

CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and si the treasurer (or designated record keeper) and can	igned by 3 ididate.	3. This Statement covers From	11-29-2016 _{to}	7-20-2017
1. Committee I.D. Number 0136802		. Candidate Last Name MELTZER	First Name KIM	M.I.
	4	a. Office Sought Including Dis	trict # or Community Served	d (If applicable)
2. Committee Name	(Clerk		
CTE KIM MELTZER		b. County of Residence MAC		
5 Committee's Mailing Address 18300 TARA DR	F	5. Treasurer's Name & Resider KIM MELTZER	ntial Address	
CLINTON TWP., MI 48036	1	18300 TARA DR		7 J
	C	CLINTON TWP., MI 4	48036	
500 700 4004				JUL 25
Area Code and Phone 586-709-1321 If the address in this box is different from the committee.				E AH
mailing address on the Statement from the committee mailing address on the Statement of Organization, make be sent to this address by the filing official.	ail may	Area Code & Phone 586-70	09-1321	
7. Treasurer's Business Address		8. Designated Record keeper's	s Name and Mailing Addres	s (If the committee has a
SAME		Designated Record keeper)		8
Area Code and Phone		Area Code and Phone		
9. TYPE OF STATEMENT	Required ONLY	Y if candidate	9e.	
9a. Pre-Election OR 9b. Post-Election	is not on the ba current year:	illot for the		I/We certify any outstanding debt andidate or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	- 		by discharged and forgiver	n, and no longer collectible from nittee has no oustanding assets,
Primary	July Quartert	у	owes no lates fees or has a	any oustanding debt.
General	October Qua	irterty	Further, if the dissolution or	annot be granted, that this be
Convention			considered a request for the	
Special 9	C. Annual S	Statement ()		
School	Aiiidai 0	Coverage Year	Effective date of	dissolution
Caucus 9		nent to Campaign Statement te Item 9a, 9b, 9c or 9e to		
	indicate v	which Statement is being	Note: The disposition of re- Schedule 1B and the Sumi	sidual funds must be reported on
	amended	1.)	Saledale 15 and the call	mary rage.
Date of Election, Convention or Caucus				
10. Verification: I\We certify that all reasonable diligen my\our knowledge and belief the contents are true, ac			I ent and attached schedules	, ,,
Current Treasurer or KIM MELTZER		I Mas	1 to	25 Km 07- 20 -2017
Designated Record keeper Type or Print Name		Signature	Date	
KIM MELTZER		y Va	14	25 Km
CandidateType or Print Name		Signature	Date Date	01-20-11
. , p =				

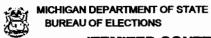


1. Committee I.D. Number _____

SUMMARY PAGE

2. Committee Name CTE Kim Meltzer

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions	10 200 00	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 10,200.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	5570.09	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.)\$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS	(11.) \$	(24.) \$
12. Debts and Obligations	38 592 71	
a. Owed by the Committee (Schedule 1E)	(12a.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT 624.05	
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.)	(14.) + \$ 10,200.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	10,824.05	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	
16. Amount expended during reporting period	(16.) - \$ 5579.08	
(Add lines 9 and 11) 17. ENDING BALANCE	5244.97	
(Subtract line 16 from line 15)	(17.) \$ 5244.97	-*



