



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: 10/24/16 to 12/08/16

1. Committee I.D. Number

139287

4. Candidate Last Name First Name M.I.

Miller Derek E

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

Treasurer-- Macomb County

4b. County of Residence **MACOMB**

2. Committee Name

Committee to Elect Derek Miller

5. Committee's Mailing Address

PO Box 143
Warren, MI 48090

6. Treasurer's Name & Residential Address

Marsha Miller
11139 Olive
Warren, MI 48093

Area Code and Phone (586) 623-0243

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) 751-5137

7. Treasurer's Business Address

11139 Olive
Warren, MI 48093

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

Jeremy Fisher
31428 Saratoga
Warren, MI 48093

Area Code and Phone (586) 751-5137

Area Code and Phone (586) 214-3556

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

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

Date of Election, Convention or Caucus

11/08/19

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

- ☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement () Coverage Year

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

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper **Jeremy F. Fisher**

Type or Print Name

Signature

Date

12-7-16

Candidate **Derek E. Miller**

Type or Print Name

Signature

Date

12-7-16



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139287

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Derek Miller

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2,925.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>2,925.00</u>	(18.) \$ <u>\$126,540.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$100.00</u>	(19.) \$ <u>\$62,427.31</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$3,025.00</u>	(20.) \$ <u>\$188,967.31</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$1,453.48</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$17,980.84</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$17,980.84</u>	(23.) \$ <u>\$61,771.69</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$2,402.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$900.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$143,983.76</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$3,025.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$147,008.76</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$17,980.84</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$129,027.92</u>	*

Itemized Contributions (1A)

Committee ID Number: 139287

Candidate Committee

Committee Name: Committee to Elect Derek Miller

PAC Receipt?: _____ Date of Receipt: 11/28/2016 Amt: \$100 Cumulative: \$100

Name & Address:

Randall Chioini
880 Yarmouth,
Bloomfield Hills, MI 48301

If over \$100.00 cumulative, please provide:

Occupation: Attorney Employer: Chioini Group
 Business Address: 14 First St, Mt. Clemens, MI 48046

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____PAC Receipt?: _____ Date of Receipt: 11/28/2016 Amt: \$300 Cumulative: \$900

Name & Address:

Saad Yono
3480 Sutton Ln,
Commerce Twp, MI 48390

If over \$100.00 cumulative, please provide:

Occupation: Self Employed Employer: Financial Security Corp
 Business Address: 39085 Moravian, Clinton Twp, MI 48036

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____PAC Receipt?: ☒ _____ Date of Receipt: 11/28/2016 Amt: \$200 Cumulative: \$200

Name & Address:

Plumbers Local 98
555 Horace Brown Dr,
Madison Heights, MI 48071

If over \$100.00 cumulative, please provide:

Occupation: _____ Employer: _____
 Business Address: _____

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____PAC Receipt?: _____ Date of Receipt: 11/28/2016 Amt: \$250 Cumulative: \$500

Name & Address:

Stuart Johnson
1431 Lakepointe,
Grosse Pointe Park, MI 48230

If over \$100.00 cumulative, please provide:

Occupation: Attorney Employer: Self
 Business Address: _____

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____PAC Receipt?: ☒ _____ Date of Receipt: 11/28/2016 Amt: \$500 Cumulative: \$2500

Name & Address:

Registrars PAC Local 58, IBEW
1358 Abbott St,
Detroit, MI 48226

If over \$100.00 cumulative, please provide:

Occupation: _____ Employer: _____
 Business Address: _____

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____Page Subtotal: \$1,350.00

Grand Total of All of Schedule 1A: \$ _____

Itemized Contributions (1A)

Committee ID Number: 139287

Candidate Committee

Committee Name: Committee to Elect Derek Miller

PAC Receipt?: _____ Date of Receipt: 11/28/2016 Amt: \$200 Cumulative: \$500

Name & Address:

Barbara W. Rossman
54311 Queensborough Dr,
Shelby Twp, MI 48315

If over \$100.00 cumulative, please provide:

Occupation: CEO Employer: Henry Ford Hospital
 Business Address: 15855 19 Mile, Clinton Twp, MI 48038

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____PAC Receipt?: ☒ _____ Date of Receipt: 11/28/2016 Amt: \$500 Cumulative: \$500

Name & Address:

IUPAT
7234 Parkway Dr,
Hanover, MD 21076

If over \$100.00 cumulative, please provide:

Occupation: _____ Employer: _____
 Business Address: _____

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____PAC Receipt?: _____ Date of Receipt: 10/29/2016 Amt: \$50 Cumulative: \$50

Name & Address:

Robert Rottach
1169 Balfour St,
Gross Point, MI 48230

If over \$100.00 cumulative, please provide:

Occupation: _____ Employer: _____
 Business Address: _____

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____PAC Receipt?: _____ Date of Receipt: 10/31/2016 Amt: \$125 Cumulative: \$125

Name & Address:

Salvatore Tocco II
20304 Harper Ave,
Harper Woods, MI 48225

If over \$100.00 cumulative, please provide:

Occupation: Real Estate Employer: REO Design
 Business Address: 20304 Harper Ave, Harper Woods, MI 48225

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____PAC Receipt?: _____ Date of Receipt: 11/9/2016 Amt: \$200 Cumulative: \$200

Name & Address:

Cecil St. Pierre
32595 Sabrina Ct,
Warren, MI 48093

If over \$100.00 cumulative, please provide:

Occupation: Attorney Employer: Self
 Business Address: _____

Type of Contribution: Direct ☒ _____ Loans from a person _____ Fundraiser _____Page Subtotal: \$1,075.00

Grand Total of All of Schedule 1A: \$ _____

Itemized Contributions (1A)

