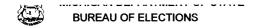
## CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and c	l signed by andidate.	3. This Statement covers From	10-21-2015 <sub>to</sub> 7	-17-2016
1. Committee I.D. Number 0136802		Candidate Last Name     MELTZER	First Name KIM	M.I.
		4a. Office Sought Including Dis	trict # or Community Served (I	f applicable)
2. Committee Name		Clerk		
CTE KIM MELTZER		4b. County of Residence MA		
5 Committee Services Address 20585 LEELANAU TRAIL CLINTON TOWNSHIP MI 48038		6. Treasurer's Name & Reside KIM MELTZER 20585 LEELANAU T CLINTON TOWNSH	RAIL	F 16 JUL 2 CASHEU HACOMB C HT. CLEHE
Area Code and Phone If the address in this box is different from the comm nailing address on the Statement of Organization,		596-7	09-1321	FILED  22 PM  22 PM  COUNTY
be sent to this address by the filing official.		Area Code & Phone	09-1321	
7. Treasurer's Business Address 40700 ROMEO PLANK ROAD CLINTON TOWNSHIP MI 48038		8. Designated Record keeper' Designated Record keeper)	s Name and Mailing Address (	If the committee has a
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT	Poguired ON	NLY if candidate	9e.	
9a. Pre-Election OR 9b. Post-Election		ballot for the	by the committee to the cand	We certify any outstanding debt idate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quart	terly	by discharged and forgiven, a the committee. The committee owes no lates fees or has any	ee has no oustanding assets,
<b>⊻</b> Primary	October C	Duarterly		
GeneralConvention	Colober G	evaluesty	Further, if the dissolution can considered a request for the F	not be granted, that this be Reporting Waiver.
Special	9c. Annua	al Statement () Coverage Year	Effective date of dis	ssolution
School	9d. Amen	ndment to Campaign Statement		
Caucus	(Com	plete Item 9a, 9b, 9c or 9e to te which Statement is being	Note: The disposition of resid Schedule 1B and the Summa	lual funds must be reported on ary Page.
Date of Election, Convention or Caucus				
08/02/2016				
10. Verification: I\We certify that all reasonable dilig ny\our knowledge and belief the contents are true,			ent and attached schedules (if	any) and to the best of
Designated Record keeper KIM MELTZER		Mulker Meker	Date	07/20/2016
Type or Print Name		Signature		
Candidate KIM MELTZER		FX. Melker	Date	07/20/2016
Type or Print Name	<u> </u>	Signature		



1. Committee I.D. Number \_\_\_\_

## SUMMARY PAGE

2. Committee Name \_\_\_\_\_ CTE KIM MELTZER

CANDIDATE COMMITTEE	2. Committee rame	
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Samulation and discion by the
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 15,650.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	0.000.00	
a. Itemized (Schedule 1B, Column 6)	2,668.83 (8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(8c.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
<ul> <li>13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)</li> <li>14. Amount received during reporting period (Line 5, Total Contributions &amp; Other Receipts)</li> <li>15. SUBTOTAL Add lines 13 and 14</li> <li>16. Amount expended during reporting period (Add lines 9 and 11)</li> <li>17. ENDING BALANCE (Subtract line 16 from line 15)</li> </ul>	15,399.41 (13.) \$ 15,399.41  (14.) + \$ 15,650.00  (15.) = \$ (16.) - \$ 2668.83  (17.) \$ 28,380.58	

**CANDIDATE COMMITTEE** 

0136802

1. Committee I.D. Number

2. Committee Name

**CTE KIM MELTZER** 

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 4. Date of Receipt 2/29/2016 3. Contribution # 1 PAC Receipt? YES NAME & ADDRESS. ROSSMAN, BARBARA 54311 QUEENSBOROUGH DR 400.00 200.00 SHELBY TWP., MI 48315 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization HENRY FORD HOSPITAL Occupation **Employer** 15855 19 MILE ROAD CLINTON TWP MI 48038 Business Address Direct Type of Contribution: **Fund Raiser** Loan from a person 4. Date of Receipt 2/4/2016 PAC Receipt? 3. Contribution #2 Name & Address VICKERY, ROBERT 10 S. MAIN ST. 100.00 100.00 MT. CLEMENS. MI 48043 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation \_\_\_ Business Address Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/28/2016 Name & Address: MARINO, STEVE 100.00 100.00 37884 LAKESHORE DR HARRISON TWP MI 48045 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Employer\_ Occupation \_\_\_\_ Business Address Type of Contribution: Direct Loan from a person **Fund Raiser** 4. Date of Receipt 2/23/2016 3. Contribution # 4 PAC Receipt? YES Name & Address TZIANIS, DINO 17108 S. NUNNELEY RD 50.00 50.00 CLINTON TWP., MI 48035 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation\_ Employer \_\_\_ **Business Address** Type of Contribution: **Fund Raiser** Direct Loan from a person **888** 450 Page Subtotal Grand Total of All Schedules 1A

Enter this total on line 3a of Summary

(Complete on last page of Schedule)

0136802

1. Committee I.D. Number

CTE KIM MELTZER

CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 4. Date of Receipt 2/12/2016 3. Contribution # 1 PAC Receipt? YES Name & Address MICHAEL 7910 WALTERS RD. 100.00 100.00 LAINSBURG, MI 48848 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization \_\_\_\_\_ Employer \_ Occupation \_ Business Address Type of Contribution: Direct **Fund Raiser** Loan from a person 4. Date of Receipt 1/7/2016 PAC Receipt? YES 3. Contribution #2 Name & Address RIZZO ENVIRONMENTAL SERVICES PAC 6200 ELMRIDGE 1000.00 2000.00 STERLING HEIGHTS MI Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation \_ Business Address Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution # 3 4. Date of Receipt 1/4/2016 PAC Receipt? YES Name & Address: GEORGE, JAMES 100.00 19634 WESTCHESTER **CLINTON TWP MI 48038** Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: **DEVELOPER** Employer Occupation 85 N. MAIN STE 100 MT. CLEMENS MI 48043 **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 4. Date of Receipt 1/5/2016 3. Contribution # 4 PAC Receipt? Name & Address INDEPENDENT VOTERS PAC **PO BOX 665** 100.00 150.00 MT. CLEMENS, MI 48043 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation\_ Employer \_

Page Subtotal

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

**Fund Raiser** 

644000 300.00

Enter this total on line 3a of Summary

**Business Address** 

Type of Contribution:

Direct

Loan from a person

0136802

1. Committee I.D. Number

CTE KIM MELTZER CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name. 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 1/8/2016 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address GRILLO. PIETRA 50775 RICHARD W. BLVD. 200.00 300.00 CHESTERFIELD MI 48051 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization SELF DEVELOPER Occupation Employer 50775 RICHARD W BLVD CHESTERFIELD MI 48051 **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 4. Date of Receipt 1/11/2016 YES 3. Contribution #2 PAC Receipt? Name & Address CHIRCO, MICHAEL A. - LIVING TRUST 46600 ROMEO PLANK RD STE 5 100.00 200.00 MACOMB MI 48044 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization SELF **DEVELOPER** Employer, Occupation 46600 ROMEO PLANK RD STE 5 MACOMB MI 4804 **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/11/2016 YES Name & Address: CASASANTA, FERANDO 200.00 200.00 13249 W STAR DR. SHELBY TWP., MI 48315 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: C & P CONSTUCTION CO. IN OWNER Employer Occupation 13249 W STAR DR SHELBY TWP. MI 48315 **Business Address** Type of Contribution: Loan from a person **Fund Raiser** 4. Date of Receipt 1/7/2016 3. Contribution # 4 PAC Receipt? YES Name & Address SCOTT, LAWRENCE 12900 HALL RD. STE 350 100.00 150.00 STERLING HEIGHTS, MI 48313 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization **ATTORNEY** O'REILLY RANCILIO PC Occupation. **Employer** 12900 HALL RD STE 350 STERLING HGTS MI 4831 **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person