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

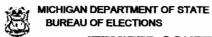
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ox to indicate if cont	ndependent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
3. Contribution # 1	PAC Receipt?	YES	4. Date of Rec	eipt /-	24-17		
Name & Address: LDMBARD 13001 23 1 SHELBY T 5. If over \$100.00 cum	MILE RA WP MI ulative, please pro			s 200.00			
Occupation <u></u>	ER	NES_					
Business Address 13	001 23 M	u RD	SHIB	1-TWP	<u>M(483</u>	15	
Type of Contribution:		Loan from		X Fund Ra			
Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of Rec	eipt	24-17		
BROAD, G BROAD, G BROAD, G BROAD A CLINTON T 5. If over \$100.00 our Occupation OWN	OXON DR WP M 4 ulative, please pro	48036 wide:		ST STE	EL INC		\$ 200.00 r Memo Itemization
Business Address 2							
Type of Contribution:	——————————————————————————————————————	\neg		X Fund R		•	
3. Contribution #3	PAC Receipt?	YES	4. Date of Re	ceipt / _	24-17		
SOURENTIN 14633 BRE SHELIBY TW 5. If over \$100.00 our Occupation House	Accontribution #3 PAC Receipt? YES 4. Date of Receipt 1-24-17 Name & Address: SORRENTINO, SHERRY 14633 BREZA DR SHELISH TWP. MI 48315 5. If over \$100.00 ournulative, please provide: Occupation Housewife Employer						\$ <u>QQQ</u> .*` Memo Itemization
Business Address Type of Contribution:	Direct	Loan fro	m a person	x Fund F	Raiser		
3. Contribution #4 Name & Address	PAC Receipt?	YES	4. Date of Re		-24-17		
SAPH, STEP 21178 LILF CLINTON T	WP. M14					\$ 100.∞	\$ 100.00
5. If over \$100.00 sumulative, please provide:					Click Here for	Memo Itemization	
Occupation		Employ	yer				
Business Address		,					
Type of Contribution:	Direct	Loan fro	m a person	Y Fund Ra	aiser		
Page /of /					Page Subtotal of All Schedules 1A t page of Schedule)	Enter this total on line 3a of Summary Page.	



Page _ _ _ of _____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

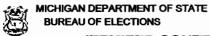
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number CTE Kim Meltzer

Enter this total on line 3a of Summary

	ANDIDATE	COMMITTE			2. Committee Name		
Enter contributor's nam middle initial. Check bo Committee (PAC) Repo	x to indicate if conf	ter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)			
3. Contribution #1 Name & Address: MANCINI, S 37532 HID	DEN VALLE	L) Ey CT	4. Date of R	teceipt	1-24-17		÷ 0.0 00
CLINTON TO	UP M1 48	3'036				\$ 100.00	\$ 100.00
5. If over \$100.00 cum	ulative, please pro	vide:				Oliela I Ierea de	
Occupation		Employer				Click Here to	r Memo Itemization
Business Address							
Type of Contribution:	Direct	Loan from a	person	X	Fund Raiser	•••	
3. Contribution #2	PAC Receipt?	YES 4	4. Date of R	eceipt			
Name & Address	· · · · ·	·					
BERGER, JE 24351 25		0				s /00°	\$ 10000
CHESTERFIEL	D MI 48	20151				<u> </u>	
5. If over \$100.00 cum		_				Click Here fo	r Memo Itemization
Occupation		Employer EF	1STERA	1 M	I ICH KENWORT	1	
Business Address <u>43</u>		-				,	
				<u> </u>			
Type of Contribution:		Loan from a	person	X	Fund Raiser		
3. Contribution #3 Name & Address:	PAC Receipt?	YES	4. Date of F	Receipt			
Mario de Fadricos.							•
						s 300	s sales
5. If over \$100.00 oum	slative, please pro	vide:				Click Here for	Memo Itemization
Occupation		Employer					
Business Address							
Type of Contribution:	Direct	Loan from a	person	K	Fund Raiser		
3. Contribution #4 Name & Address GRILLO, ANG	PAC Receipt?	YES	4. Date of	Receip	at		
GRILLO, ANG 50775 RICH	HARD W. B	WD				1000	(01)00
CHESTERFIE						\$ 100.	\$ 100.00
5. If over \$100.00 cum						Click Horn for	Memo Itemization
Occupation		_ Employer	GRIL	10	MANAGMENTAS		Memo nemizaton
Business Address							
Type of Contribution:	Direct	Loan from a	person	N	Fund Raiser		
					Page Subtotal	300.00	
				Gran	nd Total of All Schedules 1A	, Journal of the state of the s	1
			(0		te on last page of Schedule)	E-A Mis Ask-i	J



