

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
0136802

2. Committee Name
CTE KIM MELTZER

5. Committee's Mailing Address
20585 LEELANAU TRAIL
CLINTON TOWNSHIP MI 48038

Area Code and Phone 586-709-1321
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.

7. Treasurer's Business Address
40700 ROMEO PLANK ROAD
CLINTON TOWNSHIP MI 48038

Area Code and Phone 586-286-8000

3. This Statement covers From: 10-21-2015 to 7-17-2016

4. Candidate Last Name First Name M.I.
MELTZER KIM

4a. Office Sought Including District # or Community Served (If applicable)

Clerk

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address
KIM MELTZER
20585 LEELANAU TRAIL
CLINTON TOWNSHIP MI 48038

Area Code & Phone 586-709-1321

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

FILED
16 JUL 22 PM 2:17
MACOMB COUNTY CLERK
MT. CLEHENS, MICHIGAN

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

- ☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Date of Election, Convention or Caucus
08/02/2016

Required ONLY if candidate is not on the ballot for the current year:

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e.

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby 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
KIM MELTZER
Type or Print Name

K. MelTZer
Signature Date 07/20/2016

Candidate
KIM MELTZER
Type or Print Name

K. MelTZer
Signature Date 07/20/2016



BUREAU OF ELECTIONS

1. Committee I.D. Number 0136802
2. Committee Name CTE KIM MELTZER

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>15,560.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
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.) \$ <u>15,650.00</u>	(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		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2,668.83</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2,668.83</u>	(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)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>34,376.91</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>15,399.41</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>15,650.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>31,049.41</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2668.83</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>28,380.58</u> *	

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0136802
2. Committee Name CTE KIM MELTZER

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>2/29/2016</u>	
Name & Address: ROSSMAN, BARBARA 54311 QUEENSBOROUGH DR SHELBY TWP., MI 48315		\$ <u>200.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>HENRY FORD HOSPITAL</u> Business Address <u>15855 19 MILE ROAD CLINTON TWP MI 48038</u> Type of Contribution: <input 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>2/4/2016</u>	
Name & Address: VICKERY, ROBERT 10 S. MAIN ST. MT. CLEMENS, MI 48043		\$ <u>100.00</u>	\$ <u>100.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/28/2016</u>	
Name & Address: MARINO, STEVE 37884 LAKESHORE DR HARRISON TWP MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>2/23/2016</u>	
Name & Address: TZIANIS, DINO 17108 S. NUNNELEY RD CLINTON TWP., MI 48035		\$ <u>50.00</u>	\$ <u>50.00</u>
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 450

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 0136802
2. Committee Name CTE KIM MELTZER

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 2/12/2016	
Name & Address: DEVAULT, MICHAEL 7910 WALTERS RD. LAINSBURG, MI 48848		100.00 \$	100.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt 1/7/2016	
Name & Address: RIZZO ENVIRONMENTAL SERVICES PAC 6200 ELMRIDGE STERLING HEIGHTS MI		1000.00 \$	2000.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt 1/4/2016	
Name & Address: GEORGE, JAMES 19634 WESTCHESTER CLINTON TWP MI 48038		100.00 \$	7 994.00 \$
5. If over \$100.00 cumulative, please provide: Occupation DEVELOPER Employer SELF Business Address 85 N. MAIN STE 100 MT. CLEMENS MI 48043 Type of Contribution: <input 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 1/5/2016	
Name & Address: INDEPENDENT VOTERS PAC PO BOX 665 MT. CLEMENS, MI 48043		100.00 \$	150.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

6740.00
1300.00

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 0136802
2. Committee Name CTE KIM MELTZER

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 1/8/2016 Name & Address: GRILLO, PIETRA 50775 RICHARD W. BLVD. CHESTERFIELD MI 48051	200.00 \$	300.00 \$
5. If over \$100.00 cumulative, please provide: Occupation DEVELOPER Employer SELF Business Address 50775 RICHARD W BLVD CHESTERFIELD MI 48051 Type of Contribution: <input 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 1/11/2016 Name & Address: CHIRCO, MICHAEL A. - LIVING TRUST 46600 ROMEO PLANK RD STE 5 MACOMB MI 48044	100.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation DEVELOPER Employer SELF Business Address 46600 ROMEO PLANK RD STE 5 MACOMB MI 4804 Type of Contribution: <input 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 1/11/2016 Name & Address: CASASANTA, FERANDO 13249 W STAR DR. SHELBY TWP., MI 48315	200.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer C & P CONSTRUCTION CO. IN Business Address 13249 W STAR DR SHELBY TWP. MI 48315 Type of Contribution: <input 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 1/7/2016 Name & Address: SCOTT, LAWRENCE 12900 HALL RD. STE 350 STERLING HEIGHTS, MI 48313	100.00 \$	150.00 \$
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer O'REILLY RANCILIO PC Business Address 12900 HALL RD STE 350 STERLING HGTS MI 4831 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	Click Here for Memo Itemization	