Page Subtotal

8500000000000000

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

Enter this total on line 3a of Summary Рапе

CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE KIM MELTZER

2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 1/11/2016 PAC Receipt? YES 4. Date of Receipt DOLAN, JACK 2388 HERONWOOD RD 1470.00 300.00 **BLOOMFIELD HILLS. MI** 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ATTORNEY YORK, DOLAN, TOMLINSON **Employer** 42850 GARFIELD RD CLINTON TWP MI 48038 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 4. Date of Receipt 1/11/2016 3. Contribution #2 PAC Receipt? YES Name & Address TOMLINSON, TIMOTHY 38272 TRILLIUM PLACE 300.00 550.00 HARRISON TWP MI 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization YORK, DOLAN, TOMLINSON **ATTORNYE** Employer. Occupation 42850 GARFIED RD CLINTON TWP MI 48038 **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1/6/2016 Name & Address: ROSE, ROY 100.00 55620 WOODRIDGE DR. 247.00 SHELBY TWP., MI 48316 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: OWNER ANDERSON, ECKSTEIN & W Occupation **Employer** MI 48315 51310 SCHOENHERR SHELBY TWP. **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 4. Date of Receipt 1/5/2016 3. Contribution # 4 PAC Receipt? YES Name & Address SORRENTINO, SHERRY 14633 BREZA DR. 100.00 310.00 SHELBY TWP., MI 48315 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization HOUSEWIFE Occupation Employer . **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person 800.00 Page Subtotal Grand Total of All Schedules 1A

(Complete on last page of Schedule)

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line 3a of Summary

CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

2. Committee Name \_

CTE KIM MELTZER

Enter contributor's name and address. If contribution is from an individual, enter lamiddle initial. Check box to indicate if contribution is from a Political Committee or 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 1/6 Name & Address. BURROWS, TIM 46772 HAMPTON DR SHELBY TWP MI 48315	6/2016	100.00	100.00
OTTLLET TWO WIT 40313		\$	\$
5. If over \$100.00 cumulative, please provide:		Click Here fo	r Memo Itemization
Occupation Employer			
Business Address			
	Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/1	1/2016		
OLDANI, FRANCIS			
20607 WELLINGTON MACOMB MI 48044		\$	100.00 \$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer	· · · · · · · · · · · · · · · · · · ·		
Business Address			
Type of Contribution: Direct Loan from a person Fun	d Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1/2 Name & Address: MILLER, KOLBY 1919 HARTLAND WOODS DR	28/2016	\$	\$ 247.00
HOWELL, MI 48843		Click Horo for	Memo Itemization
5. If over \$100.00 cumulative, please provide:  DIRECTOR  Employer		Click Here to	Memo nemization
Occupation380 N GRATIOT CLINTON TWP MI 48036			
Type of Contribution: Direct Loan from a person 🗸 Fun	nd Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 2/4 Name & Address STERLING, MARILYN 38131 SUBURBAN ST. CLINTON TWP MI 48036	4/2016	\$50.00	100.00 \$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer		Olick Hele IOI	Wello Remization
Business Address			
Type of Contribution: Direct Loan from a person Fund	l Raiser		
	Page Subtotal	350.00	
	al of All Schedules 1A last page of Schedule)		

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Enter this total on line 3a of Summary

Page

0136802

1. Committee I.D. Number

CTE KIM MELTZER **CANDIDATE COMMITTEE** 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 2/4/2016 YES 4. Date of Receipt Name & Address: KLEEMAN, EUGENE TRUST 43164 W KIRKWOOD DR 500.00 200.00 **CLINTON TWP MI 48038** 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization RETIRED Employer\_ **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 4. Date of Receipt 1/28/2016 YES 3. Contribution #2 PAC Receipt? Name & Address LAVINIO, ALEXANDRA 18341 NARDY 300.00 700.00 CLINTON TWP., MI 48036 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization MARIO'S BODY SHOP OWNER Employer. Occupation 34607 S GRATIOT CLINTON TWP., MI 48035 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/28/2016 Name & Address: LUCIDO, PETER 100.00 14601 BREZA DR. 294.00 SHELBY TWP., MI 48315 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: ATTORNEY **LUCIDO & MANZELLA** Occupation Employer 39999 GARFIELD CLINTON TWP MI 48038 **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 4. Date of Receipt 1/28/2016 3. Contribution # 4 PAC Receipt? YES Name & Address CAMPBELL, LAWERENCE 6690 VERNMOOR DR 200.00 200.00 TROY. MI 48098 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization RETIRED Occupation. Employer \_ **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 350.00 Page Subtotal

6

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

Enter this total on line 3a of Summary Page

#### CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_ CTE KIM MELTZER 2. Committee Name \_\_\_

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? YES 4. Date of Receipt 1/28/2016 Name & Address: KI, ALOYSIUS		
27665 DANIEL CT HARRISON TWP., MI 48045	100.00 \$	100.00
5. If over \$100.00 cumulative, please provide:	Click Here t	for Memo Itemization
Occupation Employer	Onon Field	of Mond Romadion
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/28/2016  Name & Address		
FOREST, DAVID		
43857 CATAWBA DR CLINTON TWP., MI 48038	100.00 \$	200.00
5. If over \$100.00 cumulative, please provide:  ATTORNEY  SELF	Click Here f	or Memo Itemization
Occupation Employer		
Business Address 45670 VILLAGE BLVD. SHELBY TWP., MI 48315		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1/28/2016		
Name & Address: BACKOS, LYNNE	200.00	000.00
40741 PROVENCAL CT.   CLINTON TWP., MI 48038	\$	200.00 _ \$
	Click Here fo	or Memo Itemization
If over \$100.00 cumulative, please provide:     HOUSEWIFE		
Occupation Employer		
Business Address		
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 1/28/2016		
Name & Address		
FOWLER, JAMES 42189 LOCHMOOR ST	100.00	300.00
CLINTON TWP., MI 48038	\$	_ \$
5. If over \$100.00 cumulative, please provide:  CEO  Ccupation  Employer	Click Here fo	or Memo Itemization
Business Address  135 N GROESBECK HWY MT. CLEMENS MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
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**CANDIDATE COMMITTEE** 

0136802

1. Committee I.D. Number

CTE KIM MELTZER 2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name middle initial. Check box to indicate if contribution is from a Political Committee or an Inc. Committee (PAC) Report all contributions regardless of amount.	ependent	Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 1/28/2 Name & Address: DILEGGE, DANIEL 55651 WHITNEY CT SHELBY TWP MI 48315		500.00	500.00 \$
5. If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Occupation Employer		Olick Fiere for	Wemo nemization
Business Address			
Type of Contribution: Direct Loan from a person 🗸 Fund Raise			
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/11/20	16		
Name & Address RONCELLI, SHARON 69900 HICKS ARMADA TWP., MI 48005	\$_	200.00	\$
If over \$100.00 cumulative, please provide:		Click Here for	Memo Itemization
Business Address			
Type of Contribution: Direct Loan from a person Fund Rai	ser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 1/28/2 Name & Address: ADDIS, ALICIA 636 WELLINGTON CRESCENT MT. CLEMENS, MI 48043  6. If over \$100.00 cumulative, please provide: HOUSEWIFE Occupation Employer	s_2	200.00 Click Here for	\$200.00 \$Memo Itemization
Business Address			
Type of Contribution: Direct Loan from a person V Fund Rai			
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1/28/2 Name & Address ELLIOT, KATHY 27442 CLARK CIR CHESTERFIELD, MI 48051		00.00	300.00 \$
If over \$100.00 cumulative, please provide:		00.111	
Occupation Employer		Click Here for	Memo Itemization
Business Address			
Type of Contribution: Direct Loan from a person V Fund Rais	er		
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8	line	3a of Summary	