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

2. Committee Name

CTE Kim Meltzer

Enter contributor's name middle initial. Check box Committee (PAC) Repor	r to indicate if contri	ibution is fro	om a Political Co	•	iter last name, first name, se or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
Contribution # 1 Name & Address:	PAC Receipt?	YES	4. Date of R	eceipt	1-24-17		
ISAKOVIC, DE	TEQ						
55435 LEONA							1000
SHELBY TWO		•				\$ 100,00	\$ 10000
5. If over \$100.00 cumu	lative, please prov	ride:				Click Here f	or Memo Itemization
Occupation		_ Employe	г			·	o. Hono homeanon
Business Address							
Type of Contribution:	Direct	Loan fro	om a person	X	Fund Raiser	·	
3. Contribution #2	PAC Receipt?	YES	4. Date of Re	eceipt	1-24-17		
Name & Address							
FELLMY, ROB	LET						
173 SMITH	2					\$ 100.00	\$ 100:00
MT CLEMEN	15 MI 480	43					
5. If over \$100.00 cumu	lative, please prov	ride:				Click Here for	or Memo Itemization
Occupation		Employer_					
Business Address							
Type of Contribution:	Direct	Loan fro	m a person	Х	Fund Raiser		
3. Contribution # 3	PAC Receipt?	YES	4. Date of R	Receip	1-24-17		
Name & Address:	١٨٠٨						
DEZIO, DON						\$ 100.00	1000
12111 BUGLE						<u>+ 100,</u>	\$ 100.
BRIVE TWP						Click Here fo	r Memo Itemization
5. If over \$100.00 cumu	mauve, piezse prov						
Occupation		Employer					
Business Address	Direct [7,,,,,	m a parece		Fund Brings		
Type of Contribution:			om a person	ΙX	Fund Raiser		
3. Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date of	Receip	ot 1-24-17		
ELLIAS, MICHA	EL.						
39051 GARA	ELD RD					s 100°00	, 100.00
CLINTON TWP							Ψ,
5. If over \$100.00 cumu	ılative, please pro	vide:				Click Here fo	r Memo Itemization
Occupation		_ Empk	oyer				
Business Address					1		
Type of Contribution:	Direct	Loan fr	om a person	冈	Fund Raiser		
					Page Subtota	400.00	
				C	nd Total of All Cabadulas 4 A		-
			(0		nd Total of All Schedules 1A ete on last page of Schedule) 	
2						Enter this total on line 3a of Summar	у
Page of						Page.	



Page ____of ___

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

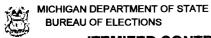
0136802

Page.

