



FILED

16 OCT 27 AM 10:55

**CANDIDATE COMMITTEE
COVER PAGE**

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

CARHELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

1. Committee I.D. Number

139348

2. Committee Name

Committee to Elect Liz Sierawski

5. Committee's Mailing Address

40426 William Drive
Sterling Heights, MI 48313

Area Code and Phone (586) 977-0143

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address

Dean D. Alan
21900 Chalon
St. Clair Shores, MI 48080

Area Code and Phone (586) 212-3449

3. This Statement covers From:

08/23/16 to 10/23/16

4. Candidate Last Name

SIERAWSKI

First Name

ELISABETH

M.I.

M

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

COUNTY COMMISSIONER

4b. County of Residence MACOMB

6. Treasurer's Name & Residential Address

Dean D. Alan
21900 Chalon
St. Clair Shores, MI 48080

Area Code & Phone (586) 212-3449

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

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

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.)

Date of Election, Convention or Caucus

11/08/16

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

Dean D. Alan

Type or Print Name

Signature

Date

10/26/2016

Candidate

Elisabeth M. Sierawski

Type or Print Name

Signature

Date

10/26/2016



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 139348

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect LIZ SIERAWSKI

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>5,804.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>5,804.00</u>	(18.) \$ <u>\$37,054.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$5,804.00</u>	(20.) \$ <u>\$37,054.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$15,794.93</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>\$15,794.93</u>	(23.) \$ <u>\$19,853.41</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$554.00</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>\$27,191.52</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$5,804.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$32,995.52</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$15,794.93</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$17,200.59</u>	*



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 139348
2. Committee Name Committee To Elect LIZ SIERAWSKI

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)
<p>3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/29/16</u></p> <p>Name & Address: <u>William Boyer</u> <u>43805 Van Dyke Ave.</u> <u>Sterling Heights, MI 48314</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Boyer, Dawson and St. Pierre</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>500.00</u>	\$ <u>500.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/29/16</u></p> <p>Name & Address: <u>Ronald Marsh</u> <u>43550 Elizabeth Rd.</u> <u>Clinton Township, MI 48036</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>self-employed</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>300.00</u>
<p>3. Contribution # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>09/29/16</u></p> <p>Name & Address: <u>Miller for Michigan</u> <u>11139 Olive St</u> <u>Warren, MI 48093</u></p> <p>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</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/29/16</u></p> <p>Name & Address: <u>James Conrad</u> <u>6200 Chicago Rd.</u> <u>Warren, MI 48092</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>self-employed</u> Business Address <u>same</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>

Page Subtotal \$1,100.00

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 139348
2. Committee Name Committee To Elect LIZ SIERAWSKI

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>09/29/16</u>	
Name & Address: David Joseph Flynn 2957 Parkway Cir. Sterling Hts., MI 48310		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>County commissioner</u> Employer <u>Macomb County</u> Business Address <u>1 south main, Mt. Clemens, MI 48043</u> 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 checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/29/16</u>	
Name & Address: Dave Flynn For County Comm. 2957 Parkway Circle Sterling Hts., MI 48310		\$ <u>100.00</u>	\$ <u>100.00</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 # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/16</u>	
Name & Address: Mark S. Metry 81 N. Main Mt. Clemens, 48042		\$ <u>200.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>self-employed</u> Business Address <u>same</u> 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 # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/29/16</u>	
Name & Address: James A. Yarema 30504 Dell Lane Warren, MI 48092		\$ <u>200.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>businessman</u> Employer <u>Yarema Die</u> Business Address <u>283 Minnesota Drive, Troy, MI 48083</u> 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	

Page Subtotal \$750.00

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 139348
2. Committee Name Committee To Elect LIZ SIERAWSKI

