



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 139131		3. This Statement covers: from 07/24/14 to 10/19/14	
2. Committee Name CTE Jill Zech		4. Candidate Last Name DeMuynck First Name Zech M.I. R. 4a. Office Sought Including District # or Community Served (If applicable) Chippewa Valley School Board 4b. County of Residence MACOMB	
5. Committee's Mailing Address CTE Jill Zech 19292 Scenic Harbor Macomb, MI 48044 Area Code and Phone (586) 243-2761 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Margaret DeMuynck 52171 Jacqueline Ct. Macomb, MI 48042 Area Code & Phone (586) 677-4115	
7. Treasurer's Business Address 52171 Jacqueline Ct. Macomb, MI 48042 Area Code and Phone _____		8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus 11/04/14		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record Keeper Margaret DeMuynck Type or Print Name		<i>Margaret DeMuynck</i> Signature Date 10-22-14	
Candidate Jill DeMuynck Zech Type or Print Name		<i>Jill DeMuynck Zech</i> Signature Date 10/22/14	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139131

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Jill Zech

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>4,585.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,585.00</u>	(18.) \$ <u>\$4,585.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$4,585.00</u>	(20.) \$ <u>\$4,585.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$4,497.50</u>	(21.) \$ <u>\$4,497.50</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$1,912.31</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$1,912.31</u>	(23.) \$ <u>\$1,912.31</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$4,985.98</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,585.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$4,585.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,912.31</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$2,672.69</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 08/04/14

Name & Address:

Margaret DeMuynck
52171 Jacqueline Ct.
Macomb MI 48042

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation Attorney-Retired

Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 08/04/14

Name & Address:

Margaret DeMuynck
52171 Jacqueline Ct.
Macomb MI 48042

\$ 500.00

\$ 1,000.00

5. If over \$100.00 cumulative, please provide:

Occupation Attorney-Retired

Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 08/10/14

Name & Address:

Leon Zech
6154 Ravenswood
Smiths Creek MI 48074

\$ 250.00

\$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation Self-Employed

Employer C&Z Specialities

[Click Here for Memo Itemization](#)

Business Address 6154 Ravenswood Smiths Creek MI 48074

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 08/10/14

Name & Address:

Crystal Zech
6154 Ravenswood
Smiths Creek MI 48074

\$ 250.00

\$ 250.00

5. If over \$100.00 cumulative, please provide:

Occupation Self-Employed

Employer C&Z Specialities

[Click Here for Memo Itemization](#)

Business Address 6154 Ravenswood Smiths Creek MI 48074

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal \$1,500.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 09/27/14

Name & Address:

Lisa Hornung
19291 Willoway
Macomb MI 49044

\$ 20.00

\$ 20.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 09/27/14

Name & Address:

Morag Walls
5637 Cortland Circle
Bay City, MI 48706

\$ 500.00

\$ 500.00

5. If over \$100.00 cumulative, please provide:

Occupation Professor Employer Delta College

[Click Here for Memo Itemization](#)

Business Address 1961 Delta Rd. University Center, MI 48710

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/02/14

Name & Address:

Brian Scott DeMuyneck
48774 Pointe Lakeview
Chesterfield, MI 48047

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/14

Name & Address:

