

CANDIDATE COMMITTEE COVER PAGE Report must be legible, typed or printed in ink and signed by 3. This

FOR OFFICIAL USE ONLY

the treasurer (or designated record keeper) and ca	signed by andidate.	3. This Statement covers From	· 8/23/16	_{to} 10/2	3/16	
1. Committee I.D. Number 0136802		4. Candidate Last Name MELTZER	First KIM	Name		M.I.
2. Committee Name CTE KIM MELTZER		4a. Office Sought Including Dis Clerk 4b. County of Residence MA		Served (If app	olicable)	
5 Committee's Mailing Address 20585 LEELANAU TRAIL CLINTON TWP MI 48038		6. Treasurer's Name & Reside 20585 LEELANAU T CLINTON TWP MI 4	ntial Address RAIL		## C ## 16	
Area Code and Phone If the address in this box is different from the comm mailing address on the Statement of Organization, is be sent to this address by the filing official.	ittee πail may	Area Code & Phone	09-1321	r	OCT 28 AM	FILED
7. Treasurer's Business Address 40700 ROMEO PLANK RD CLINTON TWP MI 48038		Designated Record keeper' Designated Record keeper)	s Name and Mailing	ë >	Committee ha	is a
Area Code and Phone		Area Code and Phone	l 9e.			
9a. Pre-Election OR 9b. Post-Election Pre-Election or Post-Election Statement relates to: Primary	Required ON is not on the current year:		By checking the by the committee to by discharged and the committee. The owes no lates fees.	o the candidate forgiven, and n e committee ha	e or his or her s no longer collect as no oustandi	spouse is here ctible from
General Convention	October Q	uarterly	Further, if the dissol considered a reques	lution cannot b st for the Repo	e granted, that orting Waiver.	t this be
Special School		l Statement () Coverage Year dment to Campaign Statement	Effective	date of dissolu	ition	
Caucus	(Comp	olete Item 9a, 9b, 9c or 9e to te which Statement is being ded.)	Note: The disposition Schedule 1B and the			reported on
Date of Election, Convention or Caucus NOV. 8, 2016						
10. Verification: I\We certify that all reasonable dilige my\our knowledge and belief the contents are true, a			ent and attached sch	edules (if any)	and to the be	st of
Current Treasurer or Designated Record keeper		, K. Meets	ej	Date	10/28/16)
Type or Print Name KIM MELTZER Candidate		Signature Nelts	21	Date	10/28/16	;
Type or Print Name		Signature	. •	- Date	,	

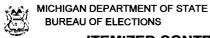


		1234	150	3
Committee LD	Number			_

SUMMARY PAGE

2. Committee Name Committee To Elect John Smith

CANDIDATE COMMITTEE		
RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
	(3a.) \$	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 10850.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 10850.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	42,871.44 (8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) \$	
(Add Line 10a + Line 10b)	(11.) \$	(24.) \$
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	07 500 67	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(42h) ¢	
	(12b.) \$ BALANCE STATEMENT	
10.5 F. B.L. (10.10-0.15-1	33.615.49	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)		
14. Amount received during reporting period	(14.) + \$ 10850.00	
(Line 5, Total Contributions & Other Receipts)	44.465.49	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	
16. Amount expended during reporting period (Add lines 9 and 11)	42,871.44	
17. ENDING BALANCE	1594.05	
(Subtract line 16 from line 15)	(17.) \$ 1594.05	*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

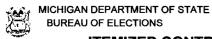
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE KIM MELTZER 2. Committee Name

Enter contributor's name middle initial. Check box Committee (PAC) Report	to indicate if cont	ribut	ion is from a Political Co		nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: NYGARD, ROBE	PAC Receipt?		YES 4. Date of Re	eceip	9/30/16	•	date of footpey
35114 UTÍCA RD CLINTON TWP.,						100.00 \$	100.00
5. If over \$100.00 cumul	ative, please pro	vide	:			Click Here	for Memo Itemization
Occupation		E	mployer			Olick Here	or wellio itemization
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser	_	
3. Contribution #2	PAC Receipt?	7	YES 4. Date of Re	eceip	t 9/28/16		
Name & Address GEORGE, JOSE 19634 WESTCHI CLINTON TWP.,	ESTER DR					1500.00	1500.00
5. If over \$100.00 cumul employed			: DELTA MA	NA	GEMENT CO.	Click Here f	or Memo Itemization
Occupation10 S Business Address	MAIN #403	_	T. CLEMENS M	1 48	8043		
Type of Contribution:	Direct	$\overline{1}$	Loan from a person	V	Fund Raiser		
3. Contribution # 3 Name & Address: BISCHOFF, MICI 46575 NORTH A' MACOMB TWP N	٧E		YES 4. Date of R	Receip	ot 10/7/16	\$ 100.00	_ \$
5. If over \$100.00 cumul	ative, please pro	vide	:			Click Here for	or Memo Itemization
Occupation		_ =	mployer				
Business Address							
Type of Contribution:	Direct		Loan from a person	'	Fund Raiser		
3. Contribution #4 Name & Address LEWICKI, RONA 8147 RIVER RD COTTRELLVILLE			YES 4. Date of F	Recei	10/7/16	100.00	600.00
5. If over \$100.00 cumul OWNEF Occupation	ative, please pro	vide _			AUTOMOTIVE WHO	Click Here fo	or Memo Itemization
Business Address		$\overline{\Box}$	Loan from a person		Fund Raiser		
Type of Containing	Direct		Loan nom a person	V	Page Subtotal	1800.00	
			(C		rage Subtotal and Total of All Schedules 1A ete on last page of Schedule)	Enter this total on	
Page of						line 3a of Summar Page.	у