Page Subtotal

850.00 660.00

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 0136802
2. Committee Name CTE KIM MELTZER

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 1/11/2016	
Name & Address: DOLAN, JACK 2388 HERONWOOD RD BLOOMFIELD HILLS, MI		300.00 \$	1470.00 \$
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer YORK, DOLAN, TOMLINSON Business Address 42850 GARFIELD RD CLINTON TWP MI 48038 Type of Contribution: <input 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 1/11/2016	
Name & Address: TOMLINSON, TIMOTHY 38272 TRILLIUM PLACE HARRISON TWP MI		300.00 \$	550.00 \$
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer YORK, DOLAN, TOMLINSON Business Address 42850 GARFIELD RD CLINTON TWP MI 48038 Type of Contribution: <input 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 1/6/2016	
Name & Address: ROSE, ROY 55620 WOODRIDGE DR. SHELBY TWP., MI 48316		100.00 \$	247.00 \$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer ANDERSON, ECKSTEIN & W Business Address 51310 SCHOENHERR SHELBY TWP. MI 48315 Type of Contribution: <input 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 1/5/2016	
Name & Address: SORRENTINO, SHERRY 14633 BREZA DR. SHELBY TWP., MI 48315		100.00 \$	310.00 \$
5. If over \$100.00 cumulative, please provide: Occupation HOUSEWIFE Employer Business Address Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 800.00

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 0136802
2. Committee Name CTE KIM MELTZER

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>1/6/2016</u>	
Name & Address: BURROWS, TIM 46772 HAMPTON DR SHELBY TWP MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/11/2016</u>	
Name & Address: OLDANI, FRANCIS 20607 WELLINGTON MACOMB MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/28/2016</u>	
Name & Address: MILLER, KOLBY 1919 HARTLAND WOODS DR HOWELL, MI 48843		\$ <u>100.00</u>	\$ <u>247.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR</u> Employer <u>MEDSTAR</u> Business Address <u>380 N GRATIOT CLINTON TWP MI 48036</u> Type of Contribution: <input 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>2/4/2016</u>	
Name & Address: STERLING, MARILYN 38131 SUBURBAN ST. CLINTON TWP MI 48036		\$ <u>50.00</u>	\$ <u>100.00</u>
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **350.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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>2/4/2016</u> Name & Address: KLEEMAN, EUGENE TRUST 43164 W KIRKWOOD DR CLINTON TWP MI 48038	200.00 \$ _____	500.00 \$ _____
5. If over \$100.00 cumulative, please provide: RETIRE Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>1/28/2016</u> Name & Address: LAVINIO, ALEXANDRA 18341 NARDY CLINTON TWP., MI 48036	300.00 \$ _____	700.00 \$ _____
5. If over \$100.00 cumulative, please provide: OWNER MARIO'S BODY SHOP Occupation _____ Employer _____ 34607 S GRATIOT CLINTON TWP., MI 48035 Business Address _____ Type of Contribution: <input 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>1/28/2016</u> Name & Address: LUCIDO, PETER 14601 BREZA DR. SHELBY TWP., MI 48315	100.00 \$ _____	294.00 \$ _____
5. If over \$100.00 cumulative, please provide: ATTORNEY LUCIDO & MANZELLA Occupation _____ Employer _____ 39999 GARFIELD CLINTON TWP MI 48038 Business Address _____ Type of Contribution: <input 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>1/28/2016</u> Name & Address: CAMPBELL, LAWERENCE 6690 VERNMOOR DR TROY, MI 48098	200.00 \$ _____	200.00 \$ _____
5. If over \$100.00 cumulative, please provide: RETIRE Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **350.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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>1/28/2016</u>	
Name & Address: KOSZEWSKI, ALOYSIUS 27665 DANIEL CT HARRISON TWP., MI 48045		100.00 \$	100.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/28/2016</u>	
Name & Address: FOREST, DAVID 43857 CATAWBA DR CLINTON TWP., MI 48038		100.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>45670 VILLAGE BLVD. SHELBY TWP., MI 48315</u> Type of Contribution: <input 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>1/28/2016</u>	
Name & Address: BACKOS, LYNNE 40741 PROVENCAL CT. CLINTON TWP., MI 48038		200.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: <input 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>1/28/2016</u>	
Name & Address: FOWLER, JAMES 42189 LOCHMOOR ST CLINTON TWP., MI 48038		100.00 \$	300.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>CLINTON STORAGE</u> Business Address <u>135 N GROESBECK HWY MT. CLEMENS MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **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 0136802
2. Committee Name CTE KIM MELTZER

