (month, day, year)</b><br>7/26/90<br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>\$ 200.00<br>50.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>James Woodruff<br>4252 Wakeek Lake Dr<br>Bloomfield Hills, MI 48013<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00                       | <b>Date (month, day, year)</b><br>7/26/90            | <b>Amount of Each Receipt this Period</b><br>100.00             |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Evelyn M. Golden<br>1 El Vedado Lane #35<br>Santa Barbara, CA 93105<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 10.00                        | <b>Date (month, day, year)</b><br>6/23/90            | <b>Amount of Each Receipt this Period</b><br>10.00              |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Nora Holt<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                                                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00                       | <b>Date (month, day, year)</b><br>6/22/90<br>7/17/90 | <b>Amount of Each Receipt this Period</b><br>50.00<br>50.00     |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>F.H.O. Warner, M.D.<br>2995 St. Jude Dr<br>Drayton Plains, MI 48020<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                        | <b>Date (month, day, year)</b><br>6/25/90            | <b>Amount of Each Receipt this Period</b><br>50.00              |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>R.H. Shackelford, M.D.<br>201 W. Pollock St<br>Mt Olive, N.C. 28365<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                        | <b>Date (month, day, year)</b><br>6/26/90            | <b>Amount of Each Receipt this Period</b><br>50.00              |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Joseph L. Hatch M.D.<br>750 E 100 South<br>Salt Lake City, Utah 84102<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00                       | <b>Date (month, day, year)</b><br>6/26/90            | <b>Amount of Each Receipt this Period</b><br>100.00             |

SUBTOTAL of Receipts This Page (optional)

660.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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PAGE **9** OF **59**  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

**Vincent for Congress**

|                                                                                                                                                                                                                                                                                                              |                                                                                                                     |                                                           |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <b>Robert Katz</b><br/> <b>15590 Thirteen Mile Rd.</b><br/> <b>Birmingham, Mi 48009</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>        | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>100.00</b></p>  | <p><b>Date (month, day, year)</b><br/> <b>6/29/90</b></p> | <p><b>Amount of Each Receipt this Period</b><br/> <b>100.00</b></p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <b>Robert Hueton, M.D.</b><br/> <b>515 Lakeside Dr S.E.</b><br/> <b>Grand Rapids, Mi 49506</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>75.00</b></p>   | <p><b>Date (month, day, year)</b><br/> <b>6/25/90</b></p> | <p><b>Amount of Each Receipt this Period</b><br/> <b>75.00</b></p>   |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <b>Charles M. Blacker</b><br/> <b>1056 Devonshire</b><br/> <b>Grosse Pointe Park, Mi 48230</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>75.00</b></p>   | <p><b>Date (month, day, year)</b><br/> <b>6/16/90</b></p> | <p><b>Amount of Each Receipt this Period</b><br/> <b>75.00</b></p>   |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <b>Frank Jacobell</b><br/> <b>659 North Rosedale</b><br/> <b>Grosse Pointe Woods Mi 48238</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>  | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>75.00</b></p>   | <p><b>Date (month, day, year)</b><br/> <b>6/26/90</b></p> | <p><b>Amount of Each Receipt this Period</b><br/> <b>75.00</b></p>   |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <b>Ramesh Kaza</b><br/> <b>6218 N Timberwood</b><br/> <b>West Bloomfield, Mi 48322</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>         | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>100.00</b></p>  | <p><b>Date (month, day, year)</b><br/> <b>6/29/90</b></p> | <p><b>Amount of Each Receipt this Period</b><br/> <b>100.00</b></p>  |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <b>Eugene Applebaum</b><br/> <b>P.O. Box 2510</b><br/> <b>Troy Mi 48007</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                    | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>200.00</b></p>  | <p><b>Date (month, day, year)</b><br/> <b>7/29/90</b></p> | <p><b>Amount of Each Receipt this Period</b><br/> <b>200.00</b></p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <b>David Barker</b><br/> <b>2632 Whitehall Ct.</b><br/> <b>Warren, Mi 48091</b></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <b>1000.00</b></p> | <p><b>Date (month, day, year)</b><br/> <b>7/29/90</b></p> | <p><b>Amount of Each Receipt this Period</b><br/> <b>1000.00</b></p> |

SUBTOTAL of Receipts This Page (optional)

**1625.00**

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER **5**

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                            |                                                                                                                    |                                                           |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Donald Harris</i><br/> <i>23616 Shugwood Dr.</i><br/> <i>Birmingham, Mi 48010</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>         | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>100.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Rosemary Booth</i><br/> <i>1304 Sunset Blvd</i><br/> <i>Royal Oak, Mi 48067</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>           | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>100.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Vivonne Carter</i><br/> <i>19718 Mansfield</i><br/> <i>Detroit Mi 48235</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>               | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>15.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>15.00</i></p>  |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>George Danz, M.D.</i><br/> <i>219 Vinewood</i><br/> <i>Wyandotte, Mi 48192</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>100.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>David Denn</i><br/> <i>525P Whispering Oak</i><br/> <i>West Bloomfield Mi 48322</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>       | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>100.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Maurry Ellenberg</i><br/> <i>14581 Sherwood Ct</i><br/> <i>Oak Park Mi 48237</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>          | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>25.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Ronald Krone, M.D.</i><br/> <i>6410 Apple Grove Lane</i><br/> <i>Birmingham, Mi 48010</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>150.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/29/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>150.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

*590.00*

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                  |                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Roberto Herrivey, M.D.</i><br><i>503 East Main</i><br><i>Owosso, Mi 48867</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>50.00</i>  | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>50.00</i>  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Mark McQuiggen</i><br><i>29653 Club House Lane</i><br><i>Farmington, Mi 48018</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>100.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i> |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>David Mordis, M.D.</i><br><i>2194 Regency Dr</i><br><i>East Lansing, Mi 48823</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>25.00</i>  | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i>  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>James Potche, M.D.</i><br><i>B220 Clinical Sciences Bldg</i><br><i>East Lansing, Mi 48824</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>100.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i> |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>Andres Restosola</i><br><i>17644 W. Warren Ave</i><br><i>Detroit Mi 48228</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>100.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i> |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Jack Robinson</i><br><i>1589 Kirkway Dr</i><br><i>Bloomfield Hills Mi 48013</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>100.00</i> | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i> |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Alvin Schoenberger, M.D.</i><br><i>5301 South Moor</i><br><i>West Bloomfield Mi 48033</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>75.00</i>  | <b>Date (month, day, year)</b><br><i>7/29/90</i> | <b>Amount of Each Receipt this Period</b><br><i>50.00</i>  |

SUBTOTAL of Receipts This Page (optional)

*525.00*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                    |                                                                      |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>B.J. Shah</i><br/><i>4605 Riverchase</i><br/><i>Troy MI 48098</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                              | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>101.00</i></p>                                      | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                    | <p>Amount of Each Receipt this Period<br/><i>101.00</i></p>                 |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Joan Shapiro, M.D.</i><br/><i>23800 Orchard Lake Rd.</i><br/><i>Farmington Hills, MI 48024</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>100.00</i></p>                                      | <p>Date (month, day, year)<br/><i>7/29/90</i><br/><i>7/29/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>50.00</i><br/><i>50.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Mark Stewart, M.D.</i><br/><i>200 S. Wenona</i><br/><i>Bay City, MI 48706</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                  | <p>Name of Employer<br/><i>Self</i></p> <p>Occupation<br/><i>Physician</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>300.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                    | <p>Amount of Each Receipt this Period<br/><i>300.00</i></p>                 |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>William Thompson, M.D.</i><br/><i>6803 Crestway Dr</i><br/><i>Birmingham, MI 48010</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>150.00</i></p>                                      | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                    | <p>Amount of Each Receipt this Period<br/><i>150.00</i></p>                 |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>Nestor Truccone, M.D.</i><br/><i>2515 Woodward #270</i><br/><i>Bloomfield Hills MI 48013</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                    | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p>                  |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>Genoria Wright</i><br/><i>11300 Wyoming</i><br/><i>Detroit MI 48204</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                    | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>                  |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Lovell Ferris, D.D.S.</i><br/><i>19100 Woodston</i><br/><i>Detroit MI 48203</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                    | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p>                  |

SUBTOTAL of Receipts This Page (optional)

*676.00*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 58

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                           |                                                                                               |                                                                     |                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>Roy Allen Jr</i><br/><i>17577 Fairfield</i><br/><i>Detroit Mi 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>  | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>                  |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Monique Bingle</i><br/><i>16550 Mansfield</i><br/><i>Detroit Mi 48235</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>  | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>                  |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Audrey Brown</i><br/><i>2108 Hyde Park Dr</i><br/><i>Detroit, Mi 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>  | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>                  |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>Phyllis Butler</i><br/><i>654 Chrysler</i><br/><i>Detroit Mi 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>115.00</i></p> | <p>Date (month, day, year)<br/><i>7/29/90</i><br/><i>8/4/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>25.00</i><br/><i>30.00</i></p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>George Cohen Jr.</i><br/><i>611 Orleans</i><br/><i>Detroit Mi 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>  | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>                  |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>Barbara Coulter</i><br/><i>25524 Filmore Place</i><br/><i>Southfield Mi 48075</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>  | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>                  |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Powell Cozart</i><br/><i>1185 Burnham Rd.</i><br/><i>Bloomfield Hills 48015</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>  | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>                  |

SUBTOTAL of Receipts This Page (optional)

*205.00*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                             |                                                                                                                                    |                                                   |                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>John Cook</i><br/><i>4 Jefferson Ct.</i><br/><i>Grosse Pointe Park Mi 48230</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>  |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Ralph Crum, M.D.</i><br/><i>505 Keefer</i><br/><i>Albion Mi 49224</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p>  |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>G. O. Daugherty, M.D.</i><br/><i>4150 50 River Rd</i><br/><i>St Clair, Mi 48079</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>100.00</i></p>                                      | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>A. M. Elliott</i><br/><i>18297 Ohio</i><br/><i>Detroit Mi 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                 | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>50.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p>  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>Barbara Elman</i><br/><i>Tarzana, Ca 91356</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>100.00</i></p>                                      | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>Reginald Ernest M.D.</i><br/><i>1134 Stafford Pl</i><br/><i>Detroit Mi 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer<br/><i>Self</i></p> <p>Occupation<br/><i>Physician</i></p> <p>Aggregate Year-to-Date &gt; \$ <i>225.00</i></p> | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Pamela Ford</i><br/><i>1384 Balton</i><br/><i>Grosse Pointe Park Mi 48230</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>25.00</i></p>                                       | <p>Date (month, day, year)<br/><i>7/31/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>  |

SUBTOTAL of Receipts This Page (optional)

*450.00*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                              |                                                                                                                                                            |                                                           |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Anna George, M.D.</i><br/> <i>1700 Wellesley</i><br/> <i>Detroit MI 48203</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>               | <p><b>Name of Employer</b><br/> <i>Self</i></p> <p><b>Occupation</b><br/> <i>Physicians</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>300.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>300.00</i></p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Scott Goldberg, M.D.</i><br/> <i>2330 Dordchester #103</i><br/> <i>Troy MI 48064</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>        | <p><b>Name of Employer</b><br/> <i>"</i></p> <p><b>Occupation</b><br/> <i>"</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>50.00</i></p>              | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Andrea Gornik</i><br/> <i>3228 Woodview Lake Rd</i><br/> <i>West Bloomfield MI 48033</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>    | <p><b>Name of Employer</b><br/> <i>"</i></p> <p><b>Occupation</b><br/> <i>"</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>100.00</i></p>             | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Carol Guither</i><br/> <i>1300 E Lafayette</i><br/> <i>Detroit MI 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                 | <p><b>Name of Employer</b><br/> <i>"</i></p> <p><b>Occupation</b><br/> <i>"</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>20.00</i></p>              | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>20.00</i></p>  |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>David Herz, M.D.</i><br/> <i>2860 Bonnell Ave SE</i><br/> <i>East Grand Rapids MI 49506</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> <i>"</i></p> <p><b>Occupation</b><br/> <i>"</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>50.00</i></p>              | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Jack Shartsis</i><br/> <i>25565 Wexham</i><br/> <i>4400 Huntington Woods MI 48070</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>       | <p><b>Name of Employer</b><br/> <i>"</i></p> <p><b>Occupation</b><br/> <i>"</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>25.00</i></p>              | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Mary Jane Hock</i><br/> <i>1535 Chateaufort</i><br/> <i>Detroit MI 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                | <p><b>Name of Employer</b><br/> <i>"</i></p> <p><b>Occupation</b><br/> <i>"</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$ <i>50.00</i></p>              | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |

**SUBTOTAL of Receipts This Page (optional)** ..... *595.00*

**TOTAL This Period (last page this line number only)** ..... *595.00*

00014132173

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                  |                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Glenda Isaacs</i><br><i>3375 Lone Pine Rd.</i><br><i>West Bloomfield Mi 48033</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>100.00</i> | <b>Date (month, day, year)</b><br><i>1/31/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i> |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Vijaya Kanumilli</i><br><i>5269 Pond Bluff Dr</i><br><i>West Bloomfield Mi 48232</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>75.00</i>  | <b>Date (month, day, year)</b><br><i>7/31/90</i> | <b>Amount of Each Receipt this Period</b><br><i>75.00</i>  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Avron Krasner</i><br><i>630 Merrick #201</i><br><i>Detroit Mi 48202</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>15.00</i>  | <b>Date (month, day, year)</b><br><i>7/31/90</i> | <b>Amount of Each Receipt this Period</b><br><i>15.00</i>  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Hadley Mack</i><br><i>314 Reno Lane</i><br><i>Grosse Pointe Farms, Mi 48226</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>10.00</i>  | <b>Date (month, day, year)</b><br><i>7/31/90</i> | <b>Amount of Each Receipt this Period</b><br><i>10.00</i>  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>Joseph Haner, M.D.</i><br><i>2435 Beechwood St</i><br><i>Grand Rapids Mi 49506</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>100.00</i> | <b>Date (month, day, year)</b><br><i>7/31/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i> |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Wade McCree</i><br><i>2211 Burns</i><br><i>Detroit Mi 48214</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>25.00</i>  | <b>Date (month, day, year)</b><br><i>7/31/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i>  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Joanna Munkin</i><br><i>1 Ashby Lane</i><br><i>Dearborn Mi 48120</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ <i>25.00</i>  | <b>Date (month, day, year)</b><br><i>7/31/90</i> | <b>Amount of Each Receipt this Period</b><br><i>25.00</i>  |