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

0136802

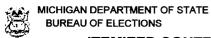
Page.

1. Committee I.D. Number

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt 9/28/16	•	
BROAD, GARY		
20580 MOXON DR		
CLINTON TWP. MI 48036	1450.00	2000.00
OCHIVIOIV VVI : IVII 40000	\$	\$
5. If over \$100.00 cumulative, please provide: OWNER _ MIDWEST STEEL INC	Click Here fo	or Memo Itemization
Occupation Employer 2525 E. GRAND BLVD DETROIT MI		
Business Address 2323 E. GRAND BLVD DETROTTIVIT		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 9/28/16		
Name & Address		
GEORGE JR., JAMES	4500.00	4=00.00
19634 WESTCHESTER DR	s 1500.00	ູ 1500.00
CLINTON TWP. MI 48038	<u> </u>	Ψ
E Maria 6400 00 amendados ala característica	Click Horo to	r Memo Itemization
5. If over \$100.00 cumulative, please provide: EMPLOYEE DELTA MANAGEMENT	Click Here to	i Memo nemization
Occupation Employer		
Business Address 10 S MAIN #403 MT. CLEMENS MI 48043		
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 9/28/16		
Name & Address:		
GEORGE, JOHN	1500.00	4500.00
19634 WESTCHESTER DR	\$ 1500.00	1500.00
CLINTON TWP. MI 48038		Ψ
	Click Here for	Memo Itemization
5. If over \$100.00 cumulative, please provide: EMPLOYEE DELTA MANAGEMENT		
Occupation Employer		
Business Address 10 S MAIN #403 MT. CLEMENS MI 48043		
Type of Contribution: Direct Loan from a person V Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt 10/7/16		
Name & Address ———————————————————————————————————		
GRATIOT AVE BUSINESS ASSOC. LLC		
59 WALNUT STE 206	100.00	100.00
MT. CLEMENS, MI 48043	\$	\$
5. If over \$100.00 cumulative, please provide:	Click Here for	Memo Itemization
Occupation Employer		
Business Address		
Type of Contribution: Direct Loan from a person Fund Raiser		
Page Subtotal	4550.00	
Grand Total of All Schedules 1A		
(Complete on last page of Schedule)	L	J
2	Enter this total on line 3a of Summary	

Page 2 of 3



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

2. Committee Name

CTE KIM MELTZER

	ox to indicate if cor	ıtribı	ution is from a Political Cor ardless of amount.	nmit	·	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	Т	YES 4. Date of Re	ceip	ot 10/21/2016		
Name & Address: Webber, Wayne	1	!	3				
49536 Goulette							
New Baltimore,						500.00 \$	500.00 \$
5. If over \$100.00 oun	nulative, please pr	ovid	le:			Click Horo f	or Memo Itemization
Occupation			Employer			Click Here is	or Memo nemization
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution #2	PAC Receipt?			cein	t 10/23/2016		
Name & Address	FAC Receipt:	L	4. Date of Ne	ССІР			
MILLS, ROSAL	ΙE						
5653 N LAKE D						1000.00	1000.00
KIMBALL MI 48	3074					\$	
5. If over \$100.00 our		bivo	e:			Click Here fo	or Memo Itemization
RETIRI	=D	_ E	mployer				
Business Address							
Type of Contribution:	Direct	✓	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address: MELTZER, KIM	PAC Receipt?		YES 4. Date of Re	ecei	nt 10/23/2016		
20585 LEELAN						3000.00	3000.00
CLINTON TWP	MI 48038					Ψ	- \$ <u> </u>
5 15 0400 00						Click Here fo	r Memo Itemization
5. If over \$100.00 our OWNE		DIVO	e: SELF				
Occupation		<u>ک</u> ا	Employer				
Business Address			MEO MI 48065				
Type of Contribution:	Direct	∠	Loan from a person		Fund Raiser		
3. Contribution # 4	PAC Receipt?		YES 4. Date of R	ece	ipt		
Name & Address			_				
						\$. \$
5. If over \$100.00 our	ulative please pr	ovid	.				
	initiality, produce pr		- .			Click Here fo	r Memo Itemization
Occupation		_	Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person	$\overline{\neg}$	Fund Raiser		
				_	Page Subtotal	4500.00	
				_	•	10850.00	-
			(Co		and Total of All Schedules 1A	10000.00	