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>1/28/2016</u>	
Name & Address: DILEGGE, DANIEL 55651 WHITNEY CT SHELBY TWP MI 48315		500.00 \$	500.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/11/2016</u>	
Name & Address: RONCELLI, SHARON 69900 HICKS ARMADA TWP., MI 48005		200.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: HOUSEWIFE Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>1/28/2016</u>	
Name & Address: ADDIS, ALICIA 636 WELLINGTON CRESCENT MT. CLEMENS, MI 48043		200.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: HOUSEWIFE Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>1/28/2016</u>	
Name & Address: ELLIOT, KATHY 27442 CLARK CIR CHESTERFIELD, MI 48051		100.00 \$	300.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1000.00

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 0136802
2. Committee Name CTE KIM MELTZER

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>1/28/2016</u> Name & Address: TOWNER, CHARLES 39757 BRYLOR CT CLINTON TWP., MI 48038		300.00 \$	988.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TOWNER TOWNER PC</u> Business Address <u>38770 GARFIELD STE 100 CLINTON TWP., MI 4803</u> Type of Contribution: <input 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>1/28/2016</u> Name & Address: PYPE, ANTHONY 39887 COALPORT DR CLINTON TWP., MI 48038		200.00 \$	294.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GARFIELD & CANAL SERVIC</u> Business Address <u>16933 CANAL CLINTON TWP., MI 48038</u> Type of Contribution: <input 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>1/28/2016</u> Name & Address: VELARDO, ARMAND 12382 FOREST GLEN LANE SHELBY TWP., MI 48315		100.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>65 S. GRATIOT MT. CLEMENS MI 48043</u> Type of Contribution: <input 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>1/26/2016</u> Name & Address: STROLIS, VITO 205 N GRATIOT MT. CLEMENS, MI 48043		300.00 \$	800.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RUEHLE'S TOWING</u> Business Address <u>205 N. GRATIOT MT. CLEMENS MI 48043</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 900.00

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 0136802
2. Committee Name CTE KIM MELTZER

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>1/28/2016</u> Name & Address: IRONS, ANDREA 15795 NEWPORT DR CLINTON TWP., MI 48038		100.00 \$ _____	150.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TOWNER TOWNER PC</u> Business Address <u>38770 GARFIELD STE 100 CLINTON TWP., MI 4803</u> Type of Contribution: <input 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>1/28/2016</u> Name & Address: RUGGIRELLO, PETER 18987 RIVERWAY CT. CLINTON TWP., MI 48038		100.00 \$ _____	275.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>RUGGIRELLO, VELARDO, N</u> Business Address <u>65 S. GRATIOT MT. CLEMENS MI 48043</u> Type of Contribution: <input 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>1/28/2016</u> Name & Address: CRANDELL, LAUREN 5222 REGIMENTAL BANNER GRAND BLANC, MI 48439		100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GIFFELS WEBSTER</u> Business Address <u>6303 26 MI WASHINGTON TWP. MI 48094</u> Type of Contribution: <input 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>1/28/2016</u> Name & Address: POLACK, ALAN 45684 VILLAGE BLVD SHELBY TWP., MI 48315		100.00 \$ _____	210.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>45684 VILLAGE BLVD SHELBY TWP., MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 400.00

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 0136802
2. Committee Name CTE KIM MELTZER

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>1/28/2016</u>	
Name & Address: WISE, JAMES 15120 VINCENT DR STERLING HEIGHTS, MI 48313		\$ <u>100.00</u>	\$ <u>394.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WISE GUYS RESTAURANT</u> Business Address <u>42305 GARFIELD CLINTON TWP., MI 48038</u> Type of Contribution: <input 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>1/28/2016</u>	
Name & Address: ISOKOVIC, PETER 55435 LEONARD CT. SHELBY TWP., MI 48315		\$ <u>100.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RIVERFRONT INN</u> Business Address <u>975 S. GRATIOT MT. CLEMENS MI 48043</u> Type of Contribution: <input 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>1/28/2016</u>	
Name & Address: ADDIS, ALBERT 38069 WOODCREST ST CLINTON TWP., MI 48038		\$ <u>100.00</u>	\$ <u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input 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>1/28/2016</u>	
Name & Address: RUGGERI, PHILIP 55764 ST. REGIS SHELBY TWP., MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SELF</u> Business Address <u>43231 SCHOENHERR STERLING HGTS., MI 48313</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 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 0136802
2. Committee Name CTE KIM MELTZER