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/21/16</u> Name & Address: Levin for Congress P.O. Box 37 Roseville, MI 48066		\$ <u>250.00</u>	\$ <u>250.00</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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/21/16</u> Name & Address: UAW Michigan V-PAC 8000 E. Jefferson Detroit, MI 48214		\$ <u>2,500.00</u>	\$ <u>2,500.00</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 # 3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/21/16</u> Name & Address: Plumbers Local 98 555 Horace Brown Dr. Madison Heights, MI 48071		\$ <u>100.00</u>	\$ <u>100.00</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 # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/21/16</u> Name & Address: Rosemary Davis 20852 Marlinga Dr. Clinton Township, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Kirk,Huth,Lange and Badalamenti</u> Business Address <u>19500 Hall Road, Clinton Township, MI 48038</u> 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	

Page Subtotal \$3,050.00

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 139348
2. Committee Name Committee To Elect LIZ SIERAWSKI

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>10/21/16</u> Name & Address: <u>Kenneth J. Debeaussaert</u> <u>39856 Brylor Ct.</u> <u>Clinton Township, MI 48038</u>		\$ <u>50.00</u>	\$ <u>50.00</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>10/21/16</u> Name & Address: <u>Amer Hakim</u> <u>47258 Milonas Dr.</u> <u>Shelby Twp., MI 48315</u>		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Hakim and Toma</u> Business Address <u>8424 E. 12 Mile Rd. Warren, MI 48093</u> 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 # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/21/16</u> Name & Address: <u>Liz Sierawski</u> <u>40426 William Drive</u> <u>Sterling Heights, MI 48313</u>		\$ <u>554.00</u>	\$ <u>554.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Director of Nursing</u> Employer <u>BlueAngel Home Care</u> Business Address <u>1000 John R. Rd., Troy, MI 48083</u> Type of Contribution: <input checked="" 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 \$904.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$5,804.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number **139348**
2. Committee Name **Committee To Elect LIZ SIERAWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sawicki and Son Address 1521 W. Lafayette Blvd. 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	09/27/16 Date	\$ 2,043.15
Expenditure #2 Name City of Sterling Heights Address 40555 Utica Road Sterling Heights, MI 48313 <input type="checkbox"/> Fund Raiser	Purpose: voter list <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/16 Date	\$ 30
Expenditure #3 Name Mass Mailing Address 35468 Mound Road Sterling Hts., MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: Mailings <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/01/16 Date	\$ 1108.94
Expenditure #4 Name Mass Mailing Address 35468 Mound Road Sterling Hts., MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: Mailings <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/16 Date	\$ 1268.78
Expenditure #5 Name Sawicki and Son Address 1521 W. Lafayette Blvd., 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	10/05/16 Date	\$ 2973.30

Subtotal this page **\$7,424.17**

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 **139348**
2. Committee Name **Committee To Elect LIZ SIERAWSKI**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name American Graphics Printing Address 34895 Groesbeck Hwy Clinton Township, MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: Brochures <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/04/16 Date	\$ 339.20
Expenditure #2 Name Mass Mailing Address 35468 Mound Road Sterling Hts., MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: Mailings <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/13/16 Date	\$ 1108.94
Expenditure #3 Name Postmaster Address 7007 Metro Parkway Sterling Hts. MI 48311 <input type="checkbox"/> Fund Raiser	Purpose: Postage <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/16 Date	\$ 5390.30
Expenditure #4 Name Mass Mailing Address 35468 Mound Rd. Sterling Hts., MI 48312 <input type="checkbox"/> Fund Raiser	Purpose: Mailings <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/21/16 Date	\$ 978.32
Expenditure #5 Name The Italian Tribune Address P.O.Box 380407 Clinton Township, MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: Display Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	09/30/16 Date	\$ 554.00

Subtotal this page **\$8,370.76**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$15,794.93**

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 139348
2. Committee Name Committee To Elect LIZ SIERAWSKI

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: Liz Sierawski 40426 William Drive Sterling Heights, MI 48313	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>09/30/16</u> 6. <u>Original Amount of Debt:</u> \$ <u>554.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>554.00</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)

\$554.00

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

\$554.00

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.

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