Page <u>3</u> of <u>3</u>

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number ____

CTE KIM MELTZER

CANDIDATE COMM	IITTEE 2. Committee Name		
Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	Type of In-Kind Contribution (Check applicable box) Date of Receipt Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution #1 PAC Receipt? Yes Name & Address: Johnson, John 48280 Sugarbush Chesterfield MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN fundraiser food 5. Date Of Receipt: 10/7/2016 6. Vendor Name & Address:	50.00 s	50.00
Fund Raiser Contribution Contribution #2 PAC Receipt? Yes Name & Address Meltzer, Clarence 20585 Leelanau Trail	4. Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated Goods or Services Purchased by Candidate or Others	216.76	216.76
Clinton Twp., MI 48038 If over \$100.00 oumulative, please provide: Occupation: Employer Name & Address: CAMmand Machining LLC 101 Shafer Dr. Romeo, MI 48065	Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Tractor Supply 66143 VanDyke Washington, MI 48095	ck Here for Memo Ito	emization
Fund Raiser Contribution Contribution #3 PAC Receipt? Yes Name & Address: If over \$100.00 cumulative, please provide:	4 Endorsement or Guarantee of Bank Loan Goods Donated or Loaned Services Donated \$ Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN Description	\$	
Occupation: Employer Name & Address: Fund Raiser Contribution	Date Of Receipt: Cli Cli Cli Cli Cli Cli Cli	ck Here for Memo It	emization
1 and reaser community	Page Subtotal	1	
	Grand Total of all Schedules 1-ll (Complete on last page of Schedule	316.76	

on line 6 of Summary Page

Page ______ of _______



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

0136802

1. Committee I. D. Number

2. Committee Name

Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name DAVID LEDUC	LIT DESIGN	10/17/1 6	\$ 30.00
2280 CUMBERLAND ROCHESTER HILLS MI 48307		lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2		10/20/16	
Name MAJORITY STRATEGIES Address	LITERATURE Purpose:	Date	\$ 6509.12 ————
12854 KENAN DR. STE 145 JACKSONVILLE, FL 32258	_	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name MANHATTAN MAILERS		10/21/16 Date	\$ 3817.53 ————
Address 51132 MILANO DR	Purpose:		
MACOMB MI 48042	Click H	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name USPS	074400	10/13/16	_{\$} 34.00
Address 42383 GARFIELD	Purpose:	Date	
CLINTON TWP., MI 48038	Click H	ere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name CTE KATHY VOSBURG		10/11/16	s 100.00
Address 47395 SUGARBUSH	Purpose:	Date	100.00
CHESTERFIELD MI 48047		lere for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	tal this page	10490.65
	Grand Total of all ((Complete on last page		

Enter this total on line 8a of Summary Page

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Page	/ of	
raye	•0	



ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

0136802

1. Committee I. D. Number

CTE KIM MELTZER

CANDIDATE COMMITTEE 2. CA	ommittee Name		
3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name WIX.COM	WEBSITE Purpose:	9/15/16 Date	\$ 9.90
AddressOX 40190 SAN FRANCISCO, CA		Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name WIX.COM		9/15/16	_{\$} 120.00
Address	WEBSITE Purpose:	Date	<u></u>
PO BOX 40190 SAN FRANCISCO, CA	Click H	Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name CLINTON TWP. GOODFELLOWS	DONATION/SPONSO	9/14/16	_{\$} 240.00
Address PO BOX 380643	Purpose:	Date	
CLINTON TOWNSHIP MI 48038	Click	lere for Memo I	emization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name SAWICKI & SONS		9/14/16	0007.45
Address	SIGNS	Date	\$ 3267.45 ————
1521 W. LAFAYETTE	Purpose:		
DETROIT MI 48216	Click F	Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name MICHIGAN GOP		9/12/16	
Address 520 SEYMOUR	Purpose: MEET & GREET	Date	\$ 50.00
LANSING MI 48933	Click I	Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
UI	Subto	otal this page	3687.35
	Grand Total of all (Complete on last pag		