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>1/28/2016</u>	
Name & Address: RIDGEWAY, KAREN 44 CRANFORD LANE GROSSE POINTE, MI 48230		100.00 \$	100.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/28/2016</u>	
Name & Address: SPATAFORA, DANIEL 20007 BLACKFOOT DR. CLINTON TWP., MI 48038		100.00 \$	160.00 \$
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address _____ Type of Contribution: <input 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>1/27/2016</u>	
Name & Address: SWETECH, GROZDA 43868 SCOTER LANE CLINTON TWP., MI 48038		100.00 \$	260.00 \$
5. If over \$100.00 cumulative, please provide: Occupation RETIRED Employer _____ Business Address _____ Type of Contribution: <input 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>1/28/2016</u>	
Name & Address: SYME, RONALD 38690 LONG HARRISON TWP., MI 48045		100.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation ARCHITECT Employer WAKELY & ASSOC. Business Address 30500 VANDYKE WARREN MI 48093 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **400.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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>1/28/2016</u> Name & Address: SAGE, JAMAL 4734 CHADBOURNE CT STERLING HGTS., MI 48310		100.00 \$	350.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>36470 MORAVIAN CLINTON TWP., MI 48036</u> Type of Contribution: <input 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>1/6/2016</u> Name & Address: ELKUS, LOUIS 6584 BRISTOL DR. WEST BLOOMFIELD, MI 48322		100.00 \$	360.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>CPA</u> Employer <u>SELF</u> Business Address <u>31275 NORTHWESTERN HWY STE 149 FARMINGT</u> Type of Contribution: <input 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>1/7/2016</u> Name & Address: MOCERI FAMILY TRUST, DOMINIC & FRANCIS 2540 SILVERBELL RD OAKLAND TWP., MI 48306		400.00 \$	800.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>MOCERI HOMES</u> Business Address <u>3005 UNIVERISTY DR. AUBURN HILLS MI 48326</u> Type of Contribution: <input 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>1/28/2016</u> Name & Address: SIEBERT, ROBERT 31900 SIKON CHESTERFIELD MI		100.00 \$	747.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>SIEBERT & DLOKSI</u> Business Address <u>19500 HALL RD CLINTON TWP., MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 700.00

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 0136802
2. Committee Name CTE KIM MELTZER

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: MORAN, PAT 26421 HARBOUR POINTE DR HARRISON TWP., MI 48045	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1/5/2016</u>	200.00 \$ _____	300.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>PAT MORAN CHEVY DEALER</u> Business Address <u>35500 GRATOIT CLINTON TWP., MI 48035</u> Type of Contribution: <input 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: ILLICH, PAUL 34285 GROESBECK HWY CLINTON TWP., MI 48035	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1/4/2016</u>	100.00 \$ _____	200.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AMERICAN AUTO INC</u> Business Address <u>34285 GROESBECK HWY CLINTON TWP., MI 4803</u> Type of Contribution: <input 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: JARVIS, WILLIAM 5050 N. OCEAN DR. APT 1003 SINGER ISLAND, FL 33404	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1/5/2016</u>	300.00 \$ _____	400.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JARVIS RESTORATION</u> Business Address <u>44035 S. GROESBECK HWY MT. CLEMENS MI 480</u> Type of Contribution: <input 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: WILSON, GORDY 49572 COMPASS POINTE DR CHESTERFIELD MI 48047	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1/5/2016</u>	100.00 \$ _____	247.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>ANDERSON, ECKSTEIN & W</u> Business Address <u>51301 SCHOENHERR SHELBY TWP., MI 48315</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 700.00

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 0136802
2. Committee Name CTE KIM MELTZER

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 1/6/2016 Name & Address: VERMEERSCH, JOE 46645 WHITE CAP DR. MACOMB, MI 48044		100.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation CEMETARY DIRECT Employer RESURRECTION CEMETAR' Business Address 18201 CLINTON RIVER RD CLINTON TWP., MI 4801 Type of Contribution: <input 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 1/8/2016 Name & Address: CARSWELL JR, FRANK 2444 CRANEWOOD DR FENTON MI 48430		200.00 \$	400.00 \$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer INDEPENDENT MANAGEME Business Address 14381 N RIVER FENTON MI 48430 Type of Contribution: <input 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 1/9/2016 Name & Address: BUDKA, DAVID 20046 N. RIVERHILL DR. CLINTON TWP., MI 48036		100.00 \$	400.00 \$
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer SELF Business Address 20046 N. RIVERHILL DR. CLINTON TWP., MI 48036 Type of Contribution: <input 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 1/11/2016 Name & Address: BROAD, GARY 20850 MOXON CLINTON TWP., MI 48036		100.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer MIDWEST STEEL INC Business Address 2525 E GRAND BLVD DETROIT MI Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 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 0136802
2. Committee Name CTE KIM MELTZER