SUBTOTAL of Receipts This Page (optional)

*350.00*

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 17 OF 59  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                |                                                                                                  |                                           |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Claudette Murphy<br>1075 Gauguin Lane<br>Tega Cay, S.C. 29715<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$25.00  | <b>Date (month, day, year)</b><br>7/31/91 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Lathan Overstreet, M.D.<br>4452 St Antoine.<br>Detroit Mi 48207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$20.00  | <b>Date (month, day, year)</b><br>7/31/91 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Shelley Poole, M.D.<br>555 Brush<br>Detroit Mi 48226<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Charles Popaski<br>1205 N. Kenne<br>Ludington Mi 49431<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00 | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>A. James Potter, M.D.<br>1675 Leahy #315<br>Muskegon, Mi 49442<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00 | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Bonita Reid<br>3320 Spinnaker Lane<br>Detroit Mi 48207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>E Lysa Robinson<br>8200 Jefferson #312<br>Detroit mi 48214<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$15.00  | <b>Date (month, day, year)</b><br>7/31/91 | <b>Amount of Each Receipt this Period</b><br>15.00  |

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                   |                                                                                                                   |                                                           |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Norman Rosenfeld</i><br/> <i>300 Riverfront Pl</i><br/> <i>Detroit MI 48226</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>  | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$100.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Carole Roskind</i><br/> <i>1111 N. Woodward</i><br/> <i>Birmingham, MI 45009</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$50.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Michael Sabbe</i><br/> <i>3436 S. River Rd</i><br/> <i>St Clair MI 48079</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>     | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$50.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Renee Sanker</i><br/> <i>2157 Burner</i><br/> <i>Detroit MI 48214</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$50.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Ellen Sharp</i><br/> <i>8162 E Jefferson</i><br/> <i>Detroit MI 48214</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>        | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$125.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Leon Shearer</i><br/> <i>No Address</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                                          | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$50.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>John Sheik</i><br/> <i>4015 State St</i><br/> <i>Saginaw MI 48603</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$40.00</i></p>  | <p><b>Date (month, day, year)</b><br/> <i>7/31/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>40.00</i></p>  |

SUBTOTAL of Receipts This Page (optional)

*440.00*

TOTAL This Period (last page this line number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                            |                                                                                       |                                                          |                                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Thomas Shape, M.D.<br/>4501 Stein Rd.<br/>Ann Arbor, Mi 48105</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p>            | <p>Amount of Each Receipt this Period</p> <p>100.00</p>          |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Van Silva, M.D.<br/>1020 Fox Chase<br/>Birmingham, Mi 48010</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p>            | <p>Amount of Each Receipt this Period</p> <p>100.00</p>          |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Carol Steele<br/>1300 Lafayette E<br/>Detroit Mi 48207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$30.00</p>  | <p>Date (month, day, year)</p> <p>7/31/90</p>            | <p>Amount of Each Receipt this Period</p> <p>10.00</p>           |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Barbara Stewart<br/>1042 Trevor Place<br/>Detroit Mi 48207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$45.00</p>  | <p>Date (month, day, year)</p> <p>7/31/90<br/>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>20.00<br/>25.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Delmas Taylor<br/>10521 MacArthur Blvd<br/>Potomac Md. 20854</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p>            | <p>Amount of Each Receipt this Period</p> <p>100.00</p>          |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Edward Trowbridge Jr.<br/>727 St Clair<br/>Grosse Pointe, Mi 48230</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$50.00</p>  | <p>Date (month, day, year)</p> <p>7/31/90</p>            | <p>Amount of Each Receipt this Period</p> <p>50.00</p>           |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Robert Vanderbeek<br/>8162 E Jefferson<br/>Detroit Mi 48214</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$250.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p>            | <p>Amount of Each Receipt this Period</p> <p>150.00</p>          |

SUBTOTAL of Receipts This Page (optional)

555.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                |                                                                                                                                      |                                               |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Jeannine Vogt<br/>23521 Forest<br/>Oak Park MI 48237</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>                                                | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Doris Waddell<br/>2992 Woodstock Dr<br/>Detroit MI 48203</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 40.00</p>                                                | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>40.00</p>  |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Chris Wilhelm M.D.<br/>543 Watkins<br/>Birmingham MI 48009</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>                                               | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>F. M. Wilson, M.D.<br/>150 Lewiston<br/>Grosse Pointe Farms, MI 48236</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 150.00</p>                                               | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>B. David Wilson<br/>1519 Holiday Lane<br/>Kalamazoo MI 49008</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>                                               | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Michael Assarian<br/>23775 Northwestern Hwy.<br/>Southfield MI 48075</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Citation Lab. Inc.</p> <p>Occupation</p> <p>Lab Director</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>500.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Harold Breckenfeld<br/>6463 Maple Hills Drive<br/>Birmingham, MI 48010</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>                                               | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER 88

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                |                                                                                                               |                                               |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Sharon Boldon<br/>2904 E. Lafayette<br/>Detroit MI 48207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 20.00</p>                         | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>20.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Jack Buck, M.D.<br/>910 E Lincoln Ave.<br/>Tomb, MI 48846</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>                         | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>25.00</p>  |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>C. Kohler Champion<br/>125 N. Berkshire<br/>Bloomfield Hills, MI 48013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>                        | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Madonna Cook</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>                         | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>25.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Preston Dilts Jr. M.D.<br/>2465 Adore Rd<br/>Ann Arbor MI 48104</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>                        | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>200.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>James Gell, M.D.<br/>427 Wisthome Dr.<br/>Bloomfield Hills MI 48013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Self.</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 400.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>200.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Marvin Gordon<br/>28862 HERSHEYVALE<br/>Franklin MI 48025</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 200.00</p>                        | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |

SUBTOTAL of Receipts This Page (optional) ..... 670.00

TOTAL This Period (last page this line number only) .....

90714132179

## SCHEDULE A

## ITEMIZED RECEIPTS

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Detailed Summary PagePAGE 22 OF 59  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                    |                                                                                                                |                                           |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Yates Hafner<br>1210 W. Boston Blvd<br>Detroit MI 48202<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$20.00                | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>20.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Harcourt Harris, M.D.<br>16500 North Park Dr<br>Southfield MI 48075<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$150.00               | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Hayes<br>208 W. Brown St<br>Birmingham MI 48009<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00               | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>William Heatley, M.D.<br>5855 Dixie Hwy<br>Waterford MI 48095<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00               | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Samuel Indenbaum<br>30133 Ponds View<br>Franklin MI 48025<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$500.00  | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>500.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Stanley Jaszcak M.D.<br>18 Forsyth Lane<br>Grosse Pointe MI 48236<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$1000.00 | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Richard Lamont, M.D.<br>300 Riverfront Pl<br>Detroit MI 48226<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00               | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00  |

SUBTOTAL of Receipts This Page (optional)

1920.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                         |                                                                                                   |                                           |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>J.G. Margolis, M.D.<br>4930 Elizabeth Lake Rd<br>Pontiac Mi 48054<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Kenneth Meyers<br>4653 Maunahua<br>West Bloomfield Mi 48033<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Hinkley, M.D.<br>26640 Huntingwood<br>Huntington Woods, Mi 48070<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Joanne Montilus<br>20170 Gardendale<br>Detroit Mi 48221<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00  | <b>Date (month, day, year)</b><br>7/31/91 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Norman Moss, M.D.<br>2154 S. Hammond Lake Dr<br>West Bloomfield Mi 48033<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00  | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Kenneth Newton, M.D.<br>15252 Gratiot<br>Detroit Mi 48205<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ronald Rothberg<br>5320 High Ct Way<br>West Bloomfield, Mi 48033<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>7/31/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

570.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER 51

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                 |                                                                                        |                                               |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>J. D. Sobel M.D.<br/>6829 Knottwood Cr E.<br/>West Bloomfield MI 48322</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Thomas Souer ville, M.D.<br/>1054 Beach Island Ct.<br/>Milford MI 48042</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Bertram Spivack, M.D.<br/>7407 Cathedral Dr<br/>Birmingham, MI 48010</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Sae Wantum M.D.<br/>1321 Orleans<br/>Detroit MI 48207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 30.00</p>  | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Receipt this Period</p> <p>30.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>John Belamario, M.D.<br/>7540 Horsehill Rd<br/>Grosse Ile, MI 48138</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 150.00</p> | <p>Date (month, day, year)</p> <p>8/1/90</p>  | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Robert Black, M.D.<br/>4160 John R<br/>Detroit MI 48201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                 | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 175.00</p> | <p>Date (month, day, year)</p> <p>8/1/90</p>  | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>John Collins, M.D.<br/>2105 Melrose Ave<br/>Ann Arbor, MI 48104</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)</p> <p>8/1/90</p>  | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |

SUBTOTAL of Receipts This Page (optional) ..... 580.00

TOTAL This Period (last page this line number only) .....

90314132182

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                          |                                                                                                                               |                                              |                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Jerry Evans<br/>4855 Bert Dr<br/>Saginaw MI 48604</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>                                         | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>25.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Guyot, Daniel M.D.<br/>19647 Parke Lane<br/>Grosse Ile, MI 48138</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Reynolds Radiologists</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date &gt; \$ 300.00</p> | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>300.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Islam, Abdul<br/>3971 Peppermill<br/>Bay City MI 48706</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 30.00</p>                                         | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>30.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Jackson, Nancy<br/>15607 Cleveland<br/>Allen Park MI 48101</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>                                         | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Johnston, Alice<br/>9000 E Jefferson<br/>Detroit MI 48244</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>                                         | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Kuhn, Albert M.D.<br/>635 W. Seven Mile Rd.<br/>Detroit MI 48203</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 75.00</p>                                         | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>75.00</p>  |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>McSorley, John<br/>717 Troubley<br/>Grosse Pointe Park, MI 48230</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>                                         | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>25.00</p>  |

SUBTOTAL of Receipts This Page (optional) ..... 555.00

TOTAL This Period (last page this line number only) .....

90714132183

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                              |                                                                                                                     |                                              |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Neal, M.H. M.D.<br/>1797 Alexander Dr<br/>Bloomfield Hills, Mi 48013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Self</p> <p>Occupation</p> <p>Physician</p> <p>Aggregate Year-to-Date &gt; \$ 500.00</p> | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>500.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Nyarko, Henry<br/>1300 E Lafayette<br/>Detroit, Mi 48207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>                               | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Reed, Donald Jr., M.D.<br/>6-1134 Shindes Rd<br/>Flint Mi 48532</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 30.00</p>                               | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>30.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Rein, Nick. M.D.<br/>895 Ohio<br/>Marysville Mi 48040</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>                              | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Rossen, Harold<br/>8162 E Jefferson<br/>Detroit Mi 48214</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>                              | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Snyder, Robert<br/>2367 Deer Valley Rd.<br/>Midland, Mi 48640</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>                               | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Teitge, Howard<br/>4050 E 12 mile Rd.<br/>Warren, Mi 48092</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p>                              | <p>Date (month, day, year)</p> <p>8/1/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                       |                                                                                                  |                                          |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Twikel, Floyd M.R.<br>22920 Coventry Woods Lane<br>Southfield MI 48034<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>8/1/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Weiner, William M.D.<br>7260 Main St.<br>Port Sanilac MI 48469<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$25.00  | <b>Date (month, day, year)</b><br>8/1/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Arrington, Robyn Jr. M.D.<br>8200 E Jefferson<br>Detroit MI 48214<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$150.00 | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Bailey, Pauline<br>1470 Copeland Cr<br>Canton, MI 48187<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$20.00  | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Bostic, Yvonne<br>36500 W Nine Mile Rd.<br>Farmington Hills MI 48204<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Betty Cole<br>20499 Picadilly<br>Detroit MI 48221<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$10.00  | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Ronald Dobbins<br>7736 Morgan Lane<br>Laverock PA 19118<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$130.00 | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