Enter this total on line 8a of Summary Page



SCHEDULE 1B CANDIDATE COMMITTEE

0136802

1. Committee I. D. Number

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CTE CATHY KIRK		9/12/16	100.00
Name OTE OMITTINITY	DONATION	Date	\$ 100.00
19500 HALL RD	Purpose:	Duic	
CLINTON TWP MI 48038	Click F	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name CTE PHIL RODE		9/1/16	s 100.00
Address	DONATION Purpose:	Date	
36097 ACTON CLINTON TWP MI 48036	Click H	Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name MAJORITY STRATEGIES		8/31/16	s 2905.00
Address KENAN DD CTE 145	Purpose:	Date	\$
12854 KENAN DR STE 145 JACKSONVILLE, FL 32258	Click H	Here for Memo	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name CTE LINDA TORP		8/23/16	E0 00
	DONATION	Date	\$ 50.00
Address 38870 RYAN CT	Purpose:		
HARRISON TWP MI 48045	Click F	tere for Memo	Itemization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name MAJORITY STRATEGIES		10/14/16	04004 E
Address	LITERATURE Purpose:	Date	\$ 24894.5
12854 KENAN DR STE 145			
JACKSONVILLE, FL 32258	Click I		Itemization Type
Fund Raiser	debt or obligation reported on previous		
Tanada.		otal this page	28049.51
	Grand Total of all	Schedules 1B	
	(Complete on last pag	e of Schedule)	

Enter this total on line 8a of Summary Page

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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
Expenditure #1		40/4/40	
Name ULINE		10/4/16	_{\$} 209.64
Address	PLASTIC LIT BAGS	Date	·
PO BOX 88741	•		
CHICAGO IL 60680	Click H	lere for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name FACEBOOK		10/3/16	_s 10.00
	_ AD	Date	*
Address	Purpose:		
	Click H	lere for Memo i	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous		
Expenditure #3	statement		
Name JUAN MIGUELS		10/0/16	
Name JOAN WIGOLES	VOLUNTEED FOOD	10/3/16	_{\$} 25.59
Address	VOLUNTEER FOOD Purpose:	Date	
21342 HALL RD CLINTON TWP MI 48038		ore for Momo I	temization Type
CENTON TWF WII 48038		ICIC IOI MICITIO I	ternization Type
lm	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #4			
Name ITALIAN TRIBUNE		10/3/16	_{\$} 277.00
Address	AD	Date	
PO BOX 380407	Purpose:		
CLINTON TWP., MI 48038	Click H	lere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name KROGER		9/27/16	
	VOLUNTEER FOOD	Date	_{\$} 52.75
Address 41941 GARFIELD	Purpose:	Date	
CLINTON TWP MI 48038	Click H	lere for Memo	Itemization Type
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
	Subto	tal this page	574.98
	Grand Total of all	Schodules 1P	Amount dom
	Grand Total of all s	odiedules IB	-

Enter this total on line 8a of **Summary Page**



SCHEDULE 1B CANDIDATE COMMITTEE

0136802

1. Committee I. D. Number

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FOREST, JOHN	OFFICE	10/8/16	_{\$} 30.10
43857 CATAWBA CLINTON TWP MI 48038		Date Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2 Name FOREST, JOHN	055105	10/8/16	_{\$} 4.23
Address 43857 CATAWBA CLINTON TWP MI 48038	Purpose:	Date Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		, , , , , , , , , , , , , , , , , , ,
Expenditure #3 Name FOREST, JOHN	0	10/8/16	_{\$} 34.62
Address 43857 CATAWBA CLINTON TWP MI 48038	Purpose:	Date Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name			•
Address	Purpose:	Date	•
	Click I		temization Type
Fund Raiser	statement		
Expenditure #5 Name			
Address	Purpose:	Date	\$
Fund Raiser	Click Check box if this expenditure is payment of debt or obligation reported on previous statement		Itemization Type
	Subt	otal this page	68.95
	Grand Total of all		42871.44