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>1/7/2016</u> Name & Address: WESTRICK, WILLIAM 4250 WEST RD WASHINGTON TWP., MI 48094	100.00 \$ _____	200.00 \$ _____
5. If over \$100.00 cumulative, please provide: RETIRE Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input 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>1/11/2016</u> Name & Address: DEZIO, DONALD 12111 BUGLE LK DR. BRUCE TWP., MI 48065	100.00 \$ _____	360.00 \$ _____
5. If over \$100.00 cumulative, please provide: OWNER FIRE & ICE MECHANICAL Occupation _____ Employer _____ 40642 MOUND STERLING HGTS MI 48313 Business Address _____ Type of Contribution: <input 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>1/11/2016</u> Name & Address: CRISPIGNANI, VINCENT 37135 WOODPOINTE DR CLINTON TWP., MI 48036	100.00 \$ _____	250.00 \$ _____
5. If over \$100.00 cumulative, please provide: OWNER ALLEGRA STAFFING Occupation _____ Employer _____ 42512 HAYES CLINTON TWP., MI 48036 Business Address _____ Type of Contribution: <input 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>1/09/2016</u> Name & Address: SANTIA, ALBERT 37598 PAULA CT CLINTON TWP., MI 48036	100.00 \$ _____	100.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **400.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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>1/12/2016</u> Name & Address: RANCILIO, LEONARD 5036 STARCREEK LANE WASHING TWP., MI 48094		100.00 \$	100.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RANCILLIO & ASSOC.</u> Business Address <u>15655 11 MILE RD ROSEVILLE MI 48066</u> Type of Contribution: <input 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>1/7/2016</u> Name & Address: LAHOOD, AL 20233 MACK AVE. GROSSE POINTE WOODS, MI 48236		50.00 \$	250.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAHOOD PROPERTIES LLP</u> Business Address <u>20233 MACK AVE GROSSE POINTE WOODS MI 48</u> Type of Contribution: <input 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>1/14/2016</u> Name & Address: LOMBARDO, ANTHONY 51237 DANVIEW TECHNOLOGY CT SHELBY TWP., MI 48315		200.00 \$	300.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LOMBARDO HOMES</u> Business Address <u>51237 DANVIEW TECHNOLOGY CT SHELBY TWP.</u> Type of Contribution: <input 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>1/14/2016</u> Name & Address: CLINTON TWP. FIREFIGHTERS PAC 43601 ROMEO PLANK RD CLINTON TWP., MI 48038		200.00 \$	688.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 550.00

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 0136802
2. Committee Name CTE KIM MELTZER

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 1/16/2016 Name & Address: NICOLELLA, FRANK 37548 HIDDEN VALLEY CT CLINTON TWP., MI 48036		100.00 \$	400.00 \$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer NINO SALVAGGIO'S Business Address 17496 HALL RD CLINTON TWP., MI 48038 Type of Contribution: <input 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 1/20/2016 Name & Address: SKOLAS, JOHN 39590 GRATIOT AVE CLINTON TWP., MI 48035		50.00 \$	50.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt 1/14/2016 Name & Address: ARAGONA, FRANK 3321 VINEYARD HILL ROCHESTER HILL MI 48306		100.00 \$	100.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt 1/14/2016 Name & Address: SAPH, STEPHEN 44 MACOMB PL MT. CLEMENS, MI 48046		100.00 \$	310.00 \$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer NICKEL & SAPH Business Address 44 MACOMB PLACE MT CLEMENS MI Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 350.00

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 0136802
2. Committee Name CTE KIM MELTZER