**CANDIDATE COMMITTEE** 

0136802

1. Committee I.D. Number

2. Committee Name

**CTE KIM MELTZER** 

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 1/28/2016 PAC Receipt? YES 4. Date of Receipt TOWNER. CHARLES 39757 BRYLOR CT 988.00 300.00 CLINTON TWP., MI 48038 6. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ATTONREY TOWNER TOWNER PC Occupation **Employer** 38770 GARFIELD STE 100 CLINTON TWP., MI 4803 **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 4. Date of Receipt 1/28/2016 3. Contribution #2 PAC Receipt? YES Name & Address PYPE, ANTHONY 39887 COALPORT DR 200.00 294.00 CLINTON TWP., MI 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization GARFIELD & CANAL SERVIC OWNER Employer. Occupation 16933 CANAL CLINTON TWP., MI 48038 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/28/2016 YES Name & Address: VELARDO, ARMAND 100.00 12382 FOREST GLEN LANE 200.00 SHELBY TWP., MI 48315 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: ATTORNEY Employer Occupation 65 S. GRATIOT MT. CLEMENS MI 48043 **Business Address** Type of Contribution: Loan from a person **Fund Raiser** 4. Date of Receipt 1/26/2016 3. Contribution # 4 PAC Receipt? Name & Address STROLIS, VITO 205 N GRATIOT 300.00 800.00 MT. CLEMENS, MI 48043 If over \$100.00 cumulative, please provide: Click Here for Memo Itemization **OWNER RUEHLE'S TOWING** Occupation Employer 205 N. GRATIOT MT. CLEMENS MI 48043 **Business Address** Type of Contribution: **Fund Raiser** Direct Loan from a person 900.00 Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)

9

Enter this total on line 3a of Summary

0136802

1. Committee I.D. Number

CTE KIM MELTZER

CANDIDATE COMMITTEE 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Contributor (Through Committee (PAC) Report all contributions regardless of amount. date of receipt) 1/28/2016 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: IRONS, ANDREA 15795 NEWPORT DR 150.00 100.00 CLINTON TWP., Mi 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization TOWNER TOWNER PC ATTONREY Occupation **Employer** 38770 GARFIELD STE 100 CLINTON TWP., MI 4803 Business Address Type of Contribution: Fund Raiser Direct Loan from a person 4. Date of Receipt 1/28/2016 3. Contribution #2 PAC Receipt? YES Name & Address RUGGIRELLO, PETER 18987 RIVERWAY CT. 100.00 275.00 CLINTON TWP., MI 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization RUGGIRELLO, VELARDO, N ATTORNEY **Employer** Occupation 65 S. GRATIOT MT. CLEMENS MI 48043 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/28/2016 YES Name & Address: CRANDELL, LAUREN 100.00 100.00 **5222 REGIMENTAL BANNER** GRAND BLANC, MI 48439 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: GIFFELS WEBSTER **ENGINEER Employer** Occupation 6303 26 MI WASHINGTON TWP. MI 48094 **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 4. Date of Receipt 1/28/2016 3. Contribution # 4 PAC Receipt? Name & Address POLACK, ALAN 45684 VILLAGE BLVD 100.00 210.00 SHELBY TWP., MI 48315 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ATTORNEY **SELF** Occupation. **Employer** 45684 VILLAGE BLVD SHELBY TWP., MI 48315 **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person

400.00 Page Subtotal Grand Total of All Schedules 1A Enter this total on

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(Complete on last page of Schedule) line 3a of Summary

**CANDIDATE COMMITTEE** 

0136802

1. Committee I.D. Number

2. Committee Name

CTE KIM MELTZER

line 3a of Summary

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Enter contributor's name and address. If contribut middle initial. Check box to indicate if contribution Committee (PAC) Report all contributions regardle	is from a Political Committeess of amount.	ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YE	S 4. Date of Receipt	1/28/2016		
WISE, JAMES 15120 VINCENT DR				
STERLING HEIGHTS, MI 48313			100.00 \$	394.00 \$
5. If over \$100.00 cumulative, please provide:	WISE GUYS	RESTAURANT	Click Here fo	r Memo Itemization
Occupation Emp 42305 GARFIELD C	oloyer LINTON TWP MI	48038		
Business Address				
Type of Contribution: Direct Loa	ан нош и ролоон	Fund Raiser		
3. Contribution #2 PAC Receipt? YES	S 4. Date of Receipt	1/28/2016		
Name & Address ISOKOVIC, PETER				
55435 LEONARD CT.			100.00	300.00
SHELBY TWP., MI 48315			\$	\$
·				
5. If over \$100.00 cumulative, please provide: OWNER	RIVERFRONT	INN	Click Here for	Memo Itemization
Occupation Emplo	yer			
Business Address 975 S. GRATIOT MT.	CLEMENS MI 48	3043		
Type of Contribution: Direct Loa	nn from a person	Fund Raiser		
3. Contribution # 3 PAC Receipt? YE	ES 4. Date of Receipt	1/28/2016		
Name & Address: ADDIS, ALBERT				
38069 WOODCREST ST			100.00	400.00
CLINTON TWP., MI 48038			\$	\$
			Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide:				mond nonneaudy
Occupation Emp	loyer			
Business Address				
Type of Contribution: Direct Loa	an from a person	Fund Raiser		
3. Contribution # 4 PAC Receipt?	ES 4. Date of Receip	t 1/28/2016		
Name & Address RUGGERI, ,PHILIP				
55764 ST. REGIS			100.00	400.00
SHELBY TWP., MI 48315			100.00 \$	100.00
ŕ				Ψ
5. If over \$100.00 cumulative, please provide:	0515		Click Here for	Memo Itemization
Occupation E	SELF mployer			
Business Address 43231 SCHOENHEF	RR STERLING HG	TS., MI 48313		
Type of Contribution: Direct Loa	an from a person	Fund Raiser		
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**CANDIDATE COMMITTEE** 

0136802

1. Committee I.D. Number

2. Committee Name

CTE KIM MELTZER

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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? YES 4. Date of Receipt 1/28/2016		
HIDGEWAY, KAREN  44 CRANFORD LANE GROSSE POINTE, MI 48230	100.00	100.00 \$
5. If over \$100.00 cumulative, please provide:	Click Here for	or Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person ✓ Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/28/2016		
Name & Address SPATAFORA, DANIEL 20007 BLACKFOOT DR. CLINTON TWP., MI 48038	\$	160.00 \$
	Click Horo fo	or Memo Itemization
If over \$100.00 cumulative, please provide:     ATTORNEY     Cocupation Employer	Click Here id	or wellio itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 1/27/2016		
Name & Address:		
SWETECH, GROZDA 43868 SCOTER LANE CLINTON TWP., MI 48038	\$ 100.00	260.00 \$
OEINTON 1 VV) ., IVII 40000	Click Here fo	r Memo Itemization
5. If over \$100.00 cumulative, please provide: RETIRED	Click Here to	i Wello Rellization
Occupation Employer		
Business Address  Type of Contribution: Direct Loan from a person   Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1/28/2016 Name & Address		
SYME, RONALD		
38690 LONG  HARRISON TWP., MI 48045	100.00 s	200.00
5. If over \$100.00 cumulative, please provide:		<b>*</b>
ARCHITECT WAKELY & ASSOC.	Click Here fo	r Memo Itemization
30500 VANDYKE WARREN MI 48093		
Business Address		
Type of Contribution:DirectLoan from a person Fund Raiser	1400 00	
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#### **CANDIDATE COMMITTEE**

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1. Committee I.D. Number

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CTE KIM MELTZER

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Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 1/28/2016 3. Contribution # 1 PAC Receipt? YFS 4. Date of Receipt Name & Address: SAGE, JAMAL **4734 CHADBOURNE CT** 100.00 350.00 STERLING HGTS., MI 48310 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization SELF DEVELOPER Occupation Employer 36470 MORAVIAN CLINTON TWP., MI 48036 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 4. Date of Receipt 1/6/2016 3. Contribution #2 PAC Receipt? YES Name & Address ELKUS, LOUIS 6584 BRISTOL DR. 100.00 360.00 WEST BLOOMFIELD, MI 48322 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: **SELF CPA Employer** Occupation 31275 NORTHWESTERN HWY STE 149 FARMINGT **Rusiness Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/7/2016 Name & Address: **MOCERI FAMILY TRUST, DOMINIC & FRANCIS** 400.00 800.00 2540 SILVERBELL RD OAKLAND TWP., MI 48306 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: DEVELOPER MOCERI HOMES Occupation **Employer** 3005 UNIVERISTY DR. AUBURN HILLS MI 48326 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 4. Date of Receipt 1/28/2016 3. Contribution # 4 PAC Receipt? YES Name & Address SIEBERT, ROBERT 31900 SIKON 100.00 747.00 CHESTERFIELD MI 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization **ATTORNEY** SIEBERT & DLOKSI Occupation. Employer 19500 HALL RD CLINTON TWP., MI 48038 **Business Address** Type of Contribution: **Fund Raiser** Direct Loan from a person 700.00 Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on