Enter this total on line 8a of Summary Page



DEBTS AND OBLIGATIONS 1.0	01368 Committee I.D. Number	902		
SCHEDULE 1E CTE Kim Meltzer				
	CIE NIII IV	NOILZEI		
This Schedule liamizes:				
Debts and obligations owed by or forgiven the corr (Che	unities OR b. Debt ck either a or b. Use only for the po	is and obligations owed <u>to</u> or urpose chacked.)	forgiven by the cor	mrillee.
Nume and Mailing Address of person, vendor or financial institution to whom dubt is owed.	Type of Obligation (Description) Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guerantors, if any.	incurred 6. Indicate original amount of debt			(Nom 6 minus Nom 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:			
Kim Meltzer 20585 Leelanau Trail	5. Date Debt Was Incorred: 04-11-2012	<u>s</u>		00.04574
Clinton Twp., MI 48038	6. Original Amount of Debt: 29,95		\$	s_28,815.74
If bank loan, name of endorser or guarantor.	\$	3		FORGIVEN
			unt Endormed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type:	<u> </u>		
Kim Meltzer 20585 Leelanau Trail	5. Date Debt Was Incurred: 04-15-2012	s		00.005.41
Clinton Twp., MI 48038	6. Original Amount of Date: \$ 10.17	\$	\ s	28,825.91
		\$		FORGIVEN
If bank foan, name of endorser or guarantor:		An	ount Endorsed: \$	
Dubt #3 Corp? Yes Owed to or by:	4. Type: loan	8		
Kim Meltzer 20585 Leelanau Trail	5. <u>Pate Polit Was Insured:</u> 04-18-2012	<u> </u>		29,125.4/
Clinton Twp., MI 48038	6. Original Amount of Data: 300.00	\$	\$	\$_Z9,123.7/
If benk loan, name of endorser or guerantor:		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	340.12
(C	complete on test page of Schedule :	Grand Total o	of all Schedules 1E r to the committee)	29,125.91

A datk or obligation must be shown on this Schodule If there was an outstanding emount cored 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 Summery Page

Page 1 of 10

DEBTS AND OBLIGATIONS 1.0	01368 Committee I.D. Number	102		
SCHEDULE 1E	CTE Kim N	A eltzer		
CANDIDATE COMMITTEE 2.0	Committee Name			·
This Schedule itemizes:				
	ack either a or b. Use only for the pa	is and obligations owed <u>to</u> or urpose checked.)	forgiven by the con	
Name and Mailing Address of person, vendor or financial institution to whom debt is owned. Check box to indicate whether debt is owned to an incorporated business. If debt is a bent ions, please provide information regarding the endorsers or guerantors, 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 (florn 6 minus Hern 8)
Debt #1 Corp? Yes Owed to or by:	loan 4. Type:			
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Proto Brokt Was Incoursed:</u> 04-18-2012 6. <u>Original Amount of Debt:</u> 250.00	\$	s	s29,375.9/ □FORGIMEN
If bank loan, name of endorser or guerantor.		Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	\$		
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Pate Debt Was Incurred:</u> 04-22-2012 6. <u>Orishaal Amount of Debt:</u> 15.90		s	s_29,391.94
If best loen, name of endorser or guerantor:			ount Endomed: \$_	FORGIVEN
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	\$\$		
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. <u>Date Debt Was Incorred:</u> 04-24-2012 6. <u>Original Amount of Date:</u> 300.00	\$ 	s	\$ 29,691 <i>9/</i>
If bank loan, name of endorser or guarantor.		^	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	565.90
A dubt or obligation must be shown on this Select	Complete on last page of Schedule late if there was an outstanding a	showing amounts owed by o amount owed on it at the el		29,691.81 Enter this total on line 12a "oued by" or line 12b "oued to" of the Summary Page
A dubt or obligation must be shown on this Sahod this Campaign Statement or it was forgiven during	iule if there was an outstanding a g the pariod covered by this Cam	uncunt cand on it at the ei paign Statement.	loaing date of	

Page 2 of 10

DEBTS AND OBLIGATIONS	01368 Committee LD. Number	102		
SCHEDULE 1E	CTE Kim N	faltzer		
	Committee Name	MOILZ GI		
This Schedule Bernizes:				
Debts and obligations overlity or forgiven the co	mmittee OR b. Detri	is and obligations owed <u>to</u> or irpose checked.)	forgiven by the co	mmillee.
Harve and Malling Address of person, vandor or financial inellution to whom debt is ewed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank losn, please provide information regarding the endorsers or querantors, 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 (liam 6 minus tiem 8)
Dubt #1 Corp? Yes Owed to or by:	4. Type:			
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred:</u> 04-25-2012	<u>\$</u>		29,696.5/
Clinton Twp., MI 48038	6. Original Amount of Debt: 5.00	<u> </u>	\$	FORGIVEN
If bank loan, name of endorser or guerantor:		<u> </u>	wrt Endorsed: \$ _	
Debt #2 Corp? Yes	loan	<u> </u>	I CINGGEO	1
Owed to or by:	4. Type:	\$		
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred:</u> 05-01-2012	s		
Clinton Twp., MI 48038	6. Original Amount of Debt:	<u> </u>	ls	s_29,946.81
	ş_250.00	<u> </u>		FORGMEN
		\$		I-CAGIVEN
If bank toen, name of endorser or guerantor:		Arr	ount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	<u> </u>		
Kim Meltzer	5. <u>Pain Point Was Incurred:</u> 05-21-2012	\$		
20585 Leelanau Trail		<u> </u>		29,962.71
Clinton Twp., MI 48038	6. <u>Original Amount of Data:</u> 15.90	S	· \$	FORGIVEN
If bank loan, name of endorser or guarantor:		\$ Ar	nount Endorsed: \$_	
				270.90
		Page Subtotal	(Outstanding debt)	
6	Complete on last page of Schedule		of all Schedules 1E r to the committee)	29,962.71
'				Enter this total

