



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.

3. This Statement covers From: 8/23/16 to 10/23/16

1. Committee I.D. Number

0136802

4. Candidate Last Name

MELTZER

First Name

KIM

M.I.

2. Committee Name

CTE KIM MELTZER

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

Clerk

4b. County of Residence **MACOMB**

5. Committee's Mailing Address

**20585 LEELANAU TRAIL
CLINTON TWP MI 48038**

6. Treasurer's Name & Residential Address

**20585 LEELANAU TRAIL
CLINTON TWP 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.

Area Code & Phone

586-709-1321

7. Treasurer's Business Address

**40700 ROMEO PLANK RD
CLINTON TWP MI 48038**

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

Area Code and Phone

Area Code and Phone

FILED
16 OCT 28 AM 9:47
CATHLEA SAUNDERS
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

9. TYPE OF STATEMENT

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

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

9e.

☐ 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.

Pre-Election or Post-Election Statement relates to:

☐ Primary

☒ General

☐ Convention

☐ Special

☐ School

☐ Caucus

☐ 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.)

Date of Election, Convention or Caucus

NOV. 8, 2016

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 **KIM MELTZER**

Designated Record keeper

Type or Print Name

Signature

Date

10/28/16

KIM MELTZER

Candidate

Type or Print Name

Signature

Date

10/28/16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 123456-7

2. Committee Name Committee To Elect John Smith

**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>10850.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>10850.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>10850.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>316.76</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>42,871.44</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	_____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>42,871.44</u>	
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)	(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>37,593.67</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>33,615.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>10850.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>44,465.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>42,871.44</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>1594.05</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>9/30/16</u> Name & Address: NYGARD, ROBERT 35114 UTICA RD CLINTON TWP., MI 48035		100.00 \$	100.00 \$
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/16</u> Name & Address: GEORGE, JOSEPH 19634 WESTCHESTER DR CLINTON TWP., MI 48038		1500.00 \$	1500.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>employee</u> Employer <u>DELTA MANAGEMENT CO.</u> Business Address <u>10 S MAIN #403 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>10/7/16</u> Name & Address: BISCHOFF, MICHAEL 46575 NORTH AVE MACOMB TWP MI 48042		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 type="checkbox"/> YES 4. Date of Receipt <u>10/7/16</u> Name & Address: LEWICKI, RONALD 8147 RIVER RD COTTRELLVILLE, MI 48039		100.00 \$	600.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>HIGHWAY AUTOMOTIVE WHOLESALE</u> Business Address <u>8147 RIVER RD COTTRELLVILLE, MI 48039</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 **1800.00**

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>9/28/16</u> Name & Address: BROAD, GARY 20580 MOXON DR CLINTON TWP. MI 48036		1450.00 \$	2000.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MIDWEST STEEL INC</u> 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 #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>9/28/16</u> Name & Address: GEORGE JR., JAMES 19634 WESTCHESTER DR CLINTON TWP. MI 48038		1500.00 \$	1500.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>EMPLOYEE</u> Employer <u>DELTA MANAGEMENT</u> Business Address <u>10 S MAIN #403 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>9/28/16</u> Name & Address: GEORGE, JOHN 19634 WESTCHESTER DR CLINTON TWP. MI 48038		1500.00 \$	1500.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>EMPLOYEE</u> Employer <u>DELTA MANAGEMENT</u> Business Address <u>10 S MAIN #403 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>10/7/16</u> Name & Address: GRATIOT AVE BUSINESS ASSOC. LLC 59 WALNUT STE 206 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	

Page Subtotal **4550.00**

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**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>10/21/2016</u>	
Name & Address: <u>Webber, Wayne</u> <u>49536 Goulette Pointe Dr</u> <u>New Baltimore, MI 48047</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/23/2016</u>	
Name & Address: <u>MILLS, ROSALIE</u> <u>5653 N LAKE DR</u> <u>KIMBALL MI 48074</u>		\$ <u>1000.00</u>	\$ <u>1000.00</u>
5. If over \$100.00 cumulative, please provide: <u>RETIRED</u> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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 <u>10/23/2016</u>	
Name & Address: <u>MELTZER, KIM</u> <u>20585 LEELANAU TRAIL</u> <u>CLINTON TWP MI 48038</u>		\$ <u>3000.00</u>	\$ <u>3000.00</u>
5. If over \$100.00 cumulative, please provide: <u>OWNER</u> <u>SELF</u> Occupation _____ Employer _____ <u>101 SHAFER ROMEO MI 48065</u> Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" 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 **4500.00**