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>1/14/2016</u>	
Name & Address: YDASZ, LINDA 2783 N LAKE DR. WATERFORD, MI 48329		100.00 \$	100.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/14/2016</u>	
Name & Address: WELSH, BRIAN 181 TOURAINE RD GROSSE POINTE FARMS, MI 48236		100.00 \$	100.00 \$
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 checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1/13/2016</u>	
Name & Address: KIRK, ROBERT 37539 HIDDEN VALLEY CT CLINTON TWP MI 48036		100.00 \$	194.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK & HUTH</u> Business Address <u>19500 HALL RD CLINTON TWP. MI 48</u> Type of Contribution: <input 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>1/14/2016</u>	
Name & Address: ARAGONA, PAUL 5440 ORION ROAD ROCHESTER MI 48306		100.00 \$	300.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>ARAGONA PROPERTIES</u> Business Address <u>37020 GARFIELD CLINTON TWP., MI 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **400.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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>3/8/2016</u> Name & Address: PEACOCK, PETER 10 S MAIN STE 400 MT. CLEMENS MI 48043	100.00 \$ _____	100.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>4/29/2016</u> Name & Address: BROAD, GARY 20850 MOXON DR CLINTON TWP., MI 48036	200.00 \$ _____	400.00 \$ _____
5. If over \$100.00 cumulative, please provide: OWNER MIDWEST STEEL INC Occupation _____ Employer _____ Business Address <u>2525 E GRAND BLVD DETROIT MI</u> Type of Contribution: <input 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>5/2/2016</u> Name & Address: RANCILIO, LEONARD 5036 STARCREEK LANE WASHINGTON TWP MI 48094	100.00 \$ _____	200.00 \$ _____
5. If over \$100.00 cumulative, please provide: OWNER RANCILLIO & ASSOC. Occupation _____ Employer _____ Business Address <u>15655 11 MILE RD ROSEVILLE, MI 48066</u> Type of Contribution: <input 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>3/8/2016</u> Name & Address: PLUNKETT COONEY EMPLOYEES PAC 38505 WOODWARD STE 2000 BROOMFIELD HILLS MI 48304	200.00 \$ _____	838.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **600.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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>5/12/2016</u> Name & Address: DEZIO, KIMBERLY 12111 BUGLE LK RD BRUCE TWP., MI 48065	100.00 \$ _____	100.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/9/2016</u> Name & Address: GEORGE, JAMES 19634 WESTCHESTER CLINTON TOWNSHIP MI 48038	750.00 \$ _____	1544.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Business Address <u>85 N. MAIN STE 100 MT. CLEMENS MI 48043</u> Type of Contribution: <input 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>5/9/2016</u> Name & Address: ROSSMAN, BARBARA 54311 QUEENSBOROUGH DR SHELBY TWP MI 48315	200.00 \$ _____	600.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>HENRY FORD HOSPITAL</u> Business Address <u>15855 19 MILE RD CLINTON TWP., MI 48038</u> Type of Contribution: <input 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>7/6/2016</u> Name & Address: CARSWELL JR., FRANK 2444 CRANEWOOD DR FENTON, MI 48430	250.00 \$ _____	650.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>INDEPENDENT MANAGEME</u> Business Address <u>14381 N. RIVER FENTON MI 48430</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **1300.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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>7/5/2016</u> Name & Address: LAHOOD, AL 20233 MACK AVE GROSSE POINTE WOODS, MI 48236	100.00 \$ _____	350.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LAHOOD PROPERTIES LLP</u> Click Here for Memo Itemization Business Address <u>20233 MACK AVE GROSSE POINTE WOODSMI 482</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/6/2016</u> Name & Address: BROAD, GARY 20850 MOXON CLINTON TWP., MI 48036	250.00 \$ _____	650.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MIDWEST STEEL INC</u> Click Here for Memo Itemization Business Address <u>2525 E GRAND BLVD DETROIT MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/6/2016</u> Name & Address: RANCILIO, LEONARD 5036 STARCREEK LANE WASHINGTON TWP., MI 48094	250.00 \$ _____	450.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RANCILLIO & ASSOC.</u> Click Here for Memo Itemization Business Address <u>15655 11 MILE RD ROSEVILLE MI 48066</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>7/6/2016</u> Name & Address: GRILLO, PIETRA 50775 RICHARD W BLVD CHESTERFIELD MI 48051	250.00 \$ _____	550.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>SELF</u> Click Here for Memo Itemization Business Address <u>50775 RICHARD W BLVD CHESTERFIELD MI 48051</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		

Page Subtotal **850.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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>7/2/2016</u> Name & Address: MELTZER, ERMA 975 RIVER BEND DR ROCHESTER HILLS, MI 48307	100.00 \$ _____	100.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5/15/2016</u> Name & Address: SUMNER, MARLIN R. 41210 FOX RUN DR CLINTON TWP., MI 48038	25.00 \$ _____	75.00 \$ _____
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 checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/12/2016</u> Name & Address: SORRENTINO, SHERRY 14633 BREZA DR SHELBY TWP., MI 48315	250.00 \$ _____	560.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: <input 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>7/14/2016</u> Name & Address: CRISPIGNANI, VINCENT 37135 WOODPOINTE DR CLINTON TWP., MI 48036	250.00 \$ _____	500.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>ALLEGRA STAFFING</u> Business Address <u>42512 HAYES CLINTON TWP., MI 48036</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal **625.00**

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 0136802
2. Committee Name CTE KIM MELTZER

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 7/14/2016	
Name & Address: SOWERBY, KATAYOON 19682 WESTCHESTER DR CLINTON TWP., MI 48038		250.00 \$	250.00 \$
5. If over \$100.00 cumulative, please provide: Occupation REALTOR Employer ADVANTAGE REALTY Business Address 47800 GRATIOT AVE CHESTERFIELD MI 48047 Type of Contribution: <input 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 7/12/2016	
Name & Address: WILSON, GORDON 49572 COMPASS POINT DR CHESTERFIELD, MI 48047		250.00 \$	497.00 \$
5. If over \$100.00 cumulative, please provide: Occupation ENGINEER Employer ANDERSON, ECKSTEIN & W Business Address 51301 SCHOENHERR SHELBY TWP MI 48315 Type of Contribution: <input 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 7/14/2016	
Name & Address: KIRK, ROBERT 19500 HALL RD. CLINTON TWP., MI 48038		500.00 \$	694.00 \$
5. If over \$100.00 cumulative, please provide: Occupation ATTORNEY Employer KIRK & HUTH Business Address 19500 HALL RD. CLINTON TWP., MI 48038 Type of Contribution: <input 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 6/16/2016	
Name & Address: DR. BANKSTAHL, TOM 39319 GARFIELD CLINTON TWP., MI 48038		125.00 \$	125.00 \$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer ANIMAL ACTIVITY CENTER I Business Address 39319 GARFIELD CLINTON TWP., MI 48038 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1125.00