A dold or obligation must be shown on this Schedule If there was an outstanding amount cored on it at the closing date of this Compaign Statement or it was forgiven during the period covered by this Compaign Statement. Enter this total on line 12a "awed by" or line 12b "owed to" of the Summary Page

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DEBTS AND OBLIGATIONS 1, Committee I.D. Number				
SCHEDULE 1E CTE Kim Meltzer				
CANDIDATE COMMITTEE 2	Committee Name			
This Schedule Bernigue:				
Debts and obligations owed by or forgiven the co	immittee OR b. Debi	ts and obligations owed <u>to</u> or urpose checked.)	r forgiven <u>by</u> the cor	nrnitise.
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check bex to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	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 (flom 6 minus item 8)
Quarantors, if any. Debt #1 Corp? Yes Owed to or by:	loan 4. Type:			
Kim Meltzer 20585 Leelanau Trail	5. <u>Rate Petet Was Jacoured:</u> 06-13-2012	<u> </u>		29,96421
Clinton Twp., MI 48038	6. Original Amount of Debt:	<u> </u>	\$	FORGIVEN
If benk loan, name of endorser or guerantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	8		
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred:</u> 06-20-2012	S		//
Clinton Twp., MI 48038	6. Original Amount of Debt. 25.44	<u> </u>	ls	\$_29,990.6
	——————————————————————————————————————	<u> </u>		FORGIVEN
If bank loan, name of endorser or guarantor:		Arr	ount Endormed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: loan	s		
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incorrect</u> 06-21-2012	3		
Clinton Twp., MI 48038	6. Original Amount of Debt. 15.90	\$	s	30,00665
If bank loan, name of endorser or guarantor:		<u>\$</u>	nount Endorsed: \$	L. J. CHOYER
net, neme or wasted to general.				40.04
		Page Subtotal	(Outstanding debt)	42.84
	(Complete on last page of Schedule		of all Schedules 1E r to the committee)	
	• • •	-	•	Enter this total

A daixt or chilgation must be shown on this Schedule If there was an outstanding amount creed 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 "awed by" or line 12b "awed to" of the Summary Page

Page 4 of 10

SCHEDULE 1E CANDIDATE COMMITTEE This Schedule itemizes: Debts and obligations awadby or forgiven the of the control of the	4. Type of Obligation (Description) 5. Indicate date data was incurred 6. Indicate original amount	Acitzer	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (florn 6 minus item 8)
provide information regarding the endorsers or guarantors, if any. Debt #1 Corp? Yes Owed to or by: Kirn Meitzer 20585 Leelanau Trail Clinton Twp., MI 48038 If bank toan, name of endorser or guarantor: Debt #2 Corp? Yes Owed to or by:	of debt Oan	\$	\$sunt Endorsed: \$ _	s_30,020.72
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038 If benk losn, name of endorser or guarantor: Debt #3 Corp? Ves Owed to or by:	5. Date Daht Was Incurred: 07-06-2012 6. Original Assount of Daht: 33.68	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	s	\$_30,054.40
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038 V benk loen, name of endorser or guerantor:	5. Date Debt Was Incurred: 7-21-2012 6. Original Assount of Debt: 15.90	\$	S	30,070.4 FORGIVEN
				65.60

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

Grand Total of all Schedules 15 30,070.46 (Complete on last page of Schedule showing amounts owed by or to the committee) on line 12a "owed by" or line 12b "owed to" of the **Summery Page**