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

10850.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number

0136802

CTE KIM MELTZER

2. Committee Name

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Johnson, John 48280 Sugarbush Chesterfield MI 48047 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description fundraiser food 5. Date Of Receipt: 10/7/2016 6. Vendor Name & Address: the Pantry 44875 Morley Dr Clinton Twp., MI 48038 Click for Memo Itemization Type	\$ 50.00	\$ 50.00
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Meltzer, Clarence 20585 Leelanau Trail Clinton Twp., MI 48038 If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: CAMmand Machining LLC 101 Shafer Dr. Romeo, MI 48065	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description sign posts 5. Date Of Receipt: 9/30/2016 6. Vendor Name & Address: Tractor Supply 66143 VanDyke Washington, MI 48095 Click Here for Memo Itemization	\$ 216.76	\$ 216.76
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description 5. Date Of Receipt: 6. Vendor Name & Address: Click Here for Memo Itemization	\$	\$
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

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

316.76

Enter this total
on line 6 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
Expenditure #1 Name DAVID LEDUC Address 2280 CUMBERLAND ROCHESTER HILLS MI 48307 <input type="checkbox"/> Fund Raiser	Purpose: LIT DESIGN <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/17/16 Date	\$ 30.00
Expenditure #2 Name MAJORITY STRATEGIES Address 12854 KENAN DR. STE 145 JACKSONVILLE, FL 32258 <input type="checkbox"/> Fund Raiser	Purpose: LITERATURE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/20/16 Date	\$ 6509.12
Expenditure #3 Name MANHATTAN MAILERS Address 51132 MILANO DR MACOMB MI 48042 <input type="checkbox"/> Fund Raiser	Purpose: <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/16 Date	\$ 3817.53
Expenditure #4 Name USPS Address 42383 GARFIELD CLINTON TWP., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: STAMPS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/16 Date	\$ 34.00
Expenditure #5 Name CTE KATHY VOSBURG Address 47395 SUGARBUSH CHESTERFIELD MI 48047 <input type="checkbox"/> Fund Raiser	Purpose: DONATION <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/11/16 Date	\$ 100.00
Subtotal this page			10490.65
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
Expenditure #1 Name WIX.COM Address PO BOX 40190 SAN FRANCISCO, CA <input type="checkbox"/> Fund Raiser	Purpose: WEBSITE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	9/15/16 Date	\$ 9.90
Expenditure #2 Name WIX.COM Address PO BOX 40190 SAN FRANCISCO, CA <input type="checkbox"/> Fund Raiser	Purpose: WEBSITE <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	9/15/16 Date	\$ 120.00
Expenditure #3 Name CLINTON TWP. GOODFELLOWS Address PO BOX 380643 CLINTON TOWNSHIP MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: DONATION/SPONSO <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	9/14/16 Date	\$ 240.00
Expenditure #4 Name SAWICKI & SONS Address 1521 W. LAFAYETTE DETROIT MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: SIGNS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	9/14/16 Date	\$ 3267.45
Expenditure #5 Name MICHIGAN GOP Address 520 SEYMOUR LANSING MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: MEET & GREET <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	9/12/16 Date	\$ 50.00
Subtotal this page			3687.35
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
Expenditure #1 Name CTE CATHY KIRK Address 19500 HALL RD CLINTON TWP MI 48038 <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>9/12/16</u> Date	\$ <u>100.00</u>
Expenditure #2 Name CTE PHIL RODE Address 36097 ACTON CLINTON TWP MI 48036 <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>9/1/16</u> Date	\$ <u>100.00</u>
Expenditure #3 Name MAJORITY STRATEGIES Address 12854 KENAN DR STE 145 JACKSONVILLE, FL 32258 <input type="checkbox"/> Fund Raiser	Purpose: <u>LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/16</u> Date	\$ <u>2905.00</u>
Expenditure #4 Name CTE LINDA TORP Address 38870 RYAN CT HARRISON TWP MI 48045 <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>8/23/16</u> Date	\$ <u>50.00</u>
Expenditure #5 Name MAJORITY STRATEGIES Address 12854 KENAN DR STE 145 JACKSONVILLE, FL 32258 <input type="checkbox"/> Fund Raiser	Purpose: <u>LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/16</u> Date	\$ <u>24894.51</u>