CANDIDATE COMMITTEE

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1. Committee I.D. Number

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2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 1/5/2016 PAC Receipt? YES 4. Date of Receipt 26421 HARBOUR POINTE DR 300.00 200.00 HARRISON TWP., MI 48045 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization PAT MORAN CHEVY DEALE OWNER Occupation **Employer** 35500 GRATOIT CLINTON TWP., MI 48035 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 1/4/2016 3. Contribution #2 PAC Receipt? YES 4. Date of Receipt Name & Address ILLICH, PAUL 34285 GROESBECK HWY 100.00 200.00 CLINTON TWP., MI 48035 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization AMERICAN AUTO INC **OWNER Employer** Occupation 34285 GROESBECK HWY CLINTON TWP., MI 4803 **Rusiness Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/5/2016 Name & Address: JARVIS, WILLIAM 300.00 5050 N. OCEAN DR. APT 1003 400.00 SINGER ISLAND, FL 33404 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: OWNER JARVIS RESTORATION Occupation Employer 44035 S. GROESBECK HWY MT. CLEMENS MI 480 **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 4. Date of Receipt 1/5/2016 3. Contribution # 4 PAC Receipt? YES Name & Address WILSON, GORDY 49572 COMPASS POINTE DR 100.00 247.00 CHESTERFIELD MI 48047 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization **ENGINEER** ANDERSON, ECKSTEIN & W Occupation. **Employer** 51301 SCHOENHERR SHELBY TWP., MI 48315 **Business Address** Type of Contribution: **Fund Raiser** Direct Loan from a person 700.00 Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)

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1. Committee I.D. Number

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7. Cumulative for Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount Election Cycle for Each middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 1/6/2016 3. Contribution # 1 PAC Receipt? **YES** 4. Date of Receipt VERMEERSCH, JOE 46645 WHITE CAP DR. 200.00 100.00 **MACOMB, MI 48044** 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization RESURRECTION CEMETAR' CEMETARY DIRECT Employer 18201 CLINTON RIVER RD CLINTON TWP., MI 480: **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 4. Date of Receipt 1/8/2016 YES 3. Contribution #2 PAC Receipt? Name & Address CARSWELL JR. FRANK 2444 CRANEWOOD DR 200.00 400.00 **FENTON MI 48430** 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization INDEPENDENT MANAGEME OWNER **Employer** Occupation 14381 N RIVER FENTON MI 48430 **Business Address** Direct **Fund Raiser** Type of Contribution: Loan from a person 3. Contribution #3 4. Date of Receipt 1/9/2016 PAC Receipt? YES Name & Address: **BUDKA, DAVID** 100.00 400.00 20046 N. RIVERHILL DR. CLINTON TWP., MI 48036 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: ATTORNEY **Employer** Occupation 20046 N. RIVERHILL DR. CLINTON TWP., MI 48036 **Business Address** Type of Contribution: Loan from a person **Fund Raiser** 4. Date of Receipt 1/11/2016 3. Contribution # 4 PAC Receipt? Name & Address BROAD, GARY 20850 MOXON 100.00 200.00 CLINTON TWP., MI 48036 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization OWNER MIDWEST STEEL INC Occupation\_ **Employer** 2525 E GRAND BLVD DETROIT MI **Business Address** Type of Contribution: **Fund Raiser** Direct Loan from a person 500.00 Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) Enter this total on

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1. Committee I.D. Number

CTE KIM MELTZER **CANDIDATE COMMITTEE** 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? 1/7/2016 YES 4. Date of Receipt WESTRICK, WILLIAM **4250 WEST RD** 200.00 100.00 WASHINGTON TWP., MI 48094 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization RETIRED Occupation Employer\_ **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 4. Date of Receipt 1/11/2016 YES 3. Contribution #2 PAC Receipt? Name & Address DEZIO, DONALD 12111 BUGLE LK DR. 100.00 360.00 BRUCE TWP., MI 48065 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization FIRE & ICE MECHANICAL OWNER Employer, Occupation 40642 MOUND STERLING HGTS MI 48313 **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 3. Contribution # 3 PAC Receipt? 4. Date of Receipt 1/11/2016 YES Name & Address: CRISPIGNANI, VINCENT 100.00 37135 WOODPOINTE DR 250.00 CLINTON TWP., MI 48036 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: **OWNER** ALLEGRA STAFFING **Employer** Occupation 42512 HAYES CLINTON TWP., MI 48036 **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 4. Date of Receipt 1/09/2016 3. Contribution # 4 PAC Receipt? YES Name & Address SANTIA, ALBERT **37598 PAULA CT** 100.00 100.00 CLINTON TWP., MI 48036 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation\_ Employer **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 

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

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1. Committee I.D. Number

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**CANDIDATE COMMITTEE** 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: RANCILIO, LEONARD **5036 STARCREEK LANE** 100.00 100.00 WASHING TWP., MI 48094 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization RANCILLIO & ASSOC. OWNER Occupation Employer 15655 11 MILE RD ROSEVILLE MI 48066 **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 4. Date of Receipt 1/7/2016 3. Contribution #2 PAC Receipt? YES Name & Address LAHOOD, AL **20233 MACK AVE.** 50.00 250.00 GROSSE POINTE WOODS, MI 48236 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization LAHOOD PROPERTIES LLP OWNER Employer\_ Occupation 20233 MACK AVE GROSSE POINTE WOODS MI 48; **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/14/2016 Name & Address: LOMBARDO, ANTHONY 200.00 51237 DANVIEW TECHNOLOGY CT 300.00 SHELBY TWP., MI 48315 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: OWNER LOMBARDO HOMES Occupation **Employer** 51237 DANVIEW TECHNOLOGY CT SHELBY TWP. **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 4. Date of Receipt 1/14/2016 3. Contribution # 4 PAC Receipt? YES Name & Address CLINTON TWP. FIREFIGHTERS PAC 43601 ROMEO PLANK RD 200.00 688.00 CLINTON TWP., MI 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation\_ Employer **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 550.00 Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)

**CANDIDATE COMMITTEE** 

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1. Committee I.D. Number

CTE KIM MELTZER

2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 1/16/2016 PAC Receipt? YES 4. Date of Receipt Name & Address: NICOLELLA, FRANK 37548 HIDDEN VALLEY CT 100.00 400.00 CLINTON TWP., MI 48036 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization NINO SALVAGGIO'S OWNER Occupation **Employer** 17496 HALL RD CLINTON TWP., MI 48038 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 4. Date of Receipt 1/20/2016 3. Contribution #2 PAC Receipt? Name & Address SKOLAS, JOHN 39590 GRATIOT AVE 50.00 50.00 CLINTON TWP., MI 48035 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_\_\_ Business Address Direct Type of Contribution: Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 1/14/2016 Name & Address: ARAGONA, FRANK 100.00 3321 VINEYARD HILL 100.00 **ROCHESTER HILL MI 48306** Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: Occupation Employer\_ Business Address Type of Contribution: Direct Loan from a person **Fund Raiser** 4. Date of Receipt 1/14/2016 3. Contribution # 4 PAC Receipt? YES Name & Address SAPH, STEPHEN 44 MACOMB PL 100.00 310.00 MT. CLEMENS, MI 48046 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization OWNER **NICKEL & SAPH** Occupation\_ Employer 44 MACOMB PLACE MT CLEMENS MI **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 350.00 Page Subtotal