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DEDTO AND ODLIGATIONS	01368	002		
SCHEDULE 1E	committee I.D. Number CTE Kirm N	leitze r		
CANDIDATE COMMITTEE 2.0	Committee Name			
This Schedule Bernizes:				
Debts and obligations used by or forgiven the corr (Che	emittee OR b. Debi	s and obligations owed <u>in</u> o	r forgiven <u>by</u> the co	mmilliee.
Nume and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guerantors, if any.	incurred 6. Indicate original amount of debt			(lism 6 minus them 8)
Debt #1 Corp? Yes Owed to or by:	loan 4. Type:			
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred:</u> 10-11-2012			
Clinton Twp., MI 48038	6. Original Amount of Debt:	\$	s	s_31,070.4
	s		İ	FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes. Ownd to or by:	4. Type: loan			
Kim Meltzer 20585 Leelanau Trail	5. Date Debt Was Incurred: 09-21-2012			24 000 %
Clinton Twp., MI 48038	6. Original Amount of Debt. 15.90	<u> </u>	s	s_31,086.36
		\$		FORGIVEN
If benit loan, name of endorser or guarantor:		At	nount Endorsed: \$	
Debt #3 Corp? Yes Owed to or by:	4. Type: 1020			
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Debt Was Incurred:</u> 10-21-2012	<u> </u>		
Clinton Twp., MI 48038	6. Original Amount of Debt	s	\ s	31,106.24
	\$ 13.30			FORGIVEN
If benk loan, name of endorser or guerantor:		A	mount Endarsed: \$_	
		Page Sublista	i (Outstanding debt)	1035.80
(0	Complete on last page of Schedule	Grand Total showing amounts owed by e	of all Schedules 1E or to the committee)	
				Enter this total

A dokt or obligation must be shown on this Schodule if there was an outstanding amount cored on it at the closing date of this Campaign Statement or it was furgiven during the period occurred by this Campaign Statement. Enter this total on line 12a "owed by" or line 12b "owed to" of the Summery Page

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DEBTS AND OBLIGATIONS 1.0	01368 Committee I.D. Number	102		
SCHEDULE 1E CTE Kim Meltzer CANDIDATE COMMITTEE 2. Committee Name				
This Schedule itemizes: Dobts and obligations owedby or forgiven the core (Che	nutitiee OR b. Dubli	is and obligations owed <u>to</u> or upone chacked.)	forgiven by the cor	ggr illee .
3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate dute dath was incurred 6. Indicate original amount of dath	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (item 6 minus item 8)
Debt #1 Corp? Yes Owed to or by: Kim Meltzer	4. Type: Note Debt Was Incurred:	<u> </u>		
20585 Leelanau Trail Clinton Twp., MI 48038	11-06-2012 6. Original Amount of Data: 29.58	<u> </u>	s	\$_31,185.84
If bank loan, name of endorser or guarantor:		- S - Amo	· writ Endorsed: \$	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	\$		
Kim Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	5. Date Debt Was Incurred: 11-06-2012 6. Original Amount of Debt: 5.54	\$ 	s	31,151. ≸
If bank loan, name of endorser or guarantor:			ount Endorsed: \$	
Outst 13 Corp7 Yes Owed to or by: Kirn Meltzer 20585 Leelanau Trail Clinton Twp., MI 48038	4. Type: loan 5. Date Date Was incurred: 11-06-2012 6. Oxininal Associat of Date: 20.13	\$ \$ \$ \$	\$	31,171. <i>5</i> 1 □FORGIVEN
If bank loan, name of endorser or guarantor.		Ar	nount Endorsed: \$_	
	complete on lest page of Schadule :	Grand Total	(Outstanding debt) of all Schedules 1E	65.25 31,171.51
•	ule if there was an outstanding a			Enter this total on line 12s "owed by" or line 12b "owed to" of the

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

Summery Page

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DEBTS AND OBLIGATIONS 1.0	01368 Committee LD. Number	002		
SCHEDULE 1E	CTE Kim N	leitzer		
This Schedule Bernizus:				
Debts and obligations owed by or forgiven the com	milities OR b. Debt ck either a or b. Use only for the pu	s and obligations owed to or spoon checked.)	forgiven by the cor	mmillee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period
Chack box to indicate whether delet is great to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	incurred 6. Indicate original amount of debt			(Rom 6 minus Rom 8)
Debt #1 Corp? Yes Owed to or by:	4. Type:			
Kim Meltzer	5. Date Beld Was Incurred:			[
20585 Leelanau Trail	10-06-2012	\$	_	31,207.64
Clinton Twp., MI 48038	6. Original Amount of Dobt: 36.15	<u> </u>	\$	FORGIVEN
	——————————————————————————————————————			, —
If bank loan, name of endorser or guarantor:		Amo	unt Endorsed: \$ _	
Debt #2 Corp? Yes Owed to or by:	4. Type: loan	<u> </u>		
Kim Meltzer 20585 Leelanau Trail	5. <u>Date Date Was Incurred:</u> 11-06-2012			
Clinton Twp., MI 48038	6. Original Amount of Daht: 9.32	\$	·	31,126.7
	-	\$		FORGIVEN
If bank loan, name of endorser or guarantor.		Am	ount Endorsed: \$	
Dubt #3 Corp? Yes Owed to or by:	4. Type: loan	<u> </u>		
Kim Meltzer	5. <u>Date Debt Was Incurred:</u> 10-23-2012			
20585 Leelanau Trail				31,220.73
Clinton Twp., MI 48038	6. Original Amount of Date 3.75	\$	· \$	FORGIVEN
		<u> </u>		
If bank loan, name of endorser or guarantor.		An	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	49.22
· (c	Complete on last page of Schedule :		of all Schedules 1E v to the committee)	31,220.73