Committee ID Number: 139287

Candidate Committee

Committee Name: Committee to Elect Derek Miller

PAC Receipt?: _____ Date of Receipt: 11/9/2016 Amt: \$500 Cumulative: \$500

Name & Address:

Ralph Roberts

18299 Tara Dr.,

Clinton Twp, MI 48036

If over \$100.00 cumulative, please provide:

Occupation: Self Employed

Employer: Self Employed

Business Address: _____

Type of Contribution: Direct X Loans from a person _____ Fundraiser _____

Page Subtotal: \$500

Grand Total of All of Schedule 1A: \$2,925



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 139287

2. Committee Name Committee to Elect Derek Miller

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Robert Leonetti for Commissioner 26021 S. Lake Dr Harrison Twp, MI 48045	Date of Receipt <u>03/10/16</u>	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input checked="" type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ <u>100</u> Click for Memo Itemization Type
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type

Page Subtotal **\$100.00**

Grand Total of All Schedules 1A -1
(Complete on last page of Schedule) **\$100.00**

Enter this total on
line 4 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 139287
2. Committee Name Committee to Elect Derek Miller

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Act Blue</u> Address <u>366 Summer St</u> <u>Somerville, MA 02144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Processing Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/16</u> Date	\$ <u>0.55</u>
Expenditure #2 Name <u>Friends of Jeffrey Pegg</u> Address <u>23111 Donnley</u> <u>Clinton Twp, MI 48035</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraising Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/16</u> Date	\$ <u>40</u>
Expenditure #3 Name <u>Rogers Roost</u> Address <u>33626 Schoenherr Rd</u> <u>Sterling Heights, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Meeting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31/06</u> Date	\$ <u>64.51</u>
Expenditure #4 Name <u>Friends of Foster Kids</u> Address <u>55196 Meadow Ridge Ct</u> <u>Shelby Twp, MI 48316</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraising Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/16</u> Date	\$ <u>100</u>
Expenditure #5 Name <u>Michigan Democratic Party</u> Address <u>606 Townsend</u> <u>Lansing, MI 48933</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Membership Dues</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/01/16</u> Date	\$ <u>360</u>
Subtotal this page			\$ <u>565.06</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139287
2. Committee Name Committee to Elect Derek Miller

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Act Blue Address 366 Summer St Somerville, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: <u>Processing Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/04/16</u> Date	<u>\$ 7.13</u>
Expenditure #2 Name Donut Castle Address 11831 E. 13 Mile Warren, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: <u>Volunteer Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/16</u> Date	<u>\$ 26.75</u>
Expenditure #3 Name Mt. Clemens Grill Address 35 N Main St Mt Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Lunch</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/16</u> Date	<u>\$ 30</u>
Expenditure #4 Name Fraser Good Fellows Address 33000 GARFIELD ROAD Fraser, MI 48026 <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>11/07/16</u> Date	<u>\$ 30</u>
Expenditure #5 Name Mt. Clemens Grill Address 35 N Main St Mt Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Lunch</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/16</u> Date	<u>\$ 33.66</u>
Subtotal this page			\$127.54
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139287
2. Committee Name Committee to Elect Derek Miller

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Act Blue</u> Address <u>366 Summer St</u> <u>Somerville, MA 02144</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Processing Fees</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/16</u> Date	<u>\$ 0.95</u>
Expenditure #2 Name <u>Malones Tavern</u> Address <u>32350 Van Dyke Ave</u> <u>Warren, MI 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Event</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/08/16</u> Date	<u>\$ 802.32</u>
Expenditure #3 Name <u>Ike's Family Dining</u> Address <u>38550 Van Dyke</u> <u>Sterling Heights, MI 48312</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/09/16</u> Date	<u>\$ 182.92</u>
Expenditure #4 Name <u>Shelby Township Veteran's Memorial</u> Address <u>52700 Van Dyke Ave</u> <u>Shelby Township, MI 48316</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	<u>\$ 100</u>
Expenditure #5 Name <u>Interfaith Volunteer Caregivers</u> Address <u>8075 Ritter</u> <u>Center Line, MI 48015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser Ticket</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/14/16</u> Date	<u>\$ 20</u>
Subtotal this page			\$1,106.19
Grand Total of all Schedules 1B (Complete on last page of Schedule)			

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139287
2. Committee Name Committee to Elect Derek Miller

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Act Blue Address 366 Summer St Somerville, MA 02144 <input type="checkbox"/> Fund Raiser	Purpose: Processing Fees <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/15/16 Date	\$ 1.01
Expenditure #2 Name American Graphics Address 112 Macomb Pl Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Lit <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/01/16 Date	\$ 15,617.79
Expenditure #3 Name Theos Family Restraunt Address 11747 E 13 Mile Warren, MI 48093 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Wrap UpBreakfast <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/23/16 Date	\$ 22
Expenditure #4 Name Pro Forma Address 8800 E. Pleasant Valley Rd Cleveland, OH 44131 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Gear <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/05/16 Date	\$ 480
Expenditure #5 Name Asahi Sushi Address 41860 Garfield Rd Clinton Twp, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: Campaign Wrap Up Lunch <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/25/16 Date	\$ 61.25

Subtotal this page **\$16,182.05**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$17,980.84**

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139287

2. Committee Name Committee to Elect Derek Miller

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 checked="" type="checkbox"/> Yes Owed to or by: 5 Star Outdoor LLC 2187 Orchard Lake Rd Suite 102 West Bloomfield, MI 48320	4. Type: <u>Bill Board</u> 5. <u>Date Debt Was Incurred:</u> <u>10/28/16</u> 6. <u>Original Amount of Debt:</u> \$ <u>900.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>900.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) **\$900.00**

Grand Total of all Schedules 1E **\$900.00**
(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.