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

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1. Committee I.D. Number

SCHEDULE 1A 1, Committee I.D. Number	CTE KIM MELTZ	ED
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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 1/14/2016 Name & Address: YDASZ, LINDA		
2783 N LAKE DR. WATERFORD, MI 48329	100.00 \$	100.00
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer	_	
Business Address		
Type of Contribution:		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 1/14/2016  Name & Address  WELSH, BRIAN  181 TOURAINE RD	100.00	100.00
GROSSE POINTE FARMS, MI 48236	\$	_ \$
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 1/13/2016  Name & Address:		
KIRK, ROBERT 37539 HIDDEN VALLEY CT	\$100.00	194.00 _ \$
CLINTON TWP MI 48036	Click Horo f	or Memo Itemization
5. If over \$100.00 cumulative, please provide:	Click Here i	or werno nemization
Occupation KIRK & HUTH		
Business Address 19500 HALL RD CLINTON TWP. MI 48		
Type of Contribution: Direct Loan from a person   Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 1/14/2016 Name & Address ARAGONA, PAUL 5440 ORION ROAD	 100.00	300.00
ROCHESTER MI 48306	\$	_ \$
DEVELOPER     Occupation	Click Here f	or Memo Itemization
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
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1. Committee I.D. Number

CTE KIM MELTZER

**CANDIDATE COMMITTEE** 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 3/8/2016 PAC Receipt? 4. Date of Receipt YES PEACOCK, PETER **10 S MAIN STE 400** 100.00 100.00 MT. CLEMENS MI 48043 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_ \_\_\_\_\_ Employer \_\_ **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 4. Date of Receipt 4/29/2016 3. Contribution #2 PAC Receipt? Name & Address BROAD, GARY **20850 MOXON DR** 200.00 400.00 CLINTON TWP., MI 48036 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization MIDWEST STEEL INC **OWNER** Employer\_ Occupation 2525 E GRAND BLVD DETROIT MI **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 3. Contribution # 3 PAC Receipt? 4. Date of Receipt 5/2/2016 Name & Address: RANCILIO, LEONARD 100.00 **5036 STARCREEK LANE** 200.00 **WASHINGTON TWP MI 48094** Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: OWNER RANCILLIO & ASSOC. Occupation Employer 15655 11 MILE RD ROSEVILLE, MI 48066 **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 4. Date of Receipt 3/8/2016 3. Contribution #4 PAC Receipt? YES Name & Address PLUNKETT COONEY EMPLOYEES PAC 38505 WOODWARD STE 2000 200.00 838.00 **BROOMFIELD HILLS MI 48304** 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation\_ Employer \_ **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 

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

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1. Committee I.D. Number

CTE KIM MELTZER **CANDIDATE COMMITTEE** 2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Election Cycle for Each Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 5/12/2016 3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt Name & Address: DEZIO. KIMBERLY 12111 BUGLE LK RD 100.00 100.00 BRUCE TWP., MI 48065 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation \_\_\_\_\_ Employer \_ Business Address Type of Contribution: Direct Fund Raiser Loan from a person 4. Date of Receipt 5/9/2016 YES 3. Contribution #2 PAC Receipt? Name & Address GEORGE, JAMES 19634 WESTCHESTER 750.00 1544.00 **CLINTON TOWNSHIP MI 48038** 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization SELF DEVELOPER Employer. Occupation 85 N. MAIN STE 100 MT. CLEMENS MI 48043 **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 5/9/2016 Name & Address: ROSSMAN, BARBARA 200.00 600.00 54311 QUEENSBOROUGH DR SHELBY TWP MI 48315 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: HENRY FORD HOSPITAL CEO **Employer** Occupation 15855 19 MILE RD CLINTON TWP., MI 48038 **Business Address** Type of Contribution: Direct Loan from a person **Fund Raiser** 4. Date of Receipt 7/6/2016 3. Contribution # 4 PAC Receipt? YES Name & Address CARSWELL JR., FRANK 2444 CRANEWOOD DR 250.00 650.00 **FENTON, MI 48430** 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization **OWNER** INDEPENDENT MANAGEME Occupation\_ **Employer** 14381 N. RIVER FENTON MI 48430 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 1300.00 Page Subtotal

Grand Total of All Schedules 1A
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CANDIDATE COMMITTEE

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1. Committee I.D. Number

	CTE KIM MELTZER
2. Committee Name	

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 7/5/2016 Name & Address: LAHOOD, AL	*	
20233 MACK AVE GROSSE POINTE WOODS, MI 48236	100.00 \$	350.00 \$
5. If over \$100.00 cumulative, please provide:  OWNER  Employer  Employer	Click Here fo	or Memo Itemization
Business Address 20233 MACK AVE GROSSE POINTE WOODSMI 482		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 7/6/2016  Name & Address  BROAD, GARY	-	
20850 MOXON CLINTON TWP., MI 48036	250.00 \$	650.00 \$
5. If over \$100.00 cumulative, please provide:  OWNER  Employer  Employer	Click Here fo	r Memo Itemization
Business Address 2525 E GRAND BLVD DETROIT MI		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 3 PAC Receipt? YES 4. Date of Receipt 7/6/2016 Name & Address: RANCILIO, LEONARD 5036 STARCREEK LANE WASHINGTON TWP., MI 48094	\$ 250.00	\$ 450.00
5. If over \$100.00 cumulative, please provide: OWNER Employer  RANCILLIO & ASSOC.	Click Here for	Memo Itemization
OccupationEmployer Business Address 15655 11 MILE RD ROSEVILLE MI 48066		
Type of Contribution: Direct Loan from a person 🗸 Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/6/2016  Name & Address GRILLO, PIETRA 50775 RICHARD W BLVD CHESTERFIELD MI 48051	250.00 \$	550.00 \$
5. If over \$100.00 cumulative, please provide:  DEVELOPER Occupation Employer	Click Here for	Memo Itemization
Business Address 50775 RICHARD W BLVD CHESTERFIELD MI 48051		
Type of Contribution: Direct Loan from a person Fund Raiser	050.00	
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Grand Total of All Schedules 1A		

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CANDIDATE COMMITTEE

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1. Committee I.D. Number

CTE KIM MELTZER 2. Committee Name

3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 7/2/2016  Name & Address: ERMA 975 RIVER BEND DR ROCHESTER HILLS, MI 48307  5. If over \$100.00 cumulative, please provide: Occupation Employer  Type of Contribution: Direct Loan from a person Fund Raiser	<u> </u>
ROCHESTER HILLS, MI 48307  5. If over \$100.00 cumulative, please provide:  Occupation Employer  Business Address Type of Contribution: Direct Loan from a person  Fund Raiser	า
Occupation Employer  Business Address  Type of Contribution:	1
Business Address  Type of Contribution:	
Type of Contribution:	
□ 5/15/2016	
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 5/15/2016  Name & Address	:
SUMNER, MARLIN R.	
41210 FOX RUN DR 25.00 75.00	
CLINTON TWP., MI 48038 \$ \$	—
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization	i
Occupation Employer	
Business Address	
Type of Contribution: Direct Loan from a person Fund Raiser	
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 7/12/2016	
Name & Address: ———————————————————————————————————	
14633 BREZA DR \$250.00 560.00	
SHELBY TWP., MI 48315	_
6. If over \$100.00 cumulative, please provide:	
HOUSEWIFE Employer	
Business Address Time of Contribution   Direct	
Type of Contribution. Loan from a person Fund Raiser	
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 7/14/2016  Name & Address	
CRISPIGNANI, VINCENT	I
37135 WOODPOINTE DR 250.00 500.00	
CLINTON TWP., MI 48036 \$ \$	
5. If over \$100.00 cumulative, please provide:  Click Here for Memo Itemization	
OWNER ALLEGRA STAFFING  Occupation Employer	
42512 HAYES CLINTON TWP., MI 48036 Business Address	
Type of Contribution: Direct Loan from a person  Fund Raiser	
Page Subtotal 625.00	
Grand Total of All Schedules 1A	
(Complete on last page of Schedule) Enter this total on	
24 line 3a of Summary Page	