355.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                        |                                                                                                                                                               |                                                          |                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Failer, Sylvan M.D.</i><br/> <i>3315 N Campbell</i><br/> <i>Royal Oak MI 48073</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>    | <p><b>Name of Employer</b><br/><br/> <b>Occupation</b></p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p>                                                | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Gordon, Donald</i><br/> <i>581 Pemberton</i><br/> <i>Grosse Pointe Park, MI 48230</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/><br/> <b>Occupation</b></p> <p>Aggregate Year-to-Date <i>&gt; \$ 50.00</i></p>                                                 | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>   |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Hall, Elliott</i><br/> <i>2770 Unicorn Lane N.W</i><br/> <i>Washington DC 20015</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>   | <p><b>Name of Employer</b><br/> <i>Ford Motor Corp</i></p> <p><b>Occupation</b><br/> <i>Attorney</i></p> <p>Aggregate Year-to-Date <i>&gt; \$ 1000.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>1000.00</i></p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Haney, Anne</i><br/> <i>19560 Barton</i><br/> <i>Detroit MI 48205</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                 | <p><b>Name of Employer</b><br/><br/> <b>Occupation</b></p> <p>Aggregate Year-to-Date <i>&gt; \$ 40.00</i></p>                                                 | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>40.00</i></p>   |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Hinton, Gloria</i><br/> <i>18965 Fairfield</i><br/> <i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>           | <p><b>Name of Employer</b><br/><br/> <b>Occupation</b></p> <p>Aggregate Year-to-Date <i>&gt; \$ 10.00</i></p>                                                 | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>10.00</i></p>   |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Mackay, Dorothy</i><br/> <i>17221 Ontario</i><br/> <i>Detroit MI</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                  | <p><b>Name of Employer</b><br/><br/> <b>Occupation</b></p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p>                                                | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>McCurtis, Theresa</i><br/> <i>10147 Aurora</i><br/> <i>Detroit MI 48204</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>           | <p><b>Name of Employer</b><br/><br/> <b>Occupation</b></p> <p>Aggregate Year-to-Date <i>&gt; \$ 10.00</i></p>                                                 | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>10.00</i></p>   |

|                                                                  |                       |
|------------------------------------------------------------------|-----------------------|
| <p>SUBTOTAL of Receipts This Page (optional) .....</p>           | <p><i>1310.00</i></p> |
| <p>TOTAL This Period (last page this line number only) .....</p> | <p></p>               |

90014132185

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE **29** OF **59**  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                   |                                                          |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Roberts, Geraldine</i><br/> <i>4151 W. Outer Drive</i><br/> <i>Detroit MI 48221</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>            | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$50.00</p>                                         | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>Rother, I. A.</i><br/> <i>2691 Five Lakes Rd.</i><br/> <i>Metamora, MI 48455</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>               | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$50.00</p>                                         | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Smith, Otis</i><br/> <i>1300 Lafayette</i><br/> <i>Detroit MI 48207</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                        | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$100.00</p>                                        | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Strather, Herbert</i><br/> <i>200 Riverview Pk</i><br/> <i>Detroit MI 48226</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$100.00</p>                                        | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>Stupak, James Jr M.D.</i><br/> <i>5825 Red Coat Lane</i><br/> <i>West Bloomfield, MI 48033</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b><br/> <i>Self</i></p> <p><b>Occupation</b><br/> <i>Physician</i></p> <p><b>Aggregate Year-to-Date</b> &gt; \$550.00</p> | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>200.00</i></p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Wilkins, Rebecca</i><br/> <i>8269 Sussex</i><br/> <i>Detroit MI 48228</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                      | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$20.00</p>                                         | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>20.00</i></p>  |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Young, Martha</i><br/> <i>915 Fischer</i><br/> <i>Detroit MI 48214</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                         | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> &gt; \$10.00</p>                                         | <p><b>Date (month, day, year)</b><br/> <i>8/1/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>10.00</i></p>  |

SUBTOTAL of Receipts This Page (optional)

*530.00*

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER 58

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                 |                                                                                                                |                                               |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Archie Bedell, M.D.<br>Roseville, Mi 48066<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00              | <b>Date (month, day, year)</b><br>Aug 2, 1990 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Elie Chidiac, M.D.<br>38626 Deerwood Ct.<br>Northville, Mi 48167<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>8/2/90      | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Kimberly Combs<br>1 Lafayette Plaisance<br>Detroit Mi 48207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00               | <b>Date (month, day, year)</b><br>8/2/90      | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Janiki Derity<br>1099 Van Dyke<br>Detroit Mi 48214<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00              | <b>Date (month, day, year)</b><br>8/2/90      | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Richard Smith, M.D.<br>1274 Navarre Pl.<br>Detroit Mi 48207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00              | <b>Date (month, day, year)</b><br>8/2/90      | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jacquelyn Edmonds<br>8200 E Jefferson<br>Detroit Mi 48214<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 10.00               | <b>Date (month, day, year)</b><br>8/2/90      | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Fannie Godley<br>2009 Hyde Park<br>Detroit Mi 48207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00              | <b>Date (month, day, year)</b><br>8/2/90      | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

630.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 31 OF 37  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                  |                                                                                                                |                                          |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Robert Harris, M.D.<br>22480 Kelly Rd.<br>E. Detroit MI 48021<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00               | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sheila Johnson<br>38 Brookwood Lane<br>Pontiac MI 48056<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00               | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>James Jones<br>1300 E. Lafayette<br>Detroit MI 48207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 200.00              | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Daniel Michael, M.D.<br>20904 Parkcrest<br>Harper Woods, MI 48225<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00               | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Shirley Moulton<br>304 University Pl<br>Grosse Pointe, MI 48230<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 75.00               | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Steven Olkhowski, M.D.<br>22811 Mack<br>St Clair Shores, MI 48080<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Karen Olson<br>8784 M-72 West<br>Traverse City MI 49684<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00              | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

680.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary PagePAGE 32 OF 54  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                          |                                                                                                               |                                          |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>John Schneider, M.D.<br>19701 Vernier<br>Harper Woods, MI 48225<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00              | <b>Date (month, day, year)</b><br>8/2/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Margaret Ashworth<br>5381 Pacific<br>Detroit MI 48204<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$5.00                | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>5.00   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Paul Arient<br>9000 E Jefferson<br>Detroit MI 48214<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$25.00               | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Alwin Berfield, M.D.<br>19262 Strathmore<br>Detroit MI 48203<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$270.00 | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>William Barris<br>4528 Valleyview Dr.<br>West Bloomfield, MI 48033<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00              | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Hanna Behrens<br>15700 Providence Dr<br>Southfield, MI 48075<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$20.00               | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Steven Berger, M.D.<br>1730 Vesta Lane, S.E.<br>E. Grand Rapids, MI 49506<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$25.00               | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                              |                                                                                                   |                                          |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Henry Bryan<br>14896 Seneca<br>Detroit MI 48239<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 600.00 | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>600.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Ruth Carter<br>8200 E. Jefferson<br>Detroit MI 48214<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 30.00  | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>30.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Chin-Sueh Chen, M.D.<br>29221 Creek Bend Dr<br>Farmington Hills, MI 48018<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Janet Ciemiaga<br>3740 Northwood Dr<br>West Bloomfield MI 48093<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Susan Corbin<br>809 Burrington<br>Grosse Pointe Park MI 48230<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 10.00  | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Sheron Curtin<br>7221 Lake Bluff<br>Gledstone MI 48037<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00  | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>James Foreman, M.D.<br>43201 Commons<br>Mt Clemens, MI 48044<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

990.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER 33

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                          |                                                                                        |                                              |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Vicki Friedman<br/>1605 E. 13 Mile<br/>Madison Hgts, MI 48071</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>8/4/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Richard Henderson<br/>34650 Versailles Ct.<br/>Farmington Hills, MI 48331</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>8/4/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Shelley Hutton<br/>3211 Interlaken<br/>West Bloomfield MI 48323</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)</p> <p>8/4/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Eleanor Losaitis<br/>19305 Berkley<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p>  | <p>Date (month, day, year)</p> <p>8/4/90</p> | <p>Amount of Each Receipt this Period</p> <p>25.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Kalamazoo Orthopaedic Clinic<br/>403 Bronson Medical Ctr<br/>Kalamazoo, MI 49007</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)</p> <p>8/4/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Ruth Kaminski, D.O.<br/>42738 Lyric Ct<br/>Northville Twp MI 48167</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)</p> <p>8/4/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Nester Kleer<br/>16867 Fairway<br/>Livonia MI 48154</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                              | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>8/4/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |

SUBTOTAL of Receipts This Page (optional)

475.00

TOTAL This Period (last page number only)



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |                                                          |                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------------------|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/> <i>Lakone Medical Ctr.</i><br/> <i>13800 Livernois</i><br/> <i>Detroit MI 48238</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                 | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$40.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>8/4/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>40.00</i></p>  |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/> <i>C. B. Larsen</i><br/> <i>4000 E. Jefferson</i><br/> <i>Detroit MI 48214</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                      | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$50.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>8/4/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>50.00</i></p>  |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/> <i>Rose Mary Lewis</i><br/> <i>2592 Cadillac</i><br/> <i>Detroit MI 48214</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                       | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$20.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>8/4/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>20.00</i></p>  |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/> <i>Mervia Morris, M.D.</i><br/> <i>6001 W. Outer Drive</i><br/> <i>Detroit MI 48235</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>             | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$85.00</i></p>                                         | <p><b>Date (month, day, year)</b><br/> <i>8/4/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>25.00</i></p>  |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b><br/> <i>P. E. Perkins, M.D.</i><br/> <i>4827 Mayflower Ct</i><br/> <i>Bloomfield Hills MI 48013</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>      | <p><b>Name of Employer</b><br/> <i>Self</i></p> <p><b>Occupation</b><br/> <i>Physician</i></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$250.00</i></p> | <p><b>Date (month, day, year)</b><br/> <i>8/4/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>250.00</i></p> |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b><br/> <i>Gerald Rakotz</i><br/> <i>5374 Woodlands Estates Dr So</i><br/> <i>Bloomfield Hills MI 48013</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p> | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$100.00</i></p>                                        | <p><b>Date (month, day, year)</b><br/> <i>8/4/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b><br/> <i>Mark Schure</i><br/> <i>500 Town Center</i><br/> <i>Southfield MI 48075</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/> <input type="checkbox"/> Other (specify):</p>                      | <p><b>Name of Employer</b></p> <p><b>Occupation</b></p> <p><b>Aggregate Year-to-Date</b> <i>&gt; \$100.00</i></p>                                        | <p><b>Date (month, day, year)</b><br/> <i>8/4/90</i></p> | <p><b>Amount of Each Receipt this Period</b><br/> <i>100.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

*585.00*

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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FOR LINE NUMBER 88

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NAME OF COMMITTEE (in Full)

Vincenz for Congress

|                                                                                                                                                                                                                                                                          |                                                                                                   |                                          |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>William Siks, M.D.<br>1223 S. Washington<br>Royal Oak MI 48067<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 175.00 | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Sidney Stone M.D.<br>28853 Nottoway Dr<br>Farmington Hills, MI 48331<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00  | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Konrad, Surakomol M.D.<br>4955 Stoneleigh Rd.<br>Bloomfield MI 48103<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br>self                                                                   | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Joaquin Uy<br>3765 Dines Ct<br>Ann Arbor MI 48105<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Kenneth Weindberger, M.D.<br>6383 Glyndebourne<br>Troy MI 48098<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00  | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Dan Wolfington<br>1511 First<br>Detroit MI 48226<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 80.00  | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>George Shade, M.D.<br>31555 Franklin Fairway<br>Farmington Hills MI 48334<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br>Self                                                                   | <b>Date (month, day, year)</b><br>8/4/90 | <b>Amount of Each Receipt this Period</b><br>250.00 |

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                       |                                                                                               |                                                   |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------|-------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>H. B. Appleman</i><br/><i>13138 Nadine</i><br/><i>Huntington Woods Mi 48070</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p> | <p>Date (month, day, year)<br/><i>8/22/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Neil Bazmaji, M.D.</i><br/><i>33910 Randale Hill</i><br/><i>Farmington Hills, MI 48331</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p> | <p>Date (month, day, year)<br/><i>8/22/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Fred Benderoff</i><br/><i>22334 Chetford Circuit</i><br/><i>Southfield Mi 48034</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p> | <p>Date (month, day, year)<br/><i>8/22/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>Mary Carpenter</i><br/><i>3095 Maxwell</i><br/><i>Petosky MI 49770</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 25.00</i></p>  | <p>Date (month, day, year)<br/><i>8/22/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>25.00</i></p>  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>Daniel Cohen, M.D.</i><br/><i>4830 Fairway Ridge S.</i><br/><i>West Bloomfield MI 48033</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p> | <p>Date (month, day, year)<br/><i>8/22/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>John Dickey, M.D.</i><br/><i>31607 Auburn Dr</i><br/><i>Birmingham MI 48009</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>        | <p>Date (month, day, year)<br/><i>8/22/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Frederick Drubbas, M.D.</i><br/><i>17 Middleboro Dr N.E.</i><br/><i>Grand Rapids MI 49506</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p> | <p>Date (month, day, year)<br/><i>8/22/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p> |

SUBTOTAL of Receipts This Page (optional)

*625.00*

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                              |                                                                                        |                                               |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Bessie Ernst<br/>15801 Providence Dr<br/>Southfield MI 48075</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)</p> <p>8/22/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Lorenz Ferguson, M.D.<br/>3239 Parkland<br/>West Bloomfield MI 48322</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>8/22/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Reed Friedinger, M.D.<br/>14730 Park Ave<br/>Charlevoix MI 49720</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>     | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>8/22/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Nancy Granowicz<br/>4285 Stoneleigh<br/>Bloomfield Hills, MI 48013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>8/22/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Sylvia Kosciutek, M.D.<br/>11105 Woodbridge<br/>Grand Blanc MI 48439</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>8/22/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Thomas Moore M.D.<br/>2128 Woodfield Rd.<br/>Okemos MI 48864</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 50.00</p>  | <p>Date (month, day, year)</p> <p>8/22/90</p> | <p>Amount of Each Receipt this Period</p> <p>50.00</p>  |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Gordon Moss, M.D.<br/>26733 York<br/>Huntington Woods MI 48070</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 100.00</p> | <p>Date (month, day, year)</p> <p>8/22/90</p> | <p>Amount of Each Receipt this Period</p> <p>100.00</p> |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