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 0136802
2. Committee Name CTE KIM MELTZER

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 6/16/2016 Name & Address: DR. BANKSTAHL, TOM 39321 GARFIELD RD CLINTON TWP., MI 48038	125.00 \$	125.00 \$
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer PARKWAY SMALL ANIMAL & Business Address 39321 GARFIELD RD CLINTON TWP., MI 48038 Type of Contribution: <input 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 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 # 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

125.00

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

15,650.00

Enter this total on
line 3a of Summary
Page

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

0136802

1. Committee I. D. Number

CTE KIM MELTZER

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>USPS</u></p> <p>Address <u>GARFIELD CLINTON TWP MI 48038</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>STAMPS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7-14-16</u> Date</p>	<p><u>\$ 47.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2</p> <p>Name <u>CLINTON TWP AREA OPTIMIST CLUB</u></p> <p>Address <u>CLINTON TWP. MI 48038</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>PROGRAM AD</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-9-16</u> Date</p>	<p><u>\$ 35.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3</p> <p>Name <u>CLINTON TWP. FIREFIGHTER FUND</u></p> <p>Address <u>CLINTON TWP MI 48038</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>DONATION</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-6-16</u> Date</p>	<p><u>\$ 75.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4</p> <p>Name <u>ITALIAN AMERICAN CULTURAL SOCIETY</u></p> <p>Address <u>CLINTON TWP. MI 48038</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>PIZZA PARTY</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>6-3-16</u> Date</p>	<p><u>\$ 510.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5</p> <p>Name <u>CLINTON TWP AREA OPTIMIST CLUB</u></p> <p>Address <u>CLINTON TWP MI 48038</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>ANNUAL DUES</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>5-13-16</u> Date</p>	<p><u>\$ 120.00</u></p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page

787.00

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

Enter this total
on line 8a of
Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

0136802

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 <u>CLINTONDALE EDUCATIONAL FUND</u> Address <u>CLINTON TWP MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-11-16</u> Date	<u>\$ 100.00</u>
Expenditure #2 Name <u>JOHN FOREST</u> Address <u>43857 CATAWBA CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE EXPENSE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-9-16</u> <u>03920</u> Date	<u>\$ 289.60</u>
Expenditure #3 Name <u>JOHN FOREST</u> Address <u>43857 CATAWBA CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE EXPENSE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-27-16</u> Date	<u>\$ 30.00</u>
Expenditure #4 Name <u>FED EX</u> Address <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-25-16</u> Date	<u>\$ 143.84</u>
Expenditure #5 Name <u>CLINTON MACOMB PUBLIC LIBRARY</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>DONATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-13-16</u> Date	<u>\$ 100.00</u>

Subtotal this page

663.44

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

Enter this total
on line 8a of
Summary Page

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

. 0136802

1. Committee I. D. Number

CTE KIM MELTZER

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name ST. BALDRICKS</p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: DONATION WIGS FOR KIDS</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>3-30-16</p> <p>Date</p>	<p>\$ 100.00</p>
<p>Expenditure #2</p> <p>Name GIRL SCOUT TROOP 75924</p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: COOKIES 4 TROOPS</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>3-14-16</p> <p>Date</p>	<p>\$ 48.00</p>
<p>Expenditure #3</p> <p>Name CLINTON TWP POLICE HONOR GUARD</p> <p>Address CLINTON TWP MI 48035</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: DONATION</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>3-7-16</p> <p>Date</p>	<p>\$ 100.00</p>
<p>Expenditure #4</p> <p>Name KUHNHENN BREWERY</p> <p>Address GROESBECK CLINTON TWP MI 48035</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: APPRECIATION FOR SPTS</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>3-7-16</p> <p>Date</p>	<p>\$ 173.91</p>
<p>Expenditure #5</p> <p>Name CHIPPENAW VALLEY ATHLETIC BOOSTER</p> <p>Address CLINTON TWP MI 48038</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: DONATION - TICKETS</p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p>2-16-14</p> <p>Date</p>	<p>\$ 100.00</p>