**CANDIDATE COMMITTEE** 

0136802

1. Committee I.D. Number

CTE KIM MELTZER

Enter this total on

Раде

line 3a of Summary

2. Committee Name Enter contributor's name and address. If contribution is from an individual, enter last name, first name, 6. Amount 7. Cumulative for middle initial. Check box to indicate if contribution is from a Political Committee or an Independent **Election Cycle for Each** Committee (PAC) Report all contributions regardless of amount. Contributor (Through date of receipt) 3. Contribution # 1 7/14/2016 PAC Receipt? YES 4. Date of Receipt SOWERBY, KATAYOON 19682 WESTCHESTER DR 250.00 250.00 CLINTON TWP., MI 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ADVANTAGE REALTY REALTOR Occupation **Employer** 47800 GRATIOT AVE CHESTERFIELD MI 48047 **Business Address** Type of Contribution: Direct Fund Raiser Loan from a person 4. Date of Receipt 7/12/2016 3. Contribution #2 PAC Receipt? Name & Address WILSON, GORDON 49572 COMPASS POINT DR 250.00 497.00 CHESTERFIELD, MI 48047 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization ANDERSON, ECKSTEIN & W **ENGINEER** Employer, Occupation 51301 SCHOENHERR SHELBY TWP MI 48315 **Business Address** Type of Contribution: Direct **Fund Raiser** Loan from a person 3. Contribution #3 PAC Receipt? 4. Date of Receipt 7/14/2016 Name & Address: KIRK, ROBERT 500.00 19500 HALL RD. 694.00 CLINTON TWP., MI 48038 Click Here for Memo Itemization 5. If over \$100.00 cumulative, please provide: ATTORNEY KIRK & HUTH Occupation Employer 19500 HALL RD. CLINTON TWP., MI 48038 **Business Address** Type of Contribution: Direct Loan from a person Fund Raiser 4. Date of Receipt 6/16/2016 3. Contribution # 4 PAC Receipt? YES Name & Address DR. BANKSTAHL, TOM 39319 GARFIELD 125.00 125.00 CLINTON TWP., MI 48038 5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization OWNER ANIMAL ACTIVITY CENTER I Occupation. **Employer** 39319 GARFIELD CLINTON TWP., MI 48038 **Business Address** Type of Contribution: Fund Raiser Direct Loan from a person 1125.00 Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)

CANDIDATE COMMITTEE

1. Committee I.D. Number

0136802

CTE KIM MELTZER			
r last name, first name,	6. Amount	7. Cumulative for	
or an Independent		Flection Cycle for Each	

Enter contributor's nammiddle initial. Check be Committee (PAC) Repo	ox to indicate if con	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)		
3. Contribution # 1 Name & Address DR. BANKSTAH 39321 GARFIEI CLINTON TWP.	LD RD	YES 4. Date of	6/16/2016	— 125.00	125.00
CLINION IWF.	, IVII 40030			\$	<u> </u>
5. If over \$100.00 cum OWNE		ovide: PARKV	VAY SMALL ANIMAL &	Click Here	for Memo Itemization
Occupation		Employer LD RD CLINTON		-	
Business Address					
Type of Contribution:	Direct	Loan from a person	✓ Fund Raiser		
Contribution #2     Name & Address	PAC Receipt?	YES 4. Date of	f Receipt	_	
				\$	_ \$
5. If over \$100.00 cum	ulativa nlegce nr	Wide:		Click Here f	or Memo Itemization
	•			Cilor Tiore	or Morno Romization
Occupation		_ Employer			
Business Address	Direct	<u> П.</u>	First Pairs		
Type of Contribution:  3. Contribution # 3		Loan from a person	Fund Raiser		
Name & Address:	PAC Receipt?	YES 4. Date of	of Receipt		
				\$	
				Click Here fo	or Memo Itemization
5. If over \$100.00 cum	ulative, please pro				
Occupation		Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?		of Receipt	_	
				\$	_ \$
5. If over \$100.00 cum	ulative, please pro	ovide:		Click Here fo	or Memo Itemization
Occupation		Employer		_	
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser		
<u> </u>			Page Subto	otal   125.00	
			Grand Total of All Schedules (Complete on last page of Schedules	1A 15,650. a	
26			. · ·	Enter this total on	

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#### 0136802

1. Committee I. D. Number

### CTE KIM MELTZER

OARDIDATE OOMINITTEE 2. Co	ommittee Name		
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name USPS	_	7-14-14	\$ 47.00
Address GARPIELD CLINTON TWO	Purpose: STAMPS	Date	
M 48038	Click H	lere for Memo It	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name CLINTON TWP AREA OPTIMIST CLUB		Le. 9-16	\$_35°
Address	Purpose: PROGRAM AD	Date	
CLINTON TWP. MI 48038	Click H	lere for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name CLINTON TWP. FIREFIGHTER FUND		6-6-16	\$ 7600
Address CLINTON TWP MI 48038	Purpose: DON ATTON	Date	\$ <u>75</u>
•	Click H	lere for Memo It	emization Type
			,,
	LCheck box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ITALIAN AMERICAN CULTURAL			
		6-3-16 Date	\$ 510.06
Address	- DOTA DATE!	Date	ψ <u>5/0.</u>
_	Purpose: PZZA PARTY		
CLINTON TWP. MI 48038	Click H	lere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name CLINTON TWP AREA OPTIMIST CLUB		5-13-16	6 15000
Address	Purpose: ANNUAL DIES	Date	\$ 120.00
CLINTON TWO MI 48038	Click H	lere for Memo It	temization Type
-	Check box if this expenditure is payment of		.,,
Fund Raiser	debt or obligation reported on previous statement		
	Subto	tal this page	787.00
	Grand Total of all S	Schedules 1B	
	(Complete on last page		

Enter this total on line 8a of Summary Page

#### 0136802

1. Committee I. D. Number \_

### CTE KIM MELTZER

	Offillingee Name	E Deta	6 Amount
Name and address of person or vendor to whom paid	Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name CLINTON DALE EDUCATIONAL FUND		5-11-16 Date	\$ <u>(00.∞</u>
Address	Purpose: TonArion	Dale	
CLINTON TWO MI 49035		lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		5-9-16	
Name JOHN FOREST		38900	\$ \$289.W
Address 43857 CATAWBA	Purpose: OFFICE EXPENSE	Date	
CLINTON TWP MI 48038	Click H	Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name JOHN FOREST		4-27-11	° \$ 30.°°
Address 43657 CATAWBA	Purpose: OFFICE EXPENSE	Date	. <u></u>
CUNTON TWO MI 48038			temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
•			
Name FED EX		4-25-11	\$ 143.84
Address	Purpose: PRNNNG	Date	1 (3,0 (
CLINTON TWP MI 48038	Purpose.		
CLINION (DF MI 400 20	Click I	Here for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name CLINTON MAKONE PUBLIC LIBRARY		4-13-16	\$ 100.60
Address	Purpose: DONACION	Date	(00.
	Click	Here for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
	Subt	otal this page	663.44
	Grand Total of all	Schedules 1B	
	(Complete on last page	e of Schedule)	

Enter this total on line 8a of Summary Page

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1. Committee I. D. Number

## 2. Committee Name CTE KIM MELTZER

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name ST. BALDRICKS		3-30-1b	\$ 100.00
Address	Purpose: DONATION WIGS FOR	2 Date	100.33
	-	_	tomization Time
	Click Fi	ere for Memo I	temization Type
Tr.,, and the same of the same	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #2	,		
Name GIRL SCOUT TROOP 75924		3-14-16 Date	\$ 40 00
Address	Purpose: COOKIES 4 TROOPS	Date	_ <b>k</b> 2
	Click He	ere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #3			
Name CLINTON TWP POLICE HONDE GUARD		2 711	
Address	7	Date	\$ <u>100.00</u>
Address CLINTON TWP MM 44035	Purpose: Dollar W	Duit	
	Click He	ere for Memo It	emization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name KUANHENN BREWERY	,	3-7-16	
Address	Purpose: APPRECIATING FOR	Date	\$ 173.91
	Purpose: ACT3		
CLINTON TWO M 44035	Click He	ere for Memo It	emization Type
CCM	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name CHIPPENA VALLEY ATTLETIC BOOSIZE		~ <i>,</i> , ,,	
	Purpose: DONATION - TICKERS	2-16-14 Date	\$ 100.00
Address CLINTON TWO MI 48038	Purpose: DON FELLOTO 1182E15	Date	
	Click He	ere for Memo It	emization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subtota	al this page	521.91
	Grand Total of all So	chedules 1B	
	(Complete on last page	of Schedule)	