600.00

00714132196

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                |                                                                                                  |                                           |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Beke Onder<br>Farmington, MI 48024<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                              | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Paul Parente, D.O.<br>5856 Sutters Lane<br>Birmingham MI 48010<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00 | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Alex Pickens, M.D.<br>262 E. Buxton<br>Detroit MI 48202<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$200.00 | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>200.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Stanley Remyer<br>6485 Buxton<br>West Bloomfield<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00 | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>R. Sekharian, M.D.<br>130 West Napier<br>Benton Harbor, MI 49022<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Mark Shebuski, M.D.<br>609 Sheldon<br>Houghton MI 49931<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00 | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Everett Simmons Jr M.D.<br>3030 Bloomfield Park Dr<br>West Bloomfield, MI 48033<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$200.00 | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>200.00 |

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                            |                                                                                                              |                                           |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Deborah Sims, M.D.<br>1341 Audubon<br>Grosse Pointe Park, Mi 48230<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$15.00              | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>15.00   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>John Stevenson, M.D.<br>414 Plymouth N.E<br>Grand Rapids, Mi 49503<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$200.00             | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>200.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Clarence Thomas Jr., D.D.S.<br>442 N. Detroit St.<br>Xenia Ohio 45385<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Dentist<br><b>Aggregate Year-to-Date</b> > \$1000.00 | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>1000.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Allen Turcke, M.D.<br>730 E River Rd.<br>Flushing, Mi 48433<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00              | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>50.00   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Otonas Vaitas, M.D.<br>23800 Orchard Lake Rd.<br>Farmington Hills, Mi 48024<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00              | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>50.00   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Billie Vincent<br>12949 Cuesta Lane<br>Cerritos, Ca 90701<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00             | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>100.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>William Wilkinson<br>545 Suffield<br>Birmingham, Mi 48009<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00             | <b>Date (month, day, year)</b><br>8/22/90 | <b>Amount of Each Receipt this Period</b><br>100.00  |

SUBTOTAL of Receipts This Page (optional)

1515.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                    |                                                                                                                              |                                                  |                                                             |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>B.J. Woodley, M.D.</i><br><i>3700 West Rd.</i><br><i>Trenton, MI 48183</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00                             | <b>Date (month, day, year)</b><br><i>8/22/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i>  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>John Zazaian, M.D.</i><br><i>West Bloomfield, MI 48033</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00                              | <b>Date (month, day, year)</b><br><i>8/22/90</i> | <b>Amount of Each Receipt this Period</b><br><i>50.00</i>   |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Maia Porche</i><br><i>3000 Towncenter</i><br><i>Southfield MI 48075</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00                             | <b>Date (month, day, year)</b><br><i>8/22/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i>  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Samir Guindi, M.D.</i><br><i>3525 Tuckahoe</i><br><i>Birmingham, MI 48010</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><i>Self</i><br><b>Occupation</b><br><i>Physician</i><br><b>Aggregate Year-to-Date</b> > \$1000.00 | <b>Date (month, day, year)</b><br><i>9/12/90</i> | <b>Amount of Each Receipt this Period</b><br><i>1000.00</i> |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>Robert Hall M.D.</i><br><i>3537 W. Front St</i><br><i>Traverse City MI 49684</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><i>Self</i><br><b>Occupation</b><br><i>Physician</i><br><b>Aggregate Year-to-Date</b> > \$500.00  | <b>Date (month, day, year)</b><br><i>9/12/90</i> | <b>Amount of Each Receipt this Period</b><br><i>500.00</i>  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Joseph Hance</i><br><i>2035 Eppler Rd.</i><br><i>Petoskey MI 49770</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00                             | <b>Date (month, day, year)</b><br><i>9/12/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i>  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Richard Mc Murray</i><br><i>2615 Pewanaga Pl.</i><br><i>Flint MI 48507</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00                             | <b>Date (month, day, year)</b><br><i>9/12/90</i> | <b>Amount of Each Receipt this Period</b><br><i>100.00</i>  |

SUBTOTAL of Receipts This Page (optional)

1950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                  |                                                                                               |                                                                     |                                                                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/><i>Sharon Woodruff</i><br/><i>4252 Wakeek Dr</i><br/><i>Bloomfield Hills, Mi 48013</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 50.00</i></p>  | <p>Date (month, day, year)<br/><i>7/29/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>50.00</i></p>                  |
| <p>B. Full Name, Mailing Address and ZIP Code<br/><i>Jessye Stewart</i><br/><i>P.O. Box 1261</i><br/><i>Warren Mi 48090</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 10.00</i></p>  | <p>Date (month, day, year)<br/><i>9/12/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>10.00</i></p>                  |
| <p>C. Full Name, Mailing Address and ZIP Code<br/><i>Elvino Thomas</i><br/><i>1431 Washington Blvd</i><br/><i>Detroit Mi 48226</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 110.00</i></p> | <p>Date (month, day, year)<br/><i>9/12/90</i><br/><i>8/6/90</i></p> | <p>Amount of Each Receipt this Period<br/><i>40.00</i><br/><i>10.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/><i>Helen Tookes</i><br/><i>6584 Hartford</i><br/><i>Detroit Mi 48210</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 10.00</i></p>  | <p>Date (month, day, year)<br/><i>9/12/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>10.00</i></p>                  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/><i>John Winburne, M.D.</i><br/><i>3136 Hidden Rd</i><br/><i>Bay City, Mi 48706</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p> | <p>Date (month, day, year)<br/><i>9/12/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p>                 |
| <p>F. Full Name, Mailing Address and ZIP Code<br/><i>Margaret Beck</i><br/><i>445 Moran Rd</i><br/><i>Grosse Pointe Farms Mi 48236</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 100.00</i></p> | <p>Date (month, day, year)<br/><i>9/18/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>100.00</i></p>                 |
| <p>G. Full Name, Mailing Address and ZIP Code<br/><i>Diana Constance, M.D.</i><br/><i>1478 Sodon Ct</i><br/><i>Bloomfield Hills, Mi 48013</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$ 75.00</i></p>  | <p>Date (month, day, year)<br/><i>9/18/90</i></p>                   | <p>Amount of Each Receipt this Period<br/><i>75.00</i></p>                  |

SUBTOTAL of Receipts This Page (optional)

*395.00*

TOTAL This Period (last page this line number only)



## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                 |                                                                                                                           |                                           |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Marcia Davis, M.D.<br>1640 Lake Dr<br>Haslett MI 48840<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                          | <b>Date (month, day, year)</b><br>9/18/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Jeffrey Gilman<br>23638 Coachlight Dr.<br>Southfield MI 48075<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 80.00                          | <b>Date (month, day, year)</b><br>9/18/90 | <b>Amount of Each Receipt this Period</b><br>80.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Jones, M.D.<br>Mt Carmel Hosp<br>Detroit MI<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br>Mt Carmel Hosp<br><b>Occupation</b><br>Physicians<br><b>Aggregate Year-to-Date</b> > \$ 250.00 | <b>Date (month, day, year)</b><br>9/18/90 | <b>Amount of Each Receipt this Period</b><br>250.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Mediation Tribunal Ass'n<br>340 E Congress<br>Detroit MI 48226<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 62.50                          | <b>Date (month, day, year)</b><br>9/18/90 | <b>Amount of Each Receipt this Period</b><br>62.50  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Rosanna Pardo<br>1267 Lakepointe<br>Grosse Pointe Park, MI 48230<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00                          | <b>Date (month, day, year)</b><br>9/18/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Walter Parker, M.D.<br>3626 Deerfield Pl<br>Ann Arbor MI 48103<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00                          | <b>Date (month, day, year)</b><br>9/18/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Eugene Sawyer, M.D.<br>8120 E Jefferson<br>Detroit MI 48214<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 70.00                          | <b>Date (month, day, year)</b><br>9/18/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |

SUBTOTAL of Receipts This Page (optional)

532.50

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## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                   |                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br><i>Racine Searcy</i><br><i>19470 Lucerne</i><br><i>Detroit MI 48203</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00   | <b>Date (month, day, year)</b><br><i>9/18/90</i>                  | <b>Amount of Each Receipt this Period</b><br><i>50.00</i>                 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br><i>Harold Hood</i><br><i>Court of Appeals</i><br><i>Detroit MI 48226</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00   | <b>Date (month, day, year)</b><br><i>8/6/90</i>                   | <b>Amount of Each Receipt this Period</b><br><i>50.00</i>                 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br><i>Dexter Fields, M.D.</i><br><i>1501 Belmont</i><br><i>Detroit MI 48203</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 110.00  | <b>Date (month, day, year)</b><br><i>8/6/90</i>                   | <b>Amount of Each Receipt this Period</b><br><i>10.00</i>                 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br><i>Charles Adams</i><br><i>18700 E. Citizens Hwy</i><br><i>Detroit MI 48235</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 110.00  | <b>Date (month, day, year)</b><br><i>8/6/90</i>                   | <b>Amount of Each Receipt this Period</b><br><i>110.00</i>                |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br><i>Patricia Gardner</i><br><i>6022 Hazlett</i><br><i>Detroit MI 48210</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):        | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 135.00  | <b>Date (month, day, year)</b><br><i>8/6/90</i>                   | <b>Amount of Each Receipt this Period</b><br><i>135.00</i>                |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br><i>Elaine Lee</i><br><i>931 Covington</i><br><i>Detroit MI 48203</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 30.00   | <b>Date (month, day, year)</b><br><i>8/6/90</i>                   | <b>Amount of Each Receipt this Period</b><br><i>30.00</i>                 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br><i>Herman Glass</i><br><i>18505 W. 12 mile Rd</i><br><i>Southfield, MI 48076</i><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 1000.00 | <b>Date (month, day, year)</b><br><i>8/6/90</i><br><i>9/27/90</i> | <b>Amount of Each Receipt this Period</b><br><i>20.00</i><br><i>18.00</i> |

SUBTOTAL of Receipts This Page (optional)

385.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                             |                                                                                                                |                                          |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>James Ryan M.D.<br>3381 Squirrel Dr<br>Bloomfield Hills, MI 48013<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br>Self<br><b>Occupation</b><br>Physician<br><b>Aggregate Year-to-Date</b> > \$ 550.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>500.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Charles Vincent<br>19740 Cranbrook<br>Detroit MI 48221<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 160.00              | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>110.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Edna Vincent<br>3344 Pasadena<br>Detroit MI 48234<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00               | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Theodore White<br>22721 Timberline<br>Southfield MI 48034<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):             | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 35.00               | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>35.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>G. R. Williams<br>3801 Riverside Dr E<br>Windsor Ontario N8Y 1B2<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00               | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Bernadine Adkins<br>P.O. Box 35432<br>Detroit MI 48236<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 10.00               | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Busharat Ahmed, M.D.<br>1414 W. State Fair Ave<br>Marquette, MI 49855<br><b>Receipt For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00              | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

825.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                             |                                                                                       |                                           |                                                      |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>W.G. Andersen, D.D.<br/>24535 North Carolina<br/>Southfield Mi 48075</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$30.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>30.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Christine Andersen<br/>18426 Hubbell<br/>Detroit Mi 48235</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$25.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>25.00</p>  |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>William Andersen<br/>2446 Virginia Park<br/>Detroit Mi 48206</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$20.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>20.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Neville Bausley<br/>19794 Huntington<br/>Detroit Mi 48219</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>              | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Michael Berke, M.D.<br/>18211 W. 12 Mile<br/>Lathrup Village, Mi 48076</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Brian Blekley<br/>5750 Winkler Mich Dr<br/>Rochester Mi 48064</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Thelma Bowman<br/>8120 E Jefferson<br/>Detroit Mi 48214</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$50.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |

|                                                                  |               |
|------------------------------------------------------------------|---------------|
| <p>SUBTOTAL of Receipts This Page (optional) .....</p>           | <p>335.00</p> |
| <p>TOTAL This Period (last page this line number only) .....</p> |               |

00014132204

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                      |                                                                                                   |                                           |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Gerald Brock<br>1957 Thornhill Pl<br>Detroit Mi 48207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                 | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00  | <b>Date (month, day, year)</b><br>8/6/90  | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Fink, Daniel M.D.<br>4251 Burn Meadow Ln.<br>West Bloomfield Mi 48033<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>9/23/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>McIlroy, Michael M.D.<br>22151 Moross Rd<br>Detroit Mi 48236<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):          | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>9/23/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Gregory Reed<br>2460 Burris<br>Detroit Mi 48214<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>9/23/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>S. Robert Van Timmeren<br>426 Plymouth NE<br>Grand Rapids Mi 49505<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br>9/23/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Cornelius Brown<br>2311 Merrill<br>Southfield Mi 48075<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00  | <b>Date (month, day, year)</b><br>8/6/90  | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Charlotte Burnette<br>18586 Capitol<br>Southfield Mi 48075<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$ 30.00  | <b>Date (month, day, year)</b><br>8/6/90  | <b>Amount of Each Receipt this Period</b><br>30.00  |

SUBTOTAL of Receipts This Page (optional)

395.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                              |                                                                                      |                                              |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Tessie Bush<br/>17361 Greenlawn<br/>Detroit Mi 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                 | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$8.00</p>  | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>8.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Venus Butler<br/>18630 Bender<br/>Detroit Mi 48234</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>10.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Minnie Carter<br/>19957 Chapel<br/>Detroit Mi 48219</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>10.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Lynn Carter<br/>27408 Strawberry Lane<br/>Farmington Hills, Mi 48018</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$20.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>20.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Remonia Chapman<br/>1515 Cherbomense<br/>Detroit Mi 48207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$20.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>20.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Yvonne Christopher<br/>16178 Ward<br/>Detroit Mi 48235</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>10.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Drexell Cleytor<br/>15342 Warwick<br/>Detroit Mi 48223</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>               | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$28.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>28.00</p> |