Subtotal this page

28049.51

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
Expenditure #1 Name ULINE Address PO BOX 88741 CHICAGO IL 60680 <input type="checkbox"/> Fund Raiser	Purpose: PLASTIC LIT BAGS <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/4/16 Date	\$ 209.64 Click Here for Memo Itemization Type
Expenditure #2 Name FACEBOOK Address <input type="checkbox"/> Fund Raiser	Purpose: AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/3/16 Date	\$ 10.00 Click Here for Memo Itemization Type
Expenditure #3 Name JUAN MIGUELS Address 21342 HALL RD CLINTON TWP MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: VOLUNTEER FOOD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/3/16 Date	\$ 25.59 Click Here for Memo Itemization Type
Expenditure #4 Name ITALIAN TRIBUNE Address PO BOX 380407 CLINTON TWP., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: AD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/3/16 Date	\$ 277.00 Click Here for Memo Itemization Type
Expenditure #5 Name KROGER Address 41941 GARFIELD CLINTON TWP MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: VOLUNTEER FOOD <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	9/27/16 Date	\$ 52.75 Click Here for Memo Itemization Type
Subtotal this page			574.98
Grand Total of all Schedules 1B (Complete on last page of Schedule)			4800.00

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 FOREST, JOHN Address 43857 CATAWBA CLINTON TWP MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/16</u> Date	\$ <u>30.10</u> Click Here for Memo Itemization Type
Expenditure #2 Name FOREST, JOHN Address 43857 CATAWBA CLINTON TWP MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/16</u> Date	\$ <u>4.23</u> Click Here for Memo Itemization Type
Expenditure #3 Name FOREST, JOHN Address 43857 CATAWBA CLINTON TWP MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>OFFICE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/8/16</u> Date	\$ <u>34.62</u> Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Subtotal this page			68.95
Grand Total of all Schedules 1B (Complete on last page of Schedule)			42871.44

Enter this total
on line 8a of
Summary Page

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ 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 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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 28,815.74</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 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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$ 28,825.91</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 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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</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
 (Complete on last page of Schedule showing amounts owed by or to the committee)

29,125.91

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:

☒ Debts and obligations owed by or forgiven the committee OR ☐ 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 guarantor, 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.

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>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

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>06-13-2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1.50</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,964.21</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>06-20-2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 25.44</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,990.65</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>06-21-2012</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>30,006.65</u> <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 30,006.55
 (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 _____
 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 5 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

0136802

1. Committee I.D. Number _____
 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	loan 4. Type: _____ 5. Date Debt Was Incurred: 10-11-2012 6. Original Amount of Debt: \$ 1000.00	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ 31,070.44 <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	loan 4. Type: _____ 5. Date Debt Was Incurred: 09-21-2012 6. Original Amount of Debt: \$ 15.90	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ 31,086.34 <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	loan 4. Type: _____ 5. Date Debt Was Incurred: 10-21-2012 6. Original Amount of Debt: \$ 19.90	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ 31,106.24 <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

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 5 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>31,185.84</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>31,151.39</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.

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

This Schedule itemizes:

☒ Debts and obligations owed by or forgiven the committee OR ☐ 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: loan 5. Date Debt Was Incurred: 10-06-2012 6. Original Amount of Debt: \$ 36.15	\$ \$ \$ \$ \$	\$	\$ 31,207.64 <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: loan 5. Date Debt Was Incurred: 11-06-2012 6. Original Amount of Debt: \$ 9.32	\$ \$ \$ \$ \$	\$	\$ 31,126.77 <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: loan 5. Date Debt Was Incurred: 10-23-2012 6. Original Amount of Debt: \$ 3.75	\$ \$ \$ \$ \$	\$	\$ 31,220.73 <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 5 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>	\$ \$ \$ \$ \$	\$	\$ 32,120.75 <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>	\$ \$ \$ \$ \$	\$	\$ 32,620.75 <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>	\$ \$ \$ \$ \$	\$	\$ 34,220.75 <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)

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 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>1/18/13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 156.18</u>	\$ \$ \$ \$ \$	\$	\$ <u>34,376.91</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: CLARENCE MELTZER 20585 LEELANAU TRAIL CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>9/30/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 216.76</u>	\$ \$ \$ \$ \$	\$	\$ <u>34,593.67</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>10/23/16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>37593.67</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

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

37,593.67

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

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>10/7/206</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>5</u>	5. Type of Fund Raising Activity <u>BREAKFAST</u>	6. Address and Name (If any) of the place where the activity was held. <u>THE PANTRY</u> <u>44875 MORLEY DR</u> <input type="checkbox"/> <u>CLINTON TWP. MI</u> Private Residence
---	--	--	--

7. Total Contributions 6250.00
8. Other Receipts _____
9. Gross Receipts (Add lines 7 and 8) 6250.00
10. Total Cost of Event \$50.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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