Enter this total on line 8a of Summary Page

#### 0136802

1. Committee I. D. Number \_

#### CTE KIM MELTZER

CANDIDATE COMMITTEE 2.C	ommittee Name	
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1		
Name JOHN FOREST		2-10-16 \$ 50.84
Address 43857 CATAMBA	Purpose: DFFICE EXP	Date
CLINTON TWO MI 48038	Click H	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #2		
Name DAP YRUS		/-29-16 \$ 50.71
Address MALL AT PARTRIDGE CREEK	Purpose: STATION ERY	Date
CLINTON TWP M 48038	Click H	ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #3		
Name KATHY VOSIBURG		1.27-16 \$ 50.00
Address	Purpose: OFFICE EXPLOSE	Date
CHESTERFIELD TWO MI		ere for Memo Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #4		
Name TRIANGLE PRINTING  Address 30520 GRATIOT  POSEVILLE MI 48066	Purpose: TICKETS  Click H	Date 190.80 ere for Memo Itemization Type
Eund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement	
Expenditure #5		
Name OFFICE DEPOT		12-24-15 \$ 354.13
Address	Purpose: OFFICE EXP.	Date \$ _>>7./5
	Click H	ere for Memo Itemization Type
	Check box if this expenditure is payment of	,,,,
Fund Raiser	debt or obligation reported on previous statement	
	Subtot	al this page 696.48

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

2468.83

Enter this total on line 8a of Summary Page

DEBTS AND OBLIGATIONS 1	. Committee I.D. Number	302		
SCHEDULE 1E	CTE Kim M	/leltzer		
CANDIDATE COMMITTEE 2	. Committee Name			
This Schedule itemizes:		· · · · · · · · · · · · · · · · · · ·		
a Debts and obligations owed by or forgiven the co	ommittee OR b. Debt heck either a or b. Use only for the pu	s and obligations owed <u>to</u> or urpose checked.)	r forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, pleas provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding     Balance at close     of this period     (Item 6 minus     Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:			
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incurred</u> : 04-11-2012 6. <u>Original Amount of Debt</u> : 29.95	\$s	\$	\$
If bank loan, name of endorser or guarantor.		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:  Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type:	\$ \$	s	\$_28,825. <b>9</b> 1
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:  Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type:	\$ \$ \$ \$	\$	\$ 29,125.9/
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
	(Complete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E r to the committee)	340.12 29,125.91
A debt or obligation must be shown on this Sche this Campaign Statement or it was forgiven during			osing date of	Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

Page \_\_\_\_\_ of \_\_\_\_10

DEBTS AND OBLIGATIONS 1, 0	01368 Committee I.D. Number	<b>30</b> 2			
SCHEDULE 1E	CTE Kim Meltzer				
CANDIDATE COMMITTEE 2.0	Committee Name				
This Schedule itemizes:				1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
a Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Debt	s and obligations owed <u>to</u> or prose checked.)	forgiven <u>by</u> the con	nmittee.	
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative     payment to     date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)	
Debt #1 Corp? Yes Owed to or by:	loan 4. Type:	s			
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incurred</u> : 04-18-2012 6. <u>Original Amount of Debt</u> : 250.00	\$ \$	\$	\$	
If bank loan, name of endorser or guarantor.		Amo	unt Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	\$			
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incurred</u> : 04-22-2012 6. <u>Original Amount of Debt</u> : 15.90	\$\$\$\$	\$	\$_29,391. <b>\$</b> @	
tf bank loan, name of endorser or guarantor:			ount Endorsed: \$_		
Debt #3 Corp? Yes Owed to or by:  Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. Date Debt Was Incurred: 04-24-2012 6. Original Amount of Debt: 300.00	\$ \$ \$	\$	\$	
If bank loan, name of endorser or guarantor:		\$An	nount Endorsed: \$		
		Page Subtotal	(Outstanding debt)	565.90	
(0	Complete on last page of Schedule :		of all Schedules 1E r to the committee)	29,691.81	
A debt or obligation must be shown on this Sched	ule if there was an outstanding a	mount owed on it at the cl	osina date of	Enter this total on line 12a "owed by"" or line 12b	

this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

"owed to" of the Summary Page

Page 2 of 10

DEBTS AND OBLIGATIONS 1	0136 Committee I.D. Number	802			
SCHEDULE 1E	CTE Kim Meltzer				
CANDIDATE COMMITTEE 2	. Committee Name			***************************************	
This Schedule itemizes:					
Debts and obligations owedby or forgiven the co	ommittee OR b. Del heck either a or b. Use only for the j	bts and obligations owed <u>to</u> o purpose checked.)	or forgiven <u>by</u> the co	nmittee.	
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding     Balance at close     of this period     (Item 6 minus     Item 8)	
Debt #1 Corp? Yes Owed to or by:	loan 4. Type:	s			
Kim Meltzer	5. <u>Date Debt Was Incurred</u> :	s			
20585 Leelanau Trail	04-25-2012	\$		s 29,696.5/	
Clinton Twp., Mt 48038	6. Original Amount of Debt: 5.00	\$	\$	\$FORGIVEN	
	1 3	\$	1		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _		
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$			
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred:</u> 05-01-2012	<b>s</b>		00.040.5	
Clinton Twp., MI 48038	6. Original Amount of Debt:	<u> </u>	s	\$ <u>29,946.81</u>	
	ş_250.00			FORGIVEN	
		\$		I ONOIVEN	
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_		
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	\$			
Kim Meltzer	5. <u>Date Debt Was Incurred</u> : 05-21-2012	<u> </u>			
20585 Leelanau Trail		\$		29,962.71	
Clinton Twp., MI 48038	6. Original Amount of Debt:	\$	1 \$	\$	
	\$	<u> </u>		FORGIVEN	
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_		
		Page Subtota	l (Outstanding debt)	270.90	
	(Complete on last page of Scheduk	Grand Total e showing amounts owed by	of all Schedules 1E or to the committee)	29,962.71	
				Enter this total	

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

Page 3 of 10

	01368	302		
DEBTS AND OBLIGATIONS 1. C	ommittee I.D. Number		· · · · · · · · · · · · · · · · · · ·	
SCHEDULE 1E CTE Kim Meltzer				
CANDIDATE COMMITTEE 2. C	ommittee Name			
This Schedule itemizes:				
Debts and obligations owed by or forgiven the com (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> o urpose checked.)	r forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	Type of Obligation     (Description)     Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding     Balance at close     of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:			
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred</u> : 06-13-2012	s		00 00 4 1
Clinton Twp., MI 48038	6. Original Amount of Debt:		s	\$
	s1.50	<u> </u>		FORGIVEN
bank loan, name of endorser or guarantor:		<b>\$</b> Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	\$		
im Meltzer 0585 Leelanau Trail	5. <u>Date Debt Was Incurred</u> : 06-20-2012	<b>s</b>		
Clinton Twp., MI 48038	6. Original Amount of Debt:	<u> </u>	s	s_29,990.6
• •	ş <u>25.44</u>	<u> </u>	4	FORGIVEN
		\$		LFORGIVEN
f bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	<u> </u>		
im Meltzer	5. Date Debt Was Incurred:	<u> </u>		
0585 Leelanau Trail	06-21-2012	s		30,006
Clinton Twp., MI 48038	6. Original Amount of Debt: 15.90	\$	l s	\$_50,000
	\$	\$		FORGIVEN
f bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	42.84
(Ce	omplete on last page of Schedule :	Grand Total	of all Schedules 1E	30,006.55