SUBTOTAL of Receipts This Page (optional)

103.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                     |                                                                                       |                                              |                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>Dorothy Cleveland<br/>6673 Floyd<br/>Detroit MI 48210</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 10.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>10.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>Melvin Cross<br/>19130 Manor<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 20.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>20.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Josie Dailey<br/>18061 Whitcomb<br/>Detroit MI 48235</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 10.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>10.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Valeria Davis<br/>28600 Franklin Rd<br/>Southfield MI 48034</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 10.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>10.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Jerlene Douglas<br/>23671 Radcliff<br/>Oak Park MI 48237</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 10.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>10.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Donna Evans<br/>441 College of Educ.<br/>Detroit MI 48202</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 25.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>25.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Virginia Farrow<br/>19691 Renfrew<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ 10.00</p> | <p>Date (month, day, year)</p> <p>8/6/90</p> | <p>Amount of Each Receipt this Period</p> <p>10.00</p> |

SUBTOTAL of Receipts This Page (optional)

95.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                |                                                                                       |                                           |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Harold Farrow<br/>19691 Renfrew<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>      | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$50.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>William Gensy<br/>18707 Tracey<br/>Detroit MI 48235</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$35.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>35.00</p>  |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Peggy Harrell<br/>20300 Wildhern<br/>Southfield MI 48076</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$50.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Sandra Harris<br/>8705 Kingswood Dr.<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$25.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>25.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Irene Heard<br/>9275 Manor<br/>Detroit MI 48204</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>           | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Paul Hubbard<br/>18995 Birchcrest<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Franklin Hull, M.D.<br/>4160 John R<br/>Detroit MI 48201</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)



SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                     |                                                                                                             |                                           |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Kenneth Hyllton<br/>100 Renaissance Ctr<br/>Detroit MI 48243</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer<br/>Self</p> <p>Occupation<br/>Attorney</p> <p>Aggregate Year-to-Date &gt; \$250.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>250.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Avery Jackson<br/>1550 Cherkowenau<br/>Detroit MI 48207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$50.00</p>                        | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Phyllis Johnson<br/>8350 Morrow Circle<br/>Detroit MI 48204</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$20.00</p>                        | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>20.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Chariss Jones<br/>18314 Kentucky<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>                        | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Ellen Jones<br/>12200 Ward<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>                        | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Ray Jones 21015 #<br/>211015 Bethune Pl<br/>Ferndale, MI 48220</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>                        | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Pamela Jones<br/>6632 Westwood<br/>West Bloomfield, MI 48322</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>                        | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                            |                                                                                       |                                           |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Martin Karkungo M.D.<br/>4159 Courville<br/>Detroit MI 48224</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$50.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Mark Krane, M.D.<br/>2340 S Commerce Rd.<br/>Walled Lake, MI 48088</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>    | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Vickie Levens<br/>Detroit MI</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>Kim Lee<br/>1211 Orchard Ridge<br/>Bloomfield Hills MI 48013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Segandina Levens<br/>5382 W. Outer Dr<br/>Detroit MI 48235</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>            | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$20.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>20.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Arthur Levine, D.O.<br/>151 Manorwood<br/>Bloomfield Hills, MI 48013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Howard Levy, M.D.<br/>485 N. Evansdale<br/>Bloomfield Hills, MI 48013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |

SUBTOTAL of Receipts This Page (optional)

480.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                        |                                                                                                  |                                          |                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Laura Lewis<br>17315 Quincy<br>Detroit MI<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):               | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$10.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Mary Lloyd<br>105 Tuxedo<br>Highland Park MI 48203<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Helen Lothery<br>2961 Collingwood<br>Detroit MI 48206<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$25.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Yvonne Mayfield<br>17395 Muirland<br>Detroit MI 48221<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$10.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Barbara McDonald<br>19350 Ardmore<br>Detroit MI 48235<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$10.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Laverne McKesson<br>1346 Joliet<br>Detroit MI 48207<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):     | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$40.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>40.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Candida Misra<br>2933 E Bradford<br>Birmingham MI 48010<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |

**SUBTOTAL of Receipts This Page (optional)** ..... 245.00

**TOTAL This Period (last page this line number only)** .....

90014132211

## SCHEDULE A

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                |                                                                                                           |                                          |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>George Maser<br>626 N. Woodward<br>Birmingham Mi 48012<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Anne Murray<br>5870 Crabtree<br>Birmingham, Mi. 48070<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>M.R.S. Nair<br>37282 Fox Glen<br>Farmington Hills Mi 48331<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Sharon Otlewski<br>29900 Franklin Rd<br>Southfield Mi 48034<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Dorothy Overstreet<br>13946 Arlington<br>Detroit Mi 48212<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):   | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Joyce Parkes<br>8909 Manor<br>Detroit Mi 48244<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):              | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 10.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Jesse Pearson<br>18700 Jas Couzens<br>Detroit Mi 48235<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 10.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |

SUBTOTAL of Receipts This Page (optional)

445.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                             |                                                                                                           |                                          |                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Helen Prather<br>16210 Parkside<br>Detroit Mi 48221<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):      | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Charles Pride<br>10645 W. Ten Mile<br>Oak Park Mi 48237<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Seung Pyun<br>200 Hawthorne<br>St Clair Mi 48079<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Robert Reed<br>537 Greenwood SE<br>Grand Rapids Mi 49506<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 15.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>15.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Elizabeth Rickman<br>16543 Bayleb<br>Detroit Mi 48221<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):    | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 10.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Beverly Roberts<br>20326 Beaverland<br>Detroit Mi 48219<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):  | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 25.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Donald Rollack<br>843 Whitmore<br>Detroit Mi 48203<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):       | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 40.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>40.00  |

SUBTOTAL of Receipts This Page (optional)

310.00

TOTAL This Period (last page this line number only)

## SCHEDULE A

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 56 OF 57  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                  |                                                                                                           |                                          |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Ann B. Rosenberg<br>5423 West Bloomfield Lake Rd<br>West Bloomfield, MI 48038<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 50.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Cornell Rosenberg<br>8544 Huntington Rd<br>Huntington Woods, MI 48070<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):         | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Allen Ross<br>12872 Sherwood<br>Huntington Woods, MI 48070<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>William Roy<br>5075 Oregon<br>Detroit MI<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                                      | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Verlinda Rue<br>5000 Town Center<br>Southfield MI 48075<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                       | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 10.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Jorethw Ruffin<br>18615 Meyers Rd<br>Detroit MI 48235<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 20.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>20.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Elvira Samhour<br>1937 Golf Ridge Dr<br>Bloomfield Hills, MI 48013<br><br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):            | <b>Name of Employer</b><br><br><br><b>Occupation</b><br><br><br><b>Aggregate Year-to-Date</b> > \$ 100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A**

**ITEMIZED RECEIPTS**

House or Senate Schedule (S) for each category of the Detailed Summary Page

PAGE 57 OF 57  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                        |                                                                                                  |                                          |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>Gregory Shannon<br>6150 Shoreman<br>Haslett, MI 48840<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                   | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>Nora Sharpley<br>18301 Midway<br>Southfield, MI<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                         | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$25.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>Richard Silks M.D.<br>30100 Telegraph<br>Birmingham, MI 48010<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$100.00 | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>100.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>Milton Watson<br>3260 Waverly<br>Detroit, MI 48238<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                      | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$50.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>50.00  |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>Michael Wilson<br>24510 Lafayette Cir<br>Southfield, MI 48075<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):           | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$30.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>30.00  |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>Douglas Wall M.D.<br>3511 Woodview Lake Rd<br>West Bloomfield, MI 48033<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify): | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$25.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>25.00  |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>Gwendolyn Wood<br>18888 Fleming<br>Detroit, MI 48234<br>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify):                    | <b>Name of Employer</b><br><br><b>Occupation</b><br><br><b>Aggregate Year-to-Date</b> > \$10.00  | <b>Date (month, day, year)</b><br>8/6/90 | <b>Amount of Each Receipt this Period</b><br>10.00  |

SUBTOTAL of Receipts This Page (optional)

290.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER 11A

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NAME OF COMMITTEE (in Full)

Vincent for Congress

|                                                                                                                                                                                                                                                                                  |                                                                                       |                                           |                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code<br/>Alan Young<br/>1311 E Jefferson<br/>Detroit MI 48207</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                        | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$125.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>125.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code<br/>Ronald Zach, M.D.<br/>30959 Centry Ridge Cir<br/>Farmington Hills, MI 48018</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code<br/>Miriam Zamanighan<br/>Southfield MI</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$100.00</p> | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>100.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code<br/>C. B. Steele<br/>10440 W. Seven Mile<br/>Detroit MI 48221</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$20.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>20.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code<br/>Dwight Stevens<br/>5382 W. Outer Drive<br/>Detroit MI 48235</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                 | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$20.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>20.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code<br/>Horace Stone<br/>1740 Strathcona<br/>Detroit MI 48203</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                       | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$50.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>50.00</p>  |
| <p>G. Full Name, Mailing Address and ZIP Code<br/>Gary Teasley<br/>20030 Packard<br/>Detroit MI 48234</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                         | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$10.00</p>  | <p>Date (month, day, year)<br/>8/6/90</p> | <p>Amount of Each Receipt this Period<br/>10.00</p>  |

|                                                     |          |
|-----------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional)           | 425.00   |
| TOTAL This Period (last page this line number only) | 34126.50 |

90714132216



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE **59** OF **59**  
FOR LINE NUMBER  
**11A**

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                           |                                                                                              |                                                     |                                                               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>Jenness Roy</i><br/><i>5075 Oregon</i><br/><i>Detroit MI 48204</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>             | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>10.00</i></p> | <p>Date (month, day, year)</p> <p><i>8/6/90</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>10.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>Maudieo Vanderburg</i><br/><i>3501 Oakman Blvd</i><br/><i>Detroit MI 48204</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>10.00</i></p> | <p>Date (month, day, year)</p> <p><i>8/6/90</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>10.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p><i>Veronica Vincent</i><br/><i>9320 W. Outer Dr</i><br/><i>Detroit MI 48219</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$ <i>10.00</i></p> | <p>Date (month, day, year)</p> <p><i>8/6/90</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>10.00</i></p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>              | <p>Date (month, day, year)</p>                      | <p>Amount of Each Receipt this Period</p>                     |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>              | <p>Date (month, day, year)</p>                      | <p>Amount of Each Receipt this Period</p>                     |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>              | <p>Date (month, day, year)</p>                      | <p>Amount of Each Receipt this Period</p>                     |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>              | <p>Date (month, day, year)</p>                      | <p>Amount of Each Receipt this Period</p>                     |

|                                                     |                 |
|-----------------------------------------------------|-----------------|
| SUBTOTAL of Receipts This Page (optional)           | <i>30.00</i>    |
| TOTAL This Period (last page this line number only) | <i>34/56.50</i> |

00014132217

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 1 OF 1  
FOR LINE NUMBER 11C

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NAME OF COMMITTEE (in Full)

*Vincent for Congress*

|                                                                                                                                                                                                                                                                                                    |                                                                                              |                                                      |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p><i>American Hosp Assn PAC</i><br/><i>840 North Lake Shore</i><br/><i>Chicago Ill 60611</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$250.00</i></p> | <p>Date (month, day, year)</p> <p><i>8/5/90</i></p>  | <p>Amount of Each Receipt this Period</p> <p><i>250.00</i></p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p><i>Perry Drug Stores, Inc PAC</i></p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                          | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$100.00</i></p> | <p>Date (month, day, year)</p> <p><i>7/27/90</i></p> | <p>Amount of Each Receipt this Period</p> <p><i>100.00</i></p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>       | <p>Date (month, day, year)</p>                       | <p>Amount of Each Receipt this Period</p>                      |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>       | <p>Date (month, day, year)</p>                       | <p>Amount of Each Receipt this Period</p>                      |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>       | <p>Date (month, day, year)</p>                       | <p>Amount of Each Receipt this Period</p>                      |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>       | <p>Date (month, day, year)</p>                       | <p>Amount of Each Receipt this Period</p>                      |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                                                                                                   | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date <i>&gt; \$</i></p>       | <p>Date (month, day, year)</p>                       | <p>Amount of Each Receipt this Period</p>                      |