1. Committee I.D. Number

CTE Kim Meltzer

Enter contributor's nam middle initial. Check b Committee (PAC) Repo	ox to indicate if con	tribution is fron	n a Political Co			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: GEORGE, JAN	_	YES	4. Date of R	eceipt 1-2	1-17	-	
CLINTON TWO	CHESTER D MI 4903	වි				\$ 200.00	\$ 200,00
5. If over \$100.00 sum	ulative, please pro	ovide:				Click Here fo	or Memo Itemization
Occupation OWNE	2	Employer	DELTA	MANACEN M TWP M	LENT	·	or Michio Romazation
Business Address	40680 GA	deces	CLINA	N TWP M	1 48038		
Type of Contribution:	Direct	Loan from	n a person	K Fund Raiser			
3. Contribution #2	PAC Receipt?	YES	4. Date of R	eceipt -24	-17		
Name & Address	COANLY	_			``		
CARSWELL 2444 CRA	NEWDON	OR				1121260	1000
FENTON	MI 484	30				\$ 100.	s 100.00
5. If over \$100.00 our						Click Here to	r Memo Itemization
	nanve, prease pro	Employer					William Milliam
Occupation		_ Linployer					
Business Address				[7]			
Type of Contribution:		Loan fron	n a person	Y Fund Raise	·		
3. Contribution #3 Name & Address:	PAC Receipt?	YES	4. Date of F	Receipt 1-24	:-17		
WESTRICK	L, WILLIA	\sim					
6250 W	EST RID					\$ 100	\$ 100.00
WASHING	M More	4809	4			Click Here for	r Memo Itemization
5. If over \$100.00 cum	nu lative , p lea se pro	ovide:				CIICK FIELE IO	I WEITO RETIIZAROTI
Occupation		_ Employer_					
Business Address				F-3			
Type of Contribution:	Direct	Loan from	n a person	X Fund Raise	r		
3. Contribution #4 Name & Address	PAC Receipt?	YES	4. Date of	Receipt 1 - 2	4-17		
105501 1	BRIAN						
1 1 6 11 1 1 1 1 1 1 1 1 1 1 1 1 1	47VLL) U ~ 1~	SLUIS	1			· 500°	50000
GROSS PUIS	NIE MOO	DS MI	4823	4		<u></u>	\$
5. If over \$100.00 cun						Click Here fo	r Memo Itemization
Occupation DRES	IDENT	_ Employ	rer <u>M \</u>	R PROPER	<u>ties</u> u	C	
Business Address 6	300 MACK	LAVE (arosse	PTE PARK	M1482	930	
Type of Contribution:			m a person	Fund Raiser	11 11 7		
					Page Subtotal	900,00	
				Grand Total of All			
			(0	Complete on last pag	e of Schedule)	Enter this total on	
						line 3a of Summary	1



Page _____ of ____

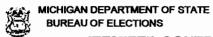
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number **CTE Kim Meltzer**

CANI	DIDATE CO	MMITTEE	2. Committee Nan	ne		
Enter contributor's name and middle initial. Check box to i Committee (PAC) Report all	ndicate if contribut	ion is from a Political Cor			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 P Name & Address: TLKUS, LOWIS 31275 NORTH CARMINGTON 5. If over \$100.00 oumulativ Occupation Business Address	HWESTERN HILLS Ve, please provide	, MI 48331	149	<u>1</u>	\$ 10000 Click Here fo	s <u>loo.ºº</u> r Memo Itemization
Type of Contribution: D	Pirect	Loan from a person	Fund Raiser			
3. Contribution #2 PAName & Address MILLER CAN 150 W JEFFE DETROIT M 5. If over \$100.00 ournulative	AL 482	AC STE 2500 26	ceipt 1-24-1	17	\$(\overline{\chi}).\frac{\chi}{\chi}} Click Here for	\$
Occupation	En	ployer				
Business Address						
Type of Contribution: Di	rect	Loan from a person	Fund Raiser			
Name & Address: 2540 SILVER OAKLAND T 5. If over \$100.00 cumulative Occupation OWNER Business Address 4510	2BELL F WP 1M re, please provide	2D. l 48 <i>306</i> : :mployer <u>Mo<i>CE</i>R</u>	MILY TRUS		\$ <u>300. (*)</u> Click Here for	\$ 300.00 Memo Itemization
3. Contribution #4 P	AC Receipt?	YES 4. Date of F	Receipt 1-24	~17		
Business Address	EU PLAN	kro sr	ust E5		\$ 10000 Click Here for	\$ \ \\ Memo Itemization
		(C	Page Grand Total of All Sche Implete on last page of		Enter this total on line 3a of Summary	-



