


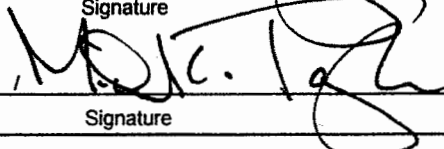


MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 138477		3. This Statement covers From: 11/24/15 to 07/20/16	
2. Committee Name CTE Michael C. Taylor		4. Candidate Last Name First Name M.I. Taylor Michael C 4a. Office Sought Including District # or Community Served (If applicable) Sterling Heights Mayor 4b. County of Residence MACOMB	
5. Committee's Mailing Address 10 S. Main Street, Suite 401 Mt. Clemens, MI 48043 Area Code and Phone (586) 822-3500 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Michael C. Taylor 14076 Red Pine Dr. Sterling Heights, MI 48312 Area Code & Phone (586) 822-3500	
7. Treasurer's Business Address 10 S. Main Street, Suite 401 Mt. Clemens, MI 48043 Area Code and Phone (586) 822-3500		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Michael C. Taylor Type or Print Name		 Signature Date 7/25/2016	
Candidate Michael C. Taylor Type or Print Name		 Signature Date 7/25/2016	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 138477

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Michael C. Taylor

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$0.00</u>	(18.) \$ <u>\$0.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$0.00</u>	(20.) \$ <u>\$0.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$1,549.30</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$1,549.30</u>	(23.) \$ <u>\$1,549.30</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$	<u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>\$4,526.84</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$10,872.90</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$0.00</u>	
	(15.) = \$	<u>\$10,872.90</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$1,549.30</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$9,323.60</u>	*



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138477
2. Committee Name CTE Michael C. Taylor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>See's Candies</u> Address <u>17450 Hall Rd., #129A</u> <u>Clinton Township, MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Holiday Party Candy</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/15/15</u> Date	\$ <u>139.30</u>
Expenditure #2 Name <u>Macomb County Clerk</u> Address <u>40 N. Main</u> <u>Mt. Clemens, MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Late Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/18/15</u> Date	\$ <u>\$75</u>
Expenditure #3 Name <u>CTE Anthony Apone</u> Address <u>52849 Seven Oaks</u> <u>Shelby Township, MI 48316</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/25/16</u> Date	\$ <u>\$100</u>
Expenditure #4 Name <u>Facebook</u> Address <u>1 Hacker Way</u> <u>Menlo Park, CA 94205</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Facebook Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/03/16</u> Date	\$ <u>110</u>
Expenditure #5 Name <u>Sterling Civic Theatre</u> Address <u>33240 Chatsworth Dr.</u> <u>Sterling Heights, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Program Advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/02/16</u> Date	\$ <u>\$200</u>

Subtotal this page **\$624.30**

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

1. Committee I. D. Number

138477

2. Committee Name

CTE Michael C. Taylor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Lung Association Address 55 W. Wacker Dr., Suite 1150 Chicago, IL 60601 <input type="checkbox"/> Fund Raiser	Purpose: Charitable contribution <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/16 Date	\$ 100
Expenditure #2 Name Carl Marlinga for Circuit Court Judge Address 19500 Hall Rd, Suite 100 Clinton Township, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: Fundraiser Ticket <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	03/03/16 Date	\$ 100
Expenditure #3 Name CTE Michael Servitto Address 491 N. Esplanade Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: Fundraiser Ticket <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/03/16 Date	\$ 100
Expenditure #4 Name Pure Amour Photography Address 1086 Mill Valley Ct Oxford, MI 48371 <input type="checkbox"/> Fund Raiser	Purpose: Photography Services <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	05/31/16 Date	\$ 125
Expenditure #5 Name Sterling Heights FOP Lodge 118 Address PO Box 180761 Utica, MI 48318 <input type="checkbox"/> Fund Raiser	Purpose: Golf Outing Sponsorship <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	06/06/16 Date	\$ 500

Subtotal this page

\$925.00

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

\$1,549.30

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138477
2. Committee Name CTE Michael C. Taylor

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 Owed to or by: Corp? <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/14/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>75.51</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>75.51</u> <input type="checkbox"/> FORGIVEN
--	---	----------------------------	----------------	--

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Owed to or by: Corp? <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/15/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>14.30</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>14.30</u> <input type="checkbox"/> FORGIVEN
--	--	----------------------------	----------------	--

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Owed to or by: Corp? <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/16/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>115.60</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>115.60</u> <input type="checkbox"/> FORGIVEN
--	---	----------------------------	----------------	---

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$205.41

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138477
2. Committee Name CTE Michael C. Taylor

This Schedule itemizes:				
a. <input checked="" type="checkbox"/> Debts and obligations owed by or forgiven the committee OR b. <input type="checkbox"/> 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 Owed to or by: <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/08/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>550.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>550.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/2/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>1107.82</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1107.82</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: <input type="checkbox"/> Yes Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10/1/09</u> 6. <u>Original Amount of Debt:</u> \$ <u>62.97</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>62.97</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Page Subtotal (Outstanding debt)				\$1,720.79
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138477
2. Committee Name CTE Michael C. Taylor

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 Owed to or by: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 Corp? <input type="checkbox"/> Yes	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>07/08/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 556.60</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 556.5 <input type="checkbox"/> FORGIVEN
---	--	----------------------------	---------	---

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Owed to or by: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 Corp? <input type="checkbox"/> Yes	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-7-11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1533.82</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 1533.82 <input type="checkbox"/> FORGIVEN
---	---	----------------------------	---------	---

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Owed to or by: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312 Corp? <input type="checkbox"/> Yes	4. Type: <u>In-Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-29-11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 130</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 130 <input type="checkbox"/> FORGIVEN
---	--	----------------------------	---------	---

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

\$2,220.32

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee LD. Number 138477
2. Committee Name CTE Michael C. Taylor

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 Owed to or by: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>09/07/11</u> 6. Original Amount of Debt: <u>\$ 159.00</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 159.00 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Owed to or by: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>9-7-11</u> 6. Original Amount of Debt: <u>\$ 23.30</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 23.30 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Owed to or by: Taylor, Michael C. 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In-Kind Loan</u> 5. Date Debt Was Incurred: <u>9-7-11</u> 6. Original Amount of Debt: <u>\$ 103.68</u>	\$ \$ \$ \$ \$	\$ 0.00	\$ 103.68 <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

\$285.98

Grand Total of all Schedules 1E

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138477
2. Committee Name CTE Michael C. Taylor

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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Michael C. Taylor 35651 Kensington Ave Sterling Heights, MI 48312	4. Type: <u>In Kind Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/29/11</u> 6. <u>Original Amount of Debt:</u> <u>\$ 94.34</u>	\$ \$ \$ \$ \$	\$	\$ <u>94.34</u> <input type="checkbox"/> FORGIVEN
--	---	----------------------------	----	--

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes	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)

\$94.34

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

\$4,526.84

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.