A dahlt or ebligation must be shown on this Schedule if there was an outstanding amount cured on it at the elecing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement. Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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0136802 **DEBTS AND OBLIGATIONS** 1. Committee I.D. Number SCHEDULE 1E CTE Kim Meltzer 2. Committee Name **CANDIDATE COMMITTEE** This Schedule Bernizes: 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, vandor or 7. Date and amount of 4. Type of Obligation 8. Cumulali 9. Outstanding payment to date on debt financial institution to whom debt is own (Description)
5. Indicate date debt was each payment lance at close of this period Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or (Nam 6 minus Nam 8) 6. Indicate original amount of debt guerantors, if any. Debt #1 Corp? Yes loan Owed to or by: 4. Type:_ Kim Meltzer 5. Date Dobt Was Incurred: 10-24-2012 20585 Leelanau Trail \$ 32,120.79 Clinton Twp., MI 48038 6. Original Amount of Debt' 900.00 ORGIVEN If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Dold #2 loan

If bank loan, name of endorser or guarantor: **Amount Endorsed: \$** Debt #3 Com? loan 4. Type: Owed to or by: 5. Date Debt Was Incurred: Kim Meltzer 10-30-2012 20585 Leelanau Trail 34,220.73 6. Original Amount of Debt Clinton Twp., Mi 48038 \$ 1600.00 FORGIVEN

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E 34,220.73 (Complete on test page of Schedule showing amounts outed by or to the committee)

Amount Endorsed: \$

\$

\$

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

3000.00

32.620.75

FORGIVEN

A debt or obligation must be shown on this Schodule If there was an outstanding amount cored on it at the closing date of this Campaign Statement or it was forgiven during the period occurred by this Campaign Statement.

4. Type:

5. <u>Date Debt Wes Incurred</u>: 10-30-2012

6. Original Amount of Dai

500.00

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Owed to or by:

Kim Meltzer

20585 Leelanau Trail

Clinton Twp., Mt 48038

If bank loan, name of andorser or guarantor:



DEBTS AND OBLIGATIONS SCHEDULE 1E

0400000

I. Committee I.D. Num	0136802 aber	
(2. Committee Name	CTE KIM MELTZER	

CANDIDATE COMMITTEE 2. C	ommittee Name			
This Schedule itemizes:				
Debts and obligations owed by or forgiven the com (Chec	mittee OR b. Debt	s and obligations owed <u>to</u> o rpose checked.)	or forgiven <u>by</u> the co	mmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to of by: KIM MELTZER	4. Type:	\$		
20585 LEELANAU TRAIL CLINTON TWP MI 48038	5. <u>Date Debt Was Incurred</u> : 1/18/13	\$		34,376 . <i>91</i>
	6. Original Amount of Debt:		\$	FORGIVEN
If bank loan, name of endorser or guarantor:	100	Am	ount Endorsed: \$ _	
Debt #2 Corp? Yes CLARENCE MELTZER 20585 LEELANAU TRAIL	4. Type: LOAN 5. <u>Date Debt Was Incurred</u> : 9/30/16	\$		
CLINTON TWP MI 48038	6. Original Amount of Debt:	\$	\$	\$_34,593. ⁴⁷
If bank loan, name of endorser or guarantor:		\$	nount Endorsed: \$_	I ONGIVER
Debt #3 Corp? Yes	LOAN		Hount Endorsed. #=	1
KIM MELTZER 20585 LEELANAU TRAIL	4. Type:	\$ \$		
CLINTON TWP MI 48038	6. Original Amount of Debt. 3000.00	\$ \$	\$	\$_37593.67
If bank loan, name of endorser or guarantor:		\$A	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	
(Co	omplete on last page of Schedule s	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	37,593.67

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



0136802

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number ______
CTE KIM MELTZER

2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -6. Address and Name (If any) of the 3. Date Event Was Held 4. Number of Individuals Attending 5. Type of Fund Raising Activity place where the activity was held.
THE PANTRY or Participating (whichever is greater) 10/7/206 44875 MORLEY DR 5 **BREAKFAST** CLINTON TWP. MI Private Residence 6250.00

7. Total Contributions		
3. Other Receipts		
9. Gross Receipts (Add lines 7 and 8)	6250.00	
10. Total Cost of Event	\$50.00	
	ns and All Expenditures Made For the Event)	
11. Check if event was a joint fund r	raiser and complete the following:	
Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
		

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

Page	 _ of	 _
-		