Zaid Ismail
18410 Magnolia
Southfield, MI 48075

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal \$620.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/14</u> Name & Address: Patricia Patterson Courie 43550 Elizabeth Ste. 100 Clinton Twp. 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self-employed</u> Business Address <u>43550 Elizabeth Ste. 100 Clinton Twp. MI 48038</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/14</u> Name & Address: Stephanie Swintek 133 31st St. Herimosa Beach CA 90254		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/14</u> Name & Address: Brian Schrier 39592 Dominion Dr. Clinton Twp. MI 48038		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/14</u> Name & Address: Joan Zech 7755 South River Rd. Cottrellville, MI 48039		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$200.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/02/14</u> Name & Address: Local #1 PAC MEA 38550 Garfield, Ste. B, Clinton Twp. 48038		\$ <u>1,000</u>	\$ <u>1,000</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/04/14</u> Name & Address: Jennifer DeMuynck 46645 North Hill Macomb, MI 48044		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Daycare Licensing Consultant</u> Employer <u>State of Michigan</u> Business Address <u>51111 Woodward Ste. 4B Pontiac, MI 48342</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/03/14</u> Name & Address: Jenna Farley 50351 Oxford Macomb 48044		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/05/14</u> Name & Address: Friends of Macomb 39856 Brylor Ct. Clinton Twp. MI 48038		\$ <u>400.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$1,820.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: Jason Saineghi 47614 Greenwich Novi, MI 48374	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/14</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: Erin Saineghi 47614 Greenwich Novi, MI 48374	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/14</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: Paul Kruse 2610 Timberwyck Trail Troy, MI 48096	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/14</u>	\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: Donald Gillain 15768 Cambridge Clinton Twp. MI 48038	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/05/14</u>	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$175.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/14

Name & Address:

Jeffrey Brown
6437 Hidden Hollow
Holland, MI 49423

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/14

Name & Address:

Erin Brown
6437 Hidden Hollow
Holland, MI 49423

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

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3. Contribution #3 PAC Receipt? ☐ YES 4. Date of Receipt 10/08/14

Name & Address:

Shelly Rowan
18056 Cedarlawn
Clinton Twp. MI 48035

\$ 50.00

\$ 50.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/07/14

Name & Address:

Dr. Christopher Wicks
44405 Woodward
Pontiac, MI 48341

\$ 20.00

\$ 20.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

[Click Here for Memo Itemization](#)

Page Subtotal **\$170.00**

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/11/14</u> Name & Address: Brian Soles 3106 Aberdeen Ct. Port Huron, MI 48060		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/14/14</u> Name & Address: Kathleen Beard 31674 Joann Dr. Chesterfield, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name & Address: _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal \$100.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$4,585.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139131

2. Committee Name CTE Jill Zech

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
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Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Jill Zech
19292 Scenic Harbor
Macomb, MI 48044

If over \$100.00 cumulative, please provide:

Occupation: Advocate

Employer Name & Business Address:

Self-employed Macomb Advocacy LLC
19292 Scenic Harbor
Macomb, MI 48044

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description filing fee

5. Date Of Receipt: 07/24/14

6. Vendor Name & Address:

Macomb County Clerk
40 North Main
Mt. Clemens, MI 48043

[Click Here for Memo Itemization](#)

\$ 100.00 \$ 100.00

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address:

Jill Zech
19292 Scenic Harbor
Macomb, MI 48044

If over \$100.00 cumulative, please provide:

Occupation: Advocate

Employer Name & Address:

Self-employed Macomb Advocacy LLC
19292 Scenic Harbor
Macomb, MI 48044

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Pictures of candidate

5. Date Of Receipt: 08/09/14

6. Vendor Name & Address:

Portrait Innovations
13941 Lakeside Circle
Sterling Heights, MI 48313

[Click Here for Memo Itemization](#)

\$ 74.19 \$ 174.19

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Jill Zech
19292 Scenic Harbor
Macomb, MI 48044

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

Self-employed Macomb Advocacy LLC
19292 Scenic Harbor
Macomb, MI 48044

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description Imprinted T-shirts

5. Date Of Receipt: 08/12/14

6. Vendor Name & Address:

OOshirts
41454 Christy St.
Fremont, CA 94538

[Click Here for Memo Itemization](#)

\$ 237.02 \$ 411.21

Page Subtotal **\$411.21**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139131

CANDIDATE COMMITTEE

2. Committee Name CTE Jill Zech

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Advocate Employer Name & Business Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 49044 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>precinct maps</u> 5. Date Of Receipt: <u>08/20/14</u> 6. Vendor Name & Address: Clinton Township Clerk 40700 Romeo Plank Clinton Twp, MI 48038	\$ <u>10.00</u>	\$ <u>421.21</u>
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Advocate Employer Name & Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 49044 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>advertisement in newspaper</u> 5. Date Of Receipt: <u>09/26/14</u> 6. Vendor Name & Address: C&G Publishing, Inc. 13650 11 Mile Rd. Warren, MI 48089	\$ <u>305.33</u>	\$ <u>726.54</u>
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Margaret DeMuynck 52171 Jacqueline Ct. Macomb, MI 48042 If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>mailer</u> 5. Date Of Receipt: <u>09/22/14</u> 6. Vendor Name & Address: American Graphics Printing Co. 34895 Groesbeck Hwy Clinton Twp. MI 48035	\$ <u>200.00</u>	\$ <u>1,200.00</u>