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

Page 4 of 10

DEBTS AND OBLIGATIONS 1	U 1308 . Committee I.D. Number	802		
SCHEDULE 1E CANDIDATE COMMITTEE 2	CTE Kim N	leltzer		
This Schedule itemizes:  a Debts and obligations owed by or forgiven the c	committee OR b. Debt	s and obligations owed <u>to</u> o	r forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, pleas provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:  Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	Ioan 4. Type: 5. <u>Date Debt Was Incurred</u> : 06-06-2012 6. <u>Original Amount of Debt</u> : 14.37	\$\$\$	\$	\$
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:  Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038  If bank loan, name of endorser or guarantor:	4. Type:	\$	\$nount Endorsed: \$_	\$_30,054.60 
Debt #3 Corp? Yes Owed to or by:  Kim Meltzer 20585 Leelanau Trail	4. Type: loan  5. Date Debt Was Incurred: 7-21-2012	s s		30,070.4
Clinton Twp., MI 48038  If bank loan, name of endorser or guarantor:	6. <u>Original Amount of Debt</u> : 15.90	\$\$A	* \$ mount Endorsed: \$_	FORGIVEN
				63.95
	(Complete on last page of Schedule s	Grand Total showing amounts owed by o		30,070.46  Enter this total on line 12a "owed by"" or line 12b
A debt or obligation must be shown on this Schothis Campaign Statement or it was forgiven duri-			iosing date of	"owed to" of the Summary Page

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0136802

DEBTS AND OBLIGATIONS 1. C	committee I.D. Number			
SCHEDULE 1E		<i>M</i> eltzer		
CANDIDATE COMMITTEE 2. C	committee Name			
This Schedule itemizes:				
a Debts and obligations owed by or forgiven the com	mittee OR b. Deb ok either a or b. Use only for the p	ts and obligations owed <u>to</u> ourpose checked.)	or forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:	s		
Kim Meltzer	5. Date Debt Was Incurred:	\$	}	
20585 Leelanau Trail	10-11-2012	<u> </u>		31,070.44
Clinton Twp., MI 48038	6. Original Amount of Debt:	s	\$	
	\$	<b></b>	1	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	<b>s</b>		
Kim Meltzer	5. <u>Date Debt Was Incurred</u> : 09-21-2012	s		
20585 Leelanau Trail Clinton Twp., MI 48038	6. Original Amount of Debt:	<u> </u>		31,086.3
	s 15.90	\$		· •
		<b>\$</b>		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	s		
Kim Meltzer	5. Date Debt Was Incurred:	s		
20585 Leelanau Trail	10-21-2012	s		31,106.26
Clinton Twp., MI 48038	1 6. Original Amount of Debt:	\$	l s	\$ 31,100.20
	\$			FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	1035.80
(Co	omplete on last page of Schedule :	Grand Total	of all Schedules 1E	31,106.26
A debt or obligation must be shown on this Schedu this Campaign Statement or it was forgiven during to	le if there was an outstanding a	mount owed on it at the ci	•	Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page
Page of				

	01368	nno		
DEBTS AND OBLIGATIONS 1.0	Committee I.D. Number	WZ		
SCHEDULE 1E	CTE Kim M	<b>l</b> eltzer		
CANDIDATE COMMITTEE 2.0	Committee Name			
This Schedule itemizes:			<del>"</del>	
Debts and obligations owed by or forgiven the con (Che	nmittee OR b. Debt eck either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven <u>by</u> the cor	nmittee.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (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	Outstanding     Balance at close     of this period     (Item 6 minus     Item 8)
Debt #1 Corp? Yes Owed to or by:	loan 4. Type:	<u> </u>		
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incurred</u> : 11-06-2012 6. <u>Original Amount of Debt</u> :	<u> </u>	\$	\$31,185. <b>§</b>
If bank loan, name of endorser or guarantor:	\$ 29.58	<u> </u>	wet Endamed: \$	FORGIVEN
		Am	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$		
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incurred</u> : 11-06-2012 6. <u>Original Amount of Debt</u> : 15.54	\$ \$ \$	s	\$_31,151. <b>3</b>
		\$		FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	<u> </u>		
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Jacurred</u> : 11-06-2012	<u> </u>		31,171 <i>.5</i> 1
Clinton Twp., MI 48038	6. Original Amount of Debt:	<u> </u>	1 \$	FORGIVEN
if bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	65.25
(0	Complete on last page of Schedule s	Grand Total showing amounts owed by o	of all Schedules 1E or to the committee)	31,171.51
				Enter this total on line 12a "owed

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

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

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DEBTS AND OBLIGATIONS 1.0	O 1300 Committee I.D. Number	902		
SCHEDULE 1E  CANDIDATE COMMITTEE  2.0	committee Name	<b>leltzer</b>		
This Schedule iternizes:  a Debts and obligations owed by or forgiven the com  (Che	mittee OR b. Debt	s and obligations owed <u>to</u> o	or forgiven <u>by</u> the cor	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loan			
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred</u> : 10-06-2012	<u> </u>		31,207.6
Clinton Twp., MI 48038	6. Original Amount of Debt: 36.15	\$	\$	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	<u> </u>		
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred</u> : 11-06-2012	<u>s</u>		31,126.%
Clinton Twp., MI 48038	6. Original Amount of Debt: \$ 9.32	\$	\$	\$
If bank loan, name of endorser or guarantor:		\$	nount Endorsed: \$	
Debt #3 Corp? Yes	4. Type: loan			
Cwed to or by:  Kim Meltzer	5. <u>Date Debt Was Incurred</u> : 10-23-2012	<u> </u>		
20585 Leelanau Trail		<b></b> \$		31,220.73
Clinton Twp., MI 48038	6. Original Amount of Debt: 3.75	\$\$	* *	FORGIVEN
If bank loan, name of endorser or guarantor:		A	mount Endorsed: \$_	
		Page Subtota	(Outstanding debt)	49.22
(C	omplete on last page of Schedule s	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	31,220.73
				Enter this total

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.

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

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	01368	302		
	committee I.D. Number			
SCHEDULE 1E	CTE Kim N	<b>le</b> ltzer		
CANDIDATE COMMITTEE	committee Name			
This Schedule itemizes:				
	rnittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or irpose checked.)	forgiven <u>by</u> the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:			
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incurred</u> : 10-24-2012 6. <u>Original Amount of Debt</u> : 900.00	\$ \$ \$	s	\$
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed; \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: Loan	<u> </u>		
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incurred</u> : 10-30-2012 6. <u>Original Amount of Debt</u> : 500.00	s s	s	\$_32,620.73
If bank loan, name of endorser or guarantor:		\$		FORGIVEN
Debt #3 Corp? Yes	l. loan	ATT	ount Endorsed: \$	
Owed to or by:  Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: 10-31 5. <u>Date Debt Was Incurred</u> : 10-30-2012 6. <u>Original Amount of Debt</u> : 1600.00	\$	s	\$ 34,220.73 FORGIVEN
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_	
(C.	omplete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E r to the committee)	3000.00 34,220.73
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

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#### **DEBTS AND C** SCHED

BLIGATIONS	1. Committee I.D. Number	0136802
ULE 1E	CTE	Kim Meltzer
COMMITTEE		

CANDIDATE COMMITTEE 2.0	Committee Name			
This Schedule itemizes:				
Debts and obligations owed <u>by or forgiven</u> the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee.  (Check either a or b. Use only for the purpose checked.)				
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:	s		
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incurred</u> : 01-18-2013  6. <u>Original Amount of Debt</u> : 156.18	\$ \$ \$	s	\$_32,120.
If bank loan, name of endorser or guarantor:	\$	\$Amo	ount Endorsed: \$	FORGIVEN
Debt #2 Corp? Yes Owed to or by:	4. Type:  5. Date Debt Was Incurred:	<u> </u>		
	6. <u>Original Amount of Debt</u> :	\$ \$	s	\$FORGIVEN
If bank loan, name of endorser or guarantor:		Arr	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type:  5. <u>Date Debt Was Incurred</u> :  6. <u>Original Amount of Debt</u> :  \$	\$ \$ \$ \$	s	\$ FORGIVEN
If bank loan, name of endorser or guarantor.		Ar	nount Endorsed: \$_	
(0	complete on last page of Schedule s	Grand Total	(Outstanding debt) of all Schedules 1E or to the committee)	156.18 34,376.91
,	,		~	Enter this total on line 12a "owed

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

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

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