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

*350.00*

90014132213

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                                             |                                                                                                                                                                                                                        |                                               |                                                               |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>OBE JOY MANAGEMENT<br/>DETROIT, MICHIGAN</p>                           | <p>Purpose of Disbursement</p> <p>FOOD + DRINK SET UP</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>        | <p>Date (month, day, year)</p> <p>7/27/90</p> | <p>Amount of Each Disbursement This Period</p> <p>942.00</p>  |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>SAWICKI &amp; SON<br/>8521 W-LAFAYETTE<br/>DETROIT, MICHIGAN 48216</p> | <p>Purpose of Disbursement</p> <p>LAWN SIGNS</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                 | <p>Date (month, day, year)</p> <p>7/27/90</p> | <p>Amount of Each Disbursement This Period</p> <p>442.00</p>  |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>REGGIE BIRKS<br/>DETROIT, MICHIGAN</p>                                 | <p>Purpose of Disbursement</p> <p>PIVOT</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                      | <p>Date (month, day, year)</p> <p>7/29/90</p> | <p>Amount of Each Disbursement This Period</p> <p>65.00</p>   |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>THE PRODUCTION PEOPLE<br/>32231 SCHULCRAFT<br/>LIVONIA, MICHIGAN</p>   | <p>Purpose of Disbursement</p> <p>PRODUCTION-POV</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>             | <p>Date (month, day, year)</p> <p>7/29/90</p> | <p>Amount of Each Disbursement This Period</p> <p>125.00</p>  |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>BRUCE BROWN<br/>DETROIT, MICHIGAN</p>                                  | <p>Purpose of Disbursement</p> <p>CONSULTANT</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                 | <p>Date (month, day, year)</p> <p>7/29/90</p> | <p>Amount of Each Disbursement This Period</p> <p>275.00</p>  |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>ALICIA NAILS<br/>25325 EDGE MONT<br/>SOUTHFIELD, MICH 48034</p>        | <p>Purpose of Disbursement</p> <p>PIVOT - PARKING - PAINTING</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p> | <p>Date (month, day, year)</p> <p>7/29/90</p> | <p>Amount of Each Disbursement This Period</p> <p>57.71</p>   |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>ALICIA NAILS<br/>25325 EDGE MONT<br/>SOUTHFIELD, MICH 48034</p>        | <p>Purpose of Disbursement</p> <p>P/R CONSULTANT</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>             | <p>Date (month, day, year)</p> <p>7/29/90</p> | <p>Amount of Each Disbursement This Period</p> <p>100.00</p>  |
| <p>H. Full Name, Mailing Address and ZIP Code</p> <p>W G B H<br/>2056 PENOBSCOT BLVD<br/>DETROIT, MICHIGAN 48226</p>        | <p>Purpose of Disbursement</p> <p>MEDIA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                      | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Disbursement This Period</p> <p>1088.00</p> |
| <p>I. Full Name, Mailing Address and ZIP Code</p> <p>W J L B<br/>BOX 2000<br/>SOUTHFIELD, MICH 48037</p>                    | <p>Purpose of Disbursement</p> <p>MEDIA</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>                      | <p>Date (month, day, year)</p> <p>7/31/90</p> | <p>Amount of Each Disbursement This Period</p> <p>969.00</p>  |

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4063.71

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                             |                                                                                                                                                                                           |                                    |                                                     |
|-------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>WMXD / WXYT<br>15600 W. A. MILERD<br>DETROIT, MICHIGAN 48037  | Purpose of Disbursement<br>MEDIA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | Date (month, day, year)<br>7/30/90 | Amount of Each Disbursement This Period<br>1190.00  |
| B. Full Name, Mailing Address and ZIP Code<br>W J A K<br>DETROIT, MICHIGAN                                  | Purpose of Disbursement<br>MEDIA<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | Date (month, day, year)<br>7/30/90 | Amount of Each Disbursement This Period<br>30.00    |
| C. Full Name, Mailing Address and ZIP Code<br>ALICIA NAILS<br>25325 EDGE MOUNT<br>SOUTHFIELD, MICH 48034    | Purpose of Disbursement<br>PARKING SUPPLIES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>7/30/90 | Amount of Each Disbursement This Period<br>54.92    |
| D. Full Name, Mailing Address and ZIP Code<br>JOYCE WELLS<br>20010 RENFREW<br>DETROIT, MICH 48203           | Purpose of Disbursement<br>REFRESHMENTS<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)     | Date (month, day, year)<br>8/1/90  | Amount of Each Disbursement This Period<br>\$700.00 |
| E. Full Name, Mailing Address and ZIP Code<br>GREG HUMPHRIES<br>DETROIT, MICHIGAN                           | Purpose of Disbursement<br>WALKERS<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | Date (month, day, year)<br>8/1/90  | Amount of Each Disbursement This Period<br>600.00   |
| F. Full Name, Mailing Address and ZIP Code<br>LAFAYETTE TOWERS<br>1301 ORLEANS<br>DETROIT, MICHIGAN 48207   | Purpose of Disbursement<br>RENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                        | Date (month, day, year)<br>8/1/90  | Amount of Each Disbursement This Period<br>375.00   |
| G. Full Name, Mailing Address and ZIP Code<br>NATIONWIDE<br>8162 E JEFFERSON<br>DETROIT, MICHIGAN           | Purpose of Disbursement<br>RENT<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)             | Date (month, day, year)<br>8/1/90  | Amount of Each Disbursement This Period<br>250.00   |
| H. Full Name, Mailing Address and ZIP Code<br>ALICIA NAILS<br>25325 EDGE MOUNT<br>SOUTHFIELD, MICH 48034    | Purpose of Disbursement<br>CONSULTANT<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>8/1/90  | Amount of Each Disbursement This Period<br>100.00   |
| I. Full Name, Mailing Address and ZIP Code<br>SAWICKI & SON<br>1521 W. LAFAYETTE<br>DETROIT, MICHIGAN 48216 | Purpose of Disbursement<br>LAWN SIGN<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>8/1/90  | Amount of Each Disbursement This Period<br>442.00   |

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

3741.92

00014K3220

## SCHEDULE B

## ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                             |                                                                                                                                                                                         |                                   |                                                    |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>W J R<br>2100 FISHER BLVD<br>DETROIT, MICH 48202              | Purpose of Disbursement<br>MEDIA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/1/90 | Amount of Each Disbursement This Period<br>3323.50 |
| B. Full Name, Mailing Address and ZIP Code<br>W J B L<br>BOX 2000<br>SOUTHFIELD, MICHIGAN 48037             | Purpose of Disbursement<br>MEDIA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/1/90 | Amount of Each Disbursement This Period<br>1190.00 |
| C. Full Name, Mailing Address and ZIP Code<br>W X Y Z<br>20 777 W. 10 MILE RD<br>SOUTHFIELD, MICH 48037     | Purpose of Disbursement<br>MEDIA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/1/90 | Amount of Each Disbursement This Period<br>6035.00 |
| D. Full Name, Mailing Address and ZIP Code<br>W D I V<br>550 W. LAFAYETTE<br>DETROIT, MICH. 48239           | Purpose of Disbursement<br>MEDIA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/1/90 | Amount of Each Disbursement This Period<br>2401.25 |
| E. Full Name, Mailing Address and ZIP Code<br>ALICE NAILS<br>25325 EDGEWORTH<br>SOUTHFIELD, Michigan 48034  | Purpose of Disbursement<br>MEDIA<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/2/90 | Amount of Each Disbursement This Period<br>3000.00 |
| F. Full Name, Mailing Address and ZIP Code<br>JOYCE WELLS<br>20010 RENFREW<br>DETROIT, MICHIGAN             | Purpose of Disbursement<br>Office Manager<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/3/90 | Amount of Each Disbursement This Period<br>300.00  |
| G. Full Name, Mailing Address and ZIP Code<br>VERNE BROWN<br>3220 CAMBRIDGE<br>DETROIT MICHIGAN 48224       | Purpose of Disbursement<br>PHONE CALLER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br>8/3/90 | Amount of Each Disbursement This Period<br>60.00   |
| H. Full Name, Mailing Address and ZIP Code<br>AMY HANNA GOSBY<br>572 AUDUBON<br>DETROIT, MICHIGAN           | Purpose of Disbursement<br>PHONE CALLER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)   | Date (month, day, year)<br>8/3/90 | Amount of Each Disbursement This Period<br>60.00   |
| I. Full Name, Mailing Address and ZIP Code<br>LENA TRAMMELL<br>4008 3 MILE DRIVE<br>DETROIT, MICHIGAN 48202 | Purpose of Disbursement<br>PHONE CALLER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | Date (month, day, year)<br>8/3/90 | Amount of Each Disbursement This Period<br>60.00   |

SUBTOTAL of Disbursements This Page (optional) .....

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16429.75

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                                         |                                                                                                                                                                                            |                                   |                                                    |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>SPERAS CONTRILL<br>4321 BELFORD<br>DETROIT, MICHIGAN 48224                | Purpose of Disbursement<br>PHONE CALLER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>8/3/91 | Amount of Each Disbursement This Period<br>107.00  |
| B. Full Name, Mailing Address and ZIP Code<br>NETTIE GLASS<br>2926 BLAINE<br>DETROIT, MICHIGAN 48206                    | Purpose of Disbursement<br>PHONE CALLER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>8/3/90 | Amount of Each Disbursement This Period<br>60.00   |
| C. Full Name, Mailing Address and ZIP Code<br>STEPHEN'S NU AD INC<br>17630 E. TEN MILE ROAD<br>EAST DETROIT, MICH 48021 | Purpose of Disbursement<br>PRINTING<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/6/90 | Amount of Each Disbursement This Period<br>1325.00 |
| D. Full Name, Mailing Address and ZIP Code<br>GREGG HUMPHRIES<br>DETROIT, MICHIGAN                                      | Purpose of Disbursement<br>WRITER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                       | Date (month, day, year)<br>8/6/90 | Amount of Each Disbursement This Period<br>600.00  |
| E. Full Name, Mailing Address and ZIP Code<br>DEBORAH SQUIRES<br>DETROIT, MICHIGAN                                      | Purpose of Disbursement<br>LABOR COORDINATOR<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/6/90 | Amount of Each Disbursement This Period<br>400.00  |
| F. Full Name, Mailing Address and ZIP Code<br>MARIO MORROW<br>250 NARBORNTOWN-810<br>DETROIT MICH.                      | Purpose of Disbursement<br>CONSULTANT<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)        | Date (month, day, year)<br>8/6/90 | Amount of Each Disbursement This Period<br>230.00  |
| G. Full Name, Mailing Address and ZIP Code<br>AMERICAN SPEECH PRINTING<br>525 EAST LUTHERSON<br>DETROIT MICH 48206      | Purpose of Disbursement<br>PRINTING<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>237.80  |
| H. Full Name, Mailing Address and ZIP Code<br>NICOLE JEWELL<br>8147 SHERRIDAN<br>DETROIT MICHIGAN                       | Purpose of Disbursement<br>ROLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                  | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>32.00   |
| I. Full Name, Mailing Address and ZIP Code<br>HDM GRAPHICS<br>715 E. MILWAUKEE<br>DETROIT, MICH 48202                   | Purpose of Disbursement<br>PRINTING<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>1248.00 |

SUBTOTAL of Disbursements This Page (optional)

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4232.80

00014132223

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                         |                                                                                                                                                                                      |                                   |                                                                      |
|---------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>BARBARA JEWELL<br>3147 SHERIDAN<br>DETROIT, MICHIGAN      | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>32.00<br><del>32.00</del> |
| B. Full Name, Mailing Address and ZIP Code<br>JAMES BARNES<br>20210 WESTMORELAND<br>DETROIT, MICHIGAN   | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>36.00                     |
| C. Full Name, Mailing Address and ZIP Code<br>ORLANDA MATHIS<br>18951 RENO<br>DETROIT, MICHIGAN         | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>36.00                     |
| D. Full Name, Mailing Address and ZIP Code<br>DONALD COLEMAN<br>3127 MORRILL<br>DETROIT, MICHIGAN       | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>36.00                     |
| E. Full Name, Mailing Address and ZIP Code<br>PAULA MELLON<br>4635 JOHN R.<br>DETROIT, MICH             | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>36.00                     |
| F. Full Name, Mailing Address and ZIP Code<br>KIM WILLIAM<br>2008 E. GRAND BLVD<br>DETROIT, MICHIGAN    | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>36.00                     |
| G. Full Name, Mailing Address and ZIP Code<br>OLIE CONEY<br>3779 FRENCH RD<br>DETROIT, MICH.            | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>36.00                     |
| H. Full Name, Mailing Address and ZIP Code<br>DESIREE HASTINGS<br>22 STURTEVANT<br>Highland Park, Mich. | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>36.00                     |
| I. Full Name, Mailing Address and ZIP Code<br>PAT WILLIAMS<br>22 STURTEVANT<br>Highland Park, Mich.     | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>8/7/90 | Amount of Each Disbursement This Period<br>36.00                     |

SUBTOTAL of Disbursements This Page (optional) .....

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320.00



## SCHEDULE B

## ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| ERNEST BANKS<br>7680 GILGARDIN<br>DETROIT, MICHIGAN    | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 28.00                                   |
| B. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| CARMELLA BAILEY<br>14203 SARATOGA<br>DETROIT, MICHIGAN | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| C. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| LUCINDA BAILEY<br>14203 SARATOGA<br>DETROIT, MICHIGAN  | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| D. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| RAYMOND CATO<br>409 ASHLAND<br>DETROIT, MICHIGAN       | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| E. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| RUTH UPshaw<br>428 MANISTIQUE<br>DETROIT, MICHIGAN     | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| F. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| WANDA TAYLOR<br>579 EASTLAWN<br>DETROIT, MICHIGAN      | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| G. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| RAY CATO, DEORPHIA<br>409 ASHLAND<br>DETROIT, MICHIGAN | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| H. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| LAWRENCE KIMANDI<br>7053 LONGVIEW<br>DETROIT, MICHIGAN | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| I. Full Name, Mailing Address and ZIP Code             | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| GREGOIRY SPICES<br>8227 KEMNEY<br>DETROIT, MICHIGAN    | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |

SUBTOTAL of Disbursements This Page (optional) .....

316.00

TOTAL This Period (last page this line number only) .....



SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| ROSALIND HOWARD<br>8227 KENNEY<br>DETROIT, MICHIGAN 48234 | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| B. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| CURTIS WILLIAMS<br>2008 E GRAND BLVD<br>DETROIT, MICHIGAN | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| C. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| JOHN NEELY<br>DETROIT, MICHIGAN                           | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| D. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| SHAFI HABI<br>4322 ST ANTOINE<br>DETROIT, MICHIGAN        | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| E. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| JESSIE MITCHELL<br>5024 245 PIPER<br>DETROIT, MICHIGAN    | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| F. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| ALAND STAMPS<br>733 E. GOLDEN GATE<br>DETROIT, MICHIGAN   | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| G. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| JUDY HANKINS<br>4831 FULLERTON<br>DETROIT, MICHIGAN       | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 44.00                                   |
| H. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| EVAN TURNER<br>2675 TYLER<br>DETROIT, MICH 48238          | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| I. Full Name, Mailing Address and ZIP Code                | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
| CANDOLYN BUTLER<br>2646 TYLER<br>DETROIT, MICH            | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

332.00

9001413225

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code                                                            | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| ✓ JIMMY McCLERIN<br>DETROIT, MICHIGAN                                                                 | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 24.00                                   |
| B. Full Name, Mailing Address and ZIP Code<br>CHERYL BOMY<br>11401 PLAINVIEW<br>DETROIT MICH.         | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| C. Full Name, Mailing Address and ZIP Code<br>ENRICO BROWNELL<br>1190 SEWARD APT 10<br>DETROIT, MICH. | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| D. Full Name, Mailing Address and ZIP Code<br>ROSA REYNA<br>DETROIT MICHIGAN                          | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 32.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>GABRIELA NUNEZ<br>DETROIT, MICHIGAN                     | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 32.00                                   |
| F. Full Name, Mailing Address and ZIP Code<br>DENISE CAMPOS<br>DETROIT, MICHIGAN                      | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| G. Full Name, Mailing Address and ZIP Code<br>KEITH HALL<br>19452 GREENVIEW<br>DETROIT MICHIGAN       | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 36.00                                   |
| H. Full Name, Mailing Address and ZIP Code<br>RICHARD COWLING<br>4318 LARCHMONT<br>DETROIT, MICHIGAN  | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 32.00                                   |
| I. Full Name, Mailing Address and ZIP Code<br>GEORGE WRIGHT<br>DETROIT, MICHIGAN                      | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |

SUBTOTAL of Disbursements This Page (optional) .....

304.00

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90014133226

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                                    |                                                                                                                                                                                |                                              |                                                             |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------|
| <p>A. Full Name, Mailing Address and ZIP Code</p> <p>John Parks<br/>410 PULITAN<br/>DETROIT, MICHIGAN</p>          | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p> | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>45.00</p> |
| <p>B. Full Name, Mailing Address and ZIP Code</p> <p>MAJIB MOHAMMAD<br/>4153 OLIVER<br/>DETROIT, MICHIGAN</p>      | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p>            | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>52.00</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>MATASHA MOHAMMAD<br/>4153 OLIVER<br/>DETROIT, MICHIGAN</p>    | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p>            | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>52.00</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Ralph Kirk<br/>4153 OLIVER<br/>DETROIT, MICHIGAN</p>          | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p>            | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>52.00</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>EDWARD ROCKGEMORE<br/>637 ST. MARON<br/>DETROIT, MICHIGAN</p> | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p>            | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>36.00</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>JAMES LOGAN<br/>DETROIT, MICHIGAN</p>                         | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p>            | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>24.00</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>TERRANCE FRAZER<br/>6817 INGLEWOOD<br/>DETROIT, MICHIGAN</p>  | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p> | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>52.00</p> |
| <p>H. Full Name, Mailing Address and ZIP Code</p> <p>ALESIA G SLED<br/>18050 DEQUENRE<br/>DETROIT, MICHIGAN</p>    | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p> | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>44.00</p> |
| <p>I. Full Name, Mailing Address and ZIP Code</p> <p>ELLIS MAY JR<br/>18918 MARA<br/>DETROIT, MICHIGAN</p>         | <p>Purpose of Disbursement</p> <p>POLL WORKER</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify)</p> | <p>Date (month, day, year)</p> <p>8/7/90</p> | <p>Amount of Each Disbursement This Period</p> <p>44.00</p> |

SUBTOTAL of Disbursements This Page (optional)

401.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code                                                                  | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| SUNOCO<br>8005 E. JEFFERSON<br>DETROIT, MICHIGAN                                                            | Gasoline<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 8/7/90                  | 10.00                                   |
| B. Full Name, Mailing Address and ZIP Code<br>DANDE PETS<br>10803 WHITEHILL                                 | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 44.00                                   |
| C. Full Name, Mailing Address and ZIP Code<br>WALTER MCCORMICK<br>10803 WHITEHILL<br>DETROIT, MICHIGAN      | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 20.00                                   |
| D. Full Name, Mailing Address and ZIP Code<br>DANYELLE BURROUGHS<br>10728 BEACONSFIELD<br>DETROIT, MICHIGAN | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 44.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>STORMY BURROUGHS<br>10728 BEACONSFIELD<br>DETROIT, MICHIGAN   | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 44.00                                   |
| F. Full Name, Mailing Address and ZIP Code<br>SHONORA TIPLES<br>9951 NUBBELL<br>DETROIT, MICHIGAN           | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 44.00                                   |
| G. Full Name, Mailing Address and ZIP Code<br>BETTY MARLEY<br>10803 COLLINGSBAM<br>DETROIT, MICHIGAN        | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 28.00                                   |
| H. Full Name, Mailing Address and ZIP Code<br>LARRY ARON<br>3799 ST. CLAIR<br>DETROIT, MICHIGAN             | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 40.00                                   |
| I. Full Name, Mailing Address and ZIP Code<br>GLORIA WISB<br>19654 ANN ARBOR<br>DETROIT, MICHIGAN           | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 44.00                                   |

SUBTOTAL of Disbursements This Page (optional) .....

38.00

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90714132228

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                                |                                                                                                                                                                    |                                          |                                                         |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------------------|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>KIMBERLY McKEITHEN<br>6654 HOLCOMB<br>DETROIT, MICHIGAN   | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | <b>Date (month, day, year)</b><br>8/7/90 | <b>Amount of Each Disbursement This Period</b><br>44.00 |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL DAILEY<br>19214 HOOPER<br>DETROIT, MICHIGAN       | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | <b>Date (month, day, year)</b><br>8/7/90 | <b>Amount of Each Disbursement This Period</b><br>22.00 |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>SALLYAN DELANEY<br>1995 Glynnet<br>DETROIT, MICHIGAN      | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | <b>Date (month, day, year)</b><br>8/7/90 | <b>Amount of Each Disbursement This Period</b><br>36.00 |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>LARRY WILLIAM<br>19160 ILWIS<br>DETROIT, MICHIGAN         | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)            | <b>Date (month, day, year)</b><br>8/7/90 | <b>Amount of Each Disbursement This Period</b><br>44.00 |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>WILLIE THORP<br>2610 HOOKER<br>DETROIT, MICHIGAN          | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | <b>Date (month, day, year)</b><br>8/7/90 | <b>Amount of Each Disbursement This Period</b><br>36.00 |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>ROSA HARRISON<br>4777 PENNSYLVANIA<br>DETROIT, MICHIGAN   | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | <b>Date (month, day, year)</b><br>8/7/90 | <b>Amount of Each Disbursement This Period</b><br>44.00 |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>BETTRICE DORTCH<br>4758 PENNSYLVANIA<br>DETROIT, MICHIGAN | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | <b>Date (month, day, year)</b><br>8/7/99 | <b>Amount of Each Disbursement This Period</b><br>44.00 |
| <b>H. Full Name, Mailing Address and ZIP Code</b><br>DONNA RAHMAN<br>8074 RUEO SHLE<br>DETROIT, MICHIGAN       | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | <b>Date (month, day, year)</b><br>8/7/90 | <b>Amount of Each Disbursement This Period</b><br>44.00 |
| <b>I. Full Name, Mailing Address and ZIP Code</b><br>BRENDA GRIGG<br>3161 EAST PALMER<br>DETROIT, MICHIGAN     | <b>Purpose of Disbursement</b><br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | <b>Date (month, day, year)</b><br>8/7/90 | <b>Amount of Each Disbursement This Period</b><br>32.00 |

SUBTOTAL of Disbursements This Page (optional) .....

346.00

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9001413229

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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VINCENT FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code                                                              | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| LANCE BOBO<br>4153 OLIVER<br>DETROIT, MICHIGAN                                                          | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 52.00                                   |
| B. Full Name, Mailing Address and ZIP Code<br>SHANEZ OLDHAM<br>1912 EAST GRAND<br>DETROIT, MICHIGAN     | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| C. Full Name, Mailing Address and ZIP Code<br>RHONDA MORGAN<br>20539 SOUTHFIELD RD<br>DETROIT, MICHIGAN | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 28.00                                   |
| D. Full Name, Mailing Address and ZIP Code<br>EARL MCKINNEY<br>DETROIT, MICHIGAN                        | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 52.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>WANDA EDWARDS<br>3799 ST CLAIR<br>DETROIT, MICH           | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 52.00                                   |
| F. Full Name, Mailing Address and ZIP Code<br>NEAL VALENTINE<br>4318 LARCH MONT<br>DETROIT, MICHIGAN    | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| G. Full Name, Mailing Address and ZIP Code<br>LORRAINE SEAY<br>2917 HUG AVE #7<br>DETROIT, MICHIGAN     | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 32.00                                   |
| H. Full Name, Mailing Address and ZIP Code<br>MARVEL STRONG<br>5331 JWS. CAMPBELL<br>DETROIT, MICHIGAN  | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| I. Full Name, Mailing Address and ZIP Code<br>BRENDA JONES<br>3923 GLACIER LN<br>DETROIT, MICHIGAN      | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

376.00

00014132230



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 13 OF 16  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code                                                               | Purpose of Disbursement                                                                                                                                   | Date (month, day, year) | Amount of Each Disbursement This Period |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| ANTONIA BRANDON<br>18800 Buffalo<br>DETROIT, Michigan                                                    | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 32.00                                   |
| B. Full Name, Mailing Address and ZIP Code<br>GEORGE BRANGLER<br>13558 DEAN<br>DETROIT, MICHIGAN         | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 36.00                                   |
| C. Full Name, Mailing Address and ZIP Code<br>DISSANDRA BROWN<br>11401 PLAINVIEW<br>DETROIT, MICHIGAN    | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| D. Full Name, Mailing Address and ZIP Code<br>EMMA WALKER<br>15798 MEYERS<br>DETROIT, MICHIGAN           | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| E. Full Name, Mailing Address and ZIP Code<br>KHARLIS ADDULAH<br>2939 WOODWARD AVE.<br>DETROIT, MICHIGAN | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| F. Full Name, Mailing Address and ZIP Code<br>BERNARD MITCHEM<br>19900 SUSSEX<br>DETROIT, MICHIGAN       | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| G. Full Name, Mailing Address and ZIP Code<br>JAMES TONY<br>2706 EAST LAPEYETTE<br>DETROIT, MICHIGAN     | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| H. Full Name, Mailing Address and ZIP Code<br>TINA DREW<br>1977 ATKINSON<br>DETROIT, MICHIGAN            | POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 8/7/90                  | 40.00                                   |
| I. Full Name, Mailing Address and ZIP Code<br>VIVIAN PARKS<br>410 PURITAN<br>DETROIT, MICHIGAN           | POLL WORKER<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)            | 8/7/90                  | 40.00                                   |
| SUBTOTAL of Disbursements This Page (optional)                                                           |                                                                                                                                                           |                         | 34.00                                   |

TOTAL This Period (last page this line number only)

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                     |                                                                                                                                                                |                                    |                                                   |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>WILLIE PERILS<br>410 PRAIRIE<br>DETROIT, MICHIGAN     | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)    | Date (month, day, year)<br>8/7/90  | Amount of Each Disbursement This Period<br>40.00  |
| B. Full Name, Mailing Address and ZIP Code<br>ATRON WILLIAMS<br>DETROIT, MICHIGAN                   | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)    | Date (month, day, year)<br>8/7/90  | Amount of Each Disbursement This Period<br>40.00  |
| C. Full Name, Mailing Address and ZIP Code<br>ROBERT COWLING<br>4318 LARCHMONT<br>DETROIT, MICHIGAN | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)    | Date (month, day, year)<br>8/7/90  | Amount of Each Disbursement This Period<br>40.00  |
| D. Full Name, Mailing Address and ZIP Code<br>KENTUCKY FRIED CHICKEN<br>DETROIT, MICHIGAN           | Purpose of Disbursement<br>Food<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)           | Date (month, day, year)<br>8/7/90  | Amount of Each Disbursement This Period<br>50.00  |
| E. Full Name, Mailing Address and ZIP Code<br>BEATRIZ M. LANDE<br>DETROIT, MICHIGAN                 | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)    | Date (month, day, year)<br>8/7/90  | Amount of Each Disbursement This Period<br>8.00   |
| F. Full Name, Mailing Address and ZIP Code<br>FIFTY PLUS NETWORK INC<br>DETROIT, MICHIGAN           | Purpose of Disbursement<br>News Paper Adv<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify) | Date (month, day, year)<br>8/9/90  | Amount of Each Disbursement This Period<br>250.00 |
| G. Full Name, Mailing Address and ZIP Code<br>VERNE BROWN<br>3220 Cambridge<br>DETROIT, MICHIGAN    | Purpose of Disbursement<br>Poll Worker<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)    | Date (month, day, year)<br>8/10/90 | Amount of Each Disbursement This Period<br>105.00 |
| H. Full Name, Mailing Address and ZIP Code<br>N/ANNA GOSBY<br>572 AVOUBON<br>DETROIT, MICHIGAN      | Purpose of Disbursement<br>Phone Call<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)     | Date (month, day, year)<br>8/15/90 | Amount of Each Disbursement This Period<br>80.00  |
| I. Full Name, Mailing Address and ZIP Code<br>NETTIE GLAD<br>2926 Blaine<br>DETROIT, MICHIGAN       | Purpose of Disbursement<br>Phone Call<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>Other (specify)     | Date (month, day, year)<br>8/15/90 | Amount of Each Disbursement This Period<br>80.00  |