Page Subtotal **\$515.33**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139131

2. Committee Name CTE Jill Zech

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Advocate Employer Name & Business Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 48044 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>absentee voter mailing</u> 5. Date Of Receipt: <u>10/02/14</u> 6. Vendor Name & Address: Mass Mailing, LLC 35468 Mound Sterling Heights, MI 48310 Click Here for Memo Itemization	\$ 324.24	\$ 1,050.78
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Advocate Employer Name & Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 48044 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>postage absentee voter mailing</u> 5. Date Of Receipt: <u>10/02/14</u> 6. Vendor Name & Address: USPS 200 W. 2nd St Royal Oak, MI 48068 Click Here for Memo Itemization	\$ 1,545.58	\$ 2,596.36
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Advocate Employer Name & Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 48044 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>mailers, door hangers</u> 5. Date Of Receipt: <u>10/03/14</u> 6. Vendor Name & Address: American Graphics Printing Co. 34895 Groesbeck Clinton Twp. MI 48035 Click Here for Memo Itemization	\$ 879.27	\$ 3,475.63

Page Subtotal **\$2,749.09**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139131

CANDIDATE COMMITTEE

2. Committee Name CTE Jill Zech

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Margaret DeMuyneck 52171 Jacqueline Ct. Macomb, MI 48042 If over \$100.00 cumulative, please provide: Occupation: Retired Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>cups and tablecovers</u> 5. Date Of Receipt: <u>10/03/14</u> 6. Vendor Name & Address: Dollar Tree Stores, Inc 13477 Hall Utica, MI 48315 Click Here for Memo Itemization	\$ <u>11.52</u>	\$ <u>1,211.52</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Clinton Twp MI 48044 If over \$100.00 cumulative, please provide: Occupation: Advocate Employer Name & Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 48044	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>papers supplies for fundraiser</u> 5. Date Of Receipt: <u>10/03/14</u> 6. Vendor Name & Address: Dollar Tree Stores, Inc 13477 Hall Utica, MI 48315 Click Here for Memo Itemization	\$ <u>20.14</u>	\$ <u>3,495.77</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Clinton Twp MI 48044 If over \$100.00 cumulative, please provide: Occupation: Advocate Employer Name & Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 48044	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>cider and donuts</u> 5. Date Of Receipt: <u>10/03/14</u> 6. Vendor Name & Address: Blake's Orchard & Cider Mill 17985 Center Road Armada, MI 48005 Click Here for Memo Itemization	\$ <u>130.00</u>	\$ <u>3,625.77</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **\$161.66**

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

Enter this total
on line 6 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number 139131

2. Committee Name CTE Jill Zech

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: <u>Advocate</u> Employer Name & Business Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 48044 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>supplies for fundraiser</u> 5. Date Of Receipt: <u>09/11/14</u> 6. Vendor Name & Address: GFS Marketplace 45331 Utica Park Utica, MI 48315 Click Here for Memo Itemization	\$ 17.37	\$ 3,643.14
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 48044 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>stamps for fund raiser invitations</u> 5. Date Of Receipt: <u>09/24/14</u> 6. Vendor Name & Address: CVS 46850 Romeo Plank Macomb, MI 48044 Click Here for Memo Itemization	\$ 19.60	\$ 3,663.74
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Jill Zech 19292 Scenic Harbor Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: Self-employed Macomb Advocacy LLC 19292 Scenic Harbor Macomb, MI 48044 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>postage and mailing of mailers</u> 5. Date Of Receipt: <u>10/06/14</u> 6. Vendor Name & Address: Mass Mailing, LLC 35468 Mound Sterling Heights, MI 48310 Click Here for Memo Itemization	\$ 623.24	\$ 4,285.98