Subtotal this page

521.91

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

Enter this total
on line 8a of
Summary Page

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

0136802

1. Committee I. D. Number

CTE KIM MELTZER

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>JOHN FOREST</u></p> <p>Address <u>43857 CATAWBA</u> <u>CLINTON TWP MI 48038</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>OFFICE EXP</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>2-10-16</u> Date</p>	<p><u>\$ 50.84</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2</p> <p>Name <u>PAPYRUS</u></p> <p>Address <u>MALL AT PARTRIDGE CREEK</u> <u>CLINTON TWP MI 48038</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>STATIONERY</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>1-29-16</u> Date</p>	<p><u>\$ 50.71</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3</p> <p>Name <u>KATHY VOSBURG</u></p> <p>Address <u>CHESTERFIELD TWP MI</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>OFFICE EXPENSE</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>1-27-16</u> Date</p>	<p><u>\$ 50.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4</p> <p>Name <u>TRIANGLE PRINTING</u></p> <p>Address <u>30520 GRATIOT</u> <u>ROSEVILLE MI 48066</u></p> <p><input checked="" type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>TICKETS</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>12-24-15</u> Date</p>	<p><u>\$ 190.80</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5</p> <p>Name <u>OFFICE DEPOT</u></p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>OFFICE EXP.</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>12-24-15</u> Date</p>	<p><u>\$ 354.13</u></p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page

696.48

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

2668.83

Enter this total
on line 8a of
Summary Page

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-11-2012</u> 6. <u>Original Amount of Debt:</u> <u>29.95</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>28,815.74</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-15-2012</u> 6. <u>Original Amount of Debt:</u> <u>10.17</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>28,825.91</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-18-2012</u> 6. <u>Original Amount of Debt:</u> <u>300.00</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>29,125.91</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

340.12

Grand Total of all Schedules 1E

29,125.91

(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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-18-2012</u> 6. <u>Original Amount of Debt:</u> <u>250.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,375.91</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-22-2012</u> 6. <u>Original Amount of Debt:</u> <u>15.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,391.81</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-24-2012</u> 6. <u>Original Amount of Debt:</u> <u>300.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,691.81</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

565.90

Grand Total of all Schedules 1E

29,691.81

(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.

0136802

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-25-2012</u> 6. <u>Original Amount of Debt:</u> <u>5.00</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>29,696.51</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05-01-2012</u> 6. <u>Original Amount of Debt:</u> <u>250.00</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>29,946.81</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>05-21-2012</u> 6. <u>Original Amount of Debt:</u> <u>15.90</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>29,962.71</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

270.90

Grand Total of all Schedules 1E

29,962.71

(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.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06-13-2012</u> 6. <u>Original Amount of Debt:</u> <u>1.50</u> \$	\$ \$ \$ \$ \$	\$	\$ 29,964.21 <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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06-20-2012</u> 6. <u>Original Amount of Debt:</u> <u>25.44</u> \$	\$ \$ \$ \$ \$	\$	\$ 29,990.65 <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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06-21-2012</u> 6. <u>Original Amount of Debt:</u> <u>15.90</u> \$	\$ \$ \$ \$ \$	\$	\$ 30,006.65 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

42.84

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

30,006.55

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.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136802
2. Committee Name CTE Kim Meltzer

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.
(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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>06-06-2012</u> 6. <u>Original Amount of Debt:</u> <u>14.37</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>30,020.92</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07-06-2012</u> 6. <u>Original Amount of Debt:</u> <u>33.68</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>30,054.60</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7-21-2012</u> 6. <u>Original Amount of Debt:</u> <u>15.90</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>30,070.46</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

63.95

Grand Total of all Schedules 1E

30,070.46

(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.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136802
 2. Committee Name CTE Kim Meltzer

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-11-2012</u> 6. <u>Original Amount of Debt:</u> <u>1000.00</u> \$	\$ \$ \$ \$ \$	\$	\$ <u>31,070.46</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09-21-2012</u> 6. <u>Original Amount of Debt:</u> <u>15.90</u> \$	\$ \$ \$ \$ \$	\$	\$ <u>31,086.36</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-21-2012</u> 6. <u>Original Amount of Debt:</u> <u>19.90</u> \$	\$ \$ \$ \$ \$	\$	\$ <u>31,106.26</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1035.80

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

31,106.26

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.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11-06-2012</u> 6. <u>Original Amount of Debt:</u> <u>29.58</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>31,185.94</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11-06-2012</u> 6. <u>Original Amount of Debt:</u> <u>15.54</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>31,151.99</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11-06-2012</u> 6. <u>Original Amount of Debt:</u> <u>20.13</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>31,171.51</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

65.25

Grand Total of all Schedules 1E

31,171.51

(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.

0136802

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-06-2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 36.15</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 31,207.66</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11-06-2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9.32</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 31,126.77</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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-23-2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3.75</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 31,220.73</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

49.22

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

31,220.73

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.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-24-2012</u> 6. <u>Original Amount of Debt:</u> <u>900.00</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ 32,120.73 <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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-30-2012</u> 6. <u>Original Amount of Debt:</u> <u>500.00</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ 32,620.73 <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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-30-2012</u> 6. <u>Original Amount of Debt:</u> <u>1600.00</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	\$ 34,220.73 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3000.00

Grand Total of all Schedules 1E

34,220.73

(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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

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: Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>01-18-2013</u> 6. <u>Original Amount of Debt:</u> <u>156.18</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>32,120.</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

156.18

Grand Total of all Schedules 1E

34,376.91

(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.