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

662.00



SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 15 OF 16  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

|                                                                                                        |                                                                                                                                                                                              |                                    |                                                     |
|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-----------------------------------------------------|
| A. Full Name, Mailing Address and ZIP Code<br>SHERIE CANTRELL<br>4321 BELFORD<br>DETROIT, MICHIGAN     | Purpose of Disbursement<br>PHONE CALLS<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>8/15/90 | Amount of Each Disbursement This Period<br>60.00    |
| B. Full Name, Mailing Address and ZIP Code<br>JOYCE WELLS<br>20010 RENFREW<br>DETROIT, MICHIGAN        | Purpose of Disbursement<br>OFFICE MANAGER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)      | Date (month, day, year)<br>8/10/90 | Amount of Each Disbursement This Period<br>300.00   |
| C. Full Name, Mailing Address and ZIP Code<br>MARIO MORROW<br>250 HARBORTOWN-810<br>DETROIT, MICHIGAN  | Purpose of Disbursement<br>CONSULTANT<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)          | Date (month, day, year)<br>8/11/90 | Amount of Each Disbursement This Period<br>3,000.00 |
| D. Full Name, Mailing Address and ZIP Code<br>RHONDA MORGAN<br>20539 SOUTHERFIELD<br>DETROIT, MICHIGAN | Purpose of Disbursement<br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>8/15/90 | Amount of Each Disbursement This Period<br>28.00    |
| E. Full Name, Mailing Address and ZIP Code<br>HELEN CARE NEWS<br>Grosse Pointe, Michigan               | Purpose of Disbursement<br>ADV.<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                | Date (month, day, year)<br>8/30/90 | Amount of Each Disbursement This Period<br>134.00   |
| F. Full Name, Mailing Address and ZIP Code<br>JAMES MITCHELL<br>18269 LITTLEFIELD<br>DETROIT, MICHIGAN | Purpose of Disbursement<br>POLL WORKER<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)         | Date (month, day, year)<br>8/31/90 | Amount of Each Disbursement This Period<br>40.00    |
| G. Full Name, Mailing Address and ZIP Code<br>REGINALD BIRICK<br>DETROIT, MICHIGAN                     | Purpose of Disbursement<br>PHOTO<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)               | Date (month, day, year)<br>8/31/90 | Amount of Each Disbursement This Period<br>40.00    |
| H. Full Name, Mailing Address and ZIP Code<br>MICHIGAN BELL<br>DETROIT, MICHIGAN                       | Purpose of Disbursement<br>PHONE SERVICE<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)       | Date (month, day, year)<br>9/12/90 | Amount of Each Disbursement This Period<br>904.00   |
| I. Full Name, Mailing Address and ZIP Code<br>RENAISSANCE CLUB<br>WESTIN HOTEL<br>DETROIT, MICHIGAN    | Purpose of Disbursement<br>RENT & FOOD SERVICE<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year)<br>9/1/90  | Amount of Each Disbursement This Period<br>2350.00  |

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

6856.00

900141333

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 16 OF 16  
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

VINCENT FOR CONGRESS

| A. Full Name, Mailing Address and ZIP Code                                                              | Purpose of Disbursement                                                                                                                                                                  | Date (month, day, year) | Amount of Each Disbursement This Period |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------|
| ACTION RENTAL<br>1783 EAST 7 MILE RD<br>DETROIT MICHIGAN 48203                                          | Rental Tables & Chairs<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                     | 9/30/90                 | 472.50                                  |
| B. Full Name, Mailing Address and ZIP Code<br>COMERICA BANK<br>VIRGINIA PARK PLAZA<br>DETROIT, MICHIGAN | Purpose of Disbursement<br>BANK CHARGES<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)    | 9/30/90                 | 95.93                                   |
| C. Full Name, Mailing Address and ZIP Code<br>COMERICA BANK<br>VIRGINIA PARK PLAZA<br>DETROIT, MICHIGAN | Purpose of Disbursement<br>CASHIERS CHARGE<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 9/30/90                 | 15.00                                   |
| D. Full Name, Mailing Address and ZIP Code                                                              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code                                                              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code                                                              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code                                                              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code                                                              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code                                                              | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                               | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional) .....

593.43

TOTAL This Period (last page this line number only) .....

39630.61  
39630.61

00014132234

**SCHEDULE C**  
(Revised 3/80)

**LOANS**

Page \_\_\_\_\_ of \_\_\_\_\_ for  
LINE NUMBER \_\_\_\_\_  
(Use separate schedules  
for each numbered line)

|                                                                                                                                      |  |                                             |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------|-----------------------------------------------------------------|
| Name of Committee (in Full) <b>VINCENT FOR CONGRESS</b>                                                                              |  |                                             |                                                                 |
| A. Full Name, Mailing Address and ZIP Code of Loan Source<br><b>CHARLES C. VINCENT<br/>8167 EAST JEFFERSON<br/>DETROIT, MICHIGAN</b> |  | Original Amount of Loan<br><b>30,152.00</b> | Balance Outstanding at Close of This Period<br><b>30,152.00</b> |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                |  | Cumulative Payment To Date<br>—             |                                                                 |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured                               |  |                                             |                                                                 |
| List All Endorsers or Guarantors (if any) to Item A                                                                                  |  |                                             |                                                                 |
| 1. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                            |                                                                 |
|                                                                                                                                      |  | Occupation                                  |                                                                 |
|                                                                                                                                      |  | Amount Guaranteed Outstanding: \$           |                                                                 |
| 2. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                            |                                                                 |
|                                                                                                                                      |  | Occupation                                  |                                                                 |
|                                                                                                                                      |  | Amount Guaranteed Outstanding: \$           |                                                                 |
| 3. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                            |                                                                 |
|                                                                                                                                      |  | Occupation                                  |                                                                 |
|                                                                                                                                      |  | Amount Guaranteed Outstanding: \$           |                                                                 |
| B. Full Name, Mailing Address and ZIP Code of Loan Source                                                                            |  | Original Amount of Loan                     | Balance Outstanding at Close of This Period                     |
| Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):                |  | Cumulative Payment To Date                  |                                                                 |
| Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) <input type="checkbox"/> Secured                               |  |                                             |                                                                 |
| List All Endorsers or Guarantors (if any) to Item B                                                                                  |  |                                             |                                                                 |
| 1. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                            |                                                                 |
|                                                                                                                                      |  | Occupation                                  |                                                                 |
|                                                                                                                                      |  | Amount Guaranteed Outstanding: \$           |                                                                 |
| 2. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                            |                                                                 |
|                                                                                                                                      |  | Occupation                                  |                                                                 |
|                                                                                                                                      |  | Amount Guaranteed Outstanding: \$           |                                                                 |
| 3. Full Name, Mailing Address and ZIP Code                                                                                           |  | Name of Employer                            |                                                                 |
|                                                                                                                                      |  | Occupation                                  |                                                                 |
|                                                                                                                                      |  | Amount Guaranteed Outstanding: \$           |                                                                 |
| SUBTOTALS This Period This Page (optional) .....                                                                                     |  |                                             |                                                                 |
| TOTALS This Period (last page in this line only) .....                                                                               |  |                                             |                                                                 |
| Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary. |  |                                             |                                                                 |

90014132235

**SCHEDULE D**  
(Revised 3/80)

**DEBTS AND OBLIGATIONS**  
Excluding Loans

Page 1 of 1 for  
LINE NUMBER 1  
(Use separate schedules  
for each numbered line)

| Name of Committee (in Full)                                                                                                                 | Outstanding Balance Beginning This Period | Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period |
|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------|---------------------|---------------------------------------------|
| VINCENT FOR CONGRESS                                                                                                                        |                                           |                             |                     |                                             |
| A. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br>JAFEE SANDER, RAITT & NEVER<br>ONE WOODWARD AVENUE<br>DETROIT, MICHIGAN | 11,429.64                                 | 3,000.00                    | -                   | 14,429.64                                   |
| Nature of Debt (Purpose):<br>POLITICAL CONSULTANT                                                                                           |                                           |                             |                     |                                             |
| B. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br>MARIO MORROW & ASSOC<br>250 HARBOR TOWN - #10<br>DETROIT, MICHIGAN      | 3000.00                                   | -                           | 3,000.00            | -                                           |
| Nature of Debt (Purpose):<br>POLITICAL CONSULTANT                                                                                           |                                           |                             |                     |                                             |
| C. Full Name, Mailing Address and Zip Code of Debtor or Creditor<br>LA FAYETTE TOWERS<br>1301 ORLEANS<br>DETROIT, MICHIGAN                  | 950.00                                    | -                           | 950.00              | -                                           |
| Nature of Debt (Purpose):<br>RENT                                                                                                           |                                           |                             |                     |                                             |
| D. Full Name, Mailing Address and Zip Code of Debtor or Creditor                                                                            |                                           |                             |                     |                                             |
| Nature of Debt (Purpose):                                                                                                                   |                                           |                             |                     |                                             |
| E. Full Name, Mailing Address and Zip Code of Debtor or Creditor                                                                            |                                           |                             |                     |                                             |
| Nature of Debt (Purpose):                                                                                                                   |                                           |                             |                     |                                             |
| F. Full Name, Mailing Address and Zip Code of Debtor or Creditor                                                                            |                                           |                             |                     |                                             |
| Nature of Debt (Purpose):                                                                                                                   |                                           |                             |                     |                                             |
| 1) SUBTOTALS This Period This Page (optional) . . . . .                                                                                     |                                           |                             |                     | 14,429.64                                   |
| 2) TOTAL This Period (last page this line only) . . . . .                                                                                   |                                           |                             |                     | 30,152.00                                   |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) . . . . .                                                                       |                                           |                             |                     | 44,581.64                                   |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) . . . . .                                           |                                           |                             |                     |                                             |

00014132236

# **CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS** (To Be Used By A Principal Campaign Committee)

| Name of Principal Campaign Committee<br><b>VINCENT FOR CONGRESS</b> |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              | Report Covering Period:<br>From: <b>7/27</b> To: <b>8/30</b>                      |                                                                                   |                                                     |
|---------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------|
|                                                                     | Committee Name(s)                                                      |                                                                                             |                                                                   | (a)<br>Line No. 11(a)<br>Total Contributions From Indiv./Persons Other Than Political Cmtes. | (b)<br>Line No. 11(b)<br>Total Contributions From Political Party Committees | (c)<br>Line No. 11(c)<br>Total Contributions From Other Political Committees      | (d)<br>Line No. 11(d)<br>Total Contributions From The Candidate                   | (e)<br>Line No. 11(e)<br>Total Contributions        |
| A                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| B                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| C                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| D                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| E                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| F                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| G                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| H                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| I                                                                   | Column Total This Page .....                                           |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| J                                                                   | Column Total Last Page Only .....                                      |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
|                                                                     | (f)<br>Line No. 12<br>Total Transfers From Other Authorized Committees | (g)<br>Line No. 13(a)<br>Total Loans Made or Guaranteed by the Candidate                    | (h)<br>Line No. 13(b)<br>Total All Other Loans                    | (i)<br>Line No. 13(c)<br>Total Loans                                                         | (j)<br>Line No. 14<br>Total Offsets to Operating Expenditures                | (k)<br>Line No. 15<br>Total Other Receipts                                        | (l)<br>Line No. 16<br>Total Receipts                                              | (m)<br>Line No. 17<br>Total Operating Expenditures  |
| A                                                                   |                                                                        | 30152.00                                                                                    |                                                                   | 30152.00                                                                                     |                                                                              |                                                                                   |                                                                                   | 39630.61                                            |
| B                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| C                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| D                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| E                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| F                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| G                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| H                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| I                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| J                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
|                                                                     | (n)<br>Line No. 18<br>Total Transfers to Other Authorized Committees   | (o)<br>Line No. 19(a)<br>Total Loan Repayments of Loans Made or Guaranteed by the Candidate | (p)<br>Line No. 19(b)<br>Total Loan Repayments of All Other Loans | (q)<br>Line No. 19(c)<br>Total Loan Repayments                                               | (r)<br>Line No. 20(a)<br>Total Contribution Refunds to Individuals/Persons   | (s)<br>Line No. 20(b)<br>Total Contribution Refunds to Political Party Committees | (t)<br>Line No. 20(c)<br>Total Contribution Refunds to Other Political Committees | (u)<br>Line No. 20(d)<br>Total Contribution Refunds |
| A                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| B                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| C                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| D                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| E                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| F                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| G                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| H                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| I                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| J                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
|                                                                     | (v)<br>Line No. 21<br>Total Other Disbursements                        | (w)<br>Line No. 22<br>Total Disbursements                                                   | (x)<br>Line No. 23<br>Cash on Hand Beginning of Reporting Period  | (y)<br>Line No. 27<br>Cash on Hand Close of Reporting Period                                 | (z)<br>Line No. 9<br>Debts & Oblig. Owed TO the Committee                    | (aa)<br>Line No. 10<br>Debts & Oblig. Owed BY the Committee                       | (bb)<br>Line No. 6(c)<br>Net Contributions                                        | (cc)<br>Line No. 7(c)<br>Net Operating Expenditures |
| A                                                                   |                                                                        | 39630.61                                                                                    | 1866.69                                                           |                                                                                              | 44581.64                                                                     |                                                                                   |                                                                                   |                                                     |
| B                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| C                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| D                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| E                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| F                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| G                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| H                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| I                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |
| J                                                                   |                                                                        |                                                                                             |                                                                   |                                                                                              |                                                                              |                                                                                   |                                                                                   |                                                     |

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