Page Subtotal \$660.21

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) \$4,497.50

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139131
2. Committee Name CTE Jill Zech

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Graphics Printing Co. Address 34895 Groesbeck Hwy Clinton Twp. MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>flyers, friend to friend cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/19/14</u> Date	<u>\$ 450.18</u>
Expenditure #2 Name MSGCU Address 40400 Garfield Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/12/14</u> Date	<u>\$ 18.65</u>
Expenditure #3 Name American Graphics Printing Co. Address 34895 Groesbeck Hwy Clinton Twp. MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>mailers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/22/14</u> Date	<u>\$ 820.14</u>
Expenditure #4 Name Mass Mailing LLC Address 35468 Mound Rd Sterling Heights, MI 48310 <input type="checkbox"/> Fund Raiser	Purpose: <u>postage & mailing of AV mailers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/14</u> Date	<u>\$ 623.34</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

\$1,912.31

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

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139131
2. Committee Name CTE Jill Zech

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Clinton Twp. MI 48044	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/24/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Clinton Twp. MI 48044	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8-9-14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 74.19</u>	\$ \$ \$ \$ \$	\$	\$ <u>74.19</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Clinton Twp. MI 48044	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8-12-14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 237.02</u>	\$ \$ \$ \$ \$	\$	\$ <u>237.02</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$411.21**

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139131
2. Committee Name CTE Jill Zech

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Margaret DeMuyne 52171 Jacqueline Ct. Macomb, MI 48042	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/04/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 500.00</u>	\$ \$ \$ \$ \$	\$	\$ 500.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8-20-14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10.00</u>	\$ \$ \$ \$ \$	\$	\$ 10.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-26-14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 305.33</u>	\$ \$ \$ \$ \$	\$	\$ 305.33 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$815.33**

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139131
2. Committee Name CTE Jill Zech

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Margaret DeMuyne 52171 Jacqueline Ct. Macomb, MI 48042	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/22/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>200.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>200.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-3-14</u> 6. <u>Original Amount of Debt:</u> \$ <u>20.14</u>	\$ \$ \$ \$ \$	\$	\$ <u>20.14</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-3-14</u> 6. <u>Original Amount of Debt:</u> \$ <u>130.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>130.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$350.14**

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/02/14</u> 6. <u>Original Amount of Debt:</u> \$ <u>324.24</u>	\$ \$ \$ \$ \$	\$	\$ <u>324.24</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-2-14</u> 6. <u>Original Amount of Debt:</u> \$ <u>1,545.58</u>	\$ \$ \$ \$ \$	\$	\$ <u>1,545.58</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-3-14</u> 6. <u>Original Amount of Debt:</u> \$ <u>879.27</u>	\$ \$ \$ \$ \$	\$	\$ <u>879.27</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

\$2,749.09

Grand Total of all Schedules 1E
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139131
2. Committee Name CTE Jill Zech

This Schedule itemizes:

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

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/11/14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 17.37</u>	\$ \$ \$ \$ \$	\$	\$ 17.37 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-24-14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 19.60</u>	\$ \$ \$ \$ \$	\$	\$ 19.60 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Jill Zech 19292 Scenic Harbor Macomb, MI 48044	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-6-14</u> 6. <u>Original Amount of Debt:</u> <u>\$ 623.24</u>	\$ \$ \$ \$ \$	\$	\$ 623.24 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$660.21**

Grand Total of all Schedules 1E **\$4,985.98**
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139131

2. Committee Name CTE Jill Zech

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/02/14</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Cider and Donuts</u>	6. Address and Name (If any) of the place where the activity was held. <u>19292 Scenic Harbor</u> <u>Macomb, MI 48044</u> <input checked="" type="checkbox"/> Private Residence
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7. Total Contributions \$1,685.00

8. Other Receipts \$0.00

9. Gross Receipts (Add lines 7 and 8) \$1,685.00

10. Total Cost of Event \$198.63
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.