Page _____ of ___

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

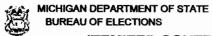
0136802

1. Committee I.D. Number

2. Committee Name

CTE Kim Meltzer

middle initial. Check bo	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.						7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?		YES 4. Date of	f Receip	1-24-17		
Name & Address: JARNIS, W 41800 EXE 14ARRISON	scuringe i	\mathcal{D}_{i}	2. 48045			s 2M&	• 200.∞
5. If over \$100.00 sums Occupation 6 WNE	untive, piease pro	VIG	\Δρ.	115 #	PROPERTY RESTURAT	Click Here to	r Memo Itemization
	1800 CVS.	_ '	employer	20016	184 m Just 100	1.15	
		11	NEIDE H	46K12	186 my And And	99	
Type of Contribution:	Direct		Loan from a person	X	Fund Raiser		
3. Contribution #2	PAC Receipt?		YES 4. Date o	f Receipt	1-24-17		
Name & Address	HAL.				•		
34285 G	ODECRE	N	HWY			100	100000
34285 9		-,- . <i></i>	110026			\$ 100.0c	s_ (00.0°
CLINTON							
5. If over \$100.00 cumu	ilatīve, please pro	vide) :			Click Here for	r Memo Itemization
Occupation	·····	. En	nployer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution #3	PAC Receipt?		YES 4. Date of	of Receip	1-24-17		
Name & Address:	-04-0						
SAPH, STI	EPHEIS					s 10000	\$ (00,00
44 MACO				\ -		·	\$ (00,
りょうひょう 5. If over \$100.00 cumu				シン	M148046	Click Here for	Memo Itemization
Occupation			Employer				
Business Address							
Type of Contribution:	Direct		Loan from a person		Fund Raiser		
3. Contribution #4 Name & Address	PAC Receipt?		J	of Recei	pt 1-24-17		
ARAGONA, 1 3321 VINE ROCHESTER	FRANK	,					
3321 VINE	YARIS HU	- (1 1020			\$ 100.00	\$ 100.00
ROCHESTER 5. If over \$100.00 cum	HILLS, V	v	1 48506				-
a. IL GABL \$ JAN' AN OFFICE	uuruve, piease pro	AIG				Click Here for	Memo Itemization
Occupation		_	Employer				
Business Address							
Type of Contribution:	Direct	Γ	Loan from a person	\Box	Fund Raiser		
-		-		IX	Page Subtotal	EMM	1
					. age cunidal	500.0	-
					nd Total of All Schedules 1A ete on last page of Schedule)		
				(Contract)	no on mor page or correctio) .	Enter this total on	
Pageof						line 3a of Summary Page.	



Page _____ of ___

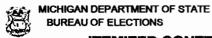
ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number	0.00002
CTI	E Kim Meltzer

	ox to indicate if cor	ntribution is from a Politic		nter last name, first name, tee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: WILSON, O 49572 CON CHESTERP 5. If over \$100.00 cum Occupation Business Address	NPASS PT IELD , MI	E DR. 1. 48047	e of Receip	1-24-17	s / () () () () () () () () () () () () ()	
Type of Contribution:	Direct	Loan from a perso	n X	Fund Raiser		
3. Contribution #2 Name & Address CLIS PIG NA 37135 WC CLINTUN 5. If over \$100.00 ourn	TWP M	NEENT TE DR 1 48036	of Receip	1-24-17		s / () ().oc
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a persor		Fund Raiser		
3. Contribution #3 Name & Address: PUGGER1, 55764 3 5. HELBY 7 5. If over \$100.00 our	ST. REGI TWP MI	5 DR 1 48315	e of Recei	n 1-24-17	s /∪∂.∞ Click Here for	\$/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Occupation		Employer				
Business Address						
Type of Contribution:	Direct	Loan from a perso	n X	Fund Raiser		
3. Contribution # 4 Name & Address LANDT, - 18899 21 MACDM 2 5. If over \$100.00 cum Occupation Business Address Type of Contribution:	MI 46	<u> </u>	n V	pt 1-24-17 Fund Raiser		\$ / Ú Ú . º º · · · · · · · · · · · · · · · · ·
	D. 0.0.		<u> </u>	Page Subtota	400.	T
				nd Total of All Schedules 1A ete on last page of Schedule		_



Page _____ of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

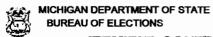
0136802

line 3a of Surgmary

Page.

1. Committee I.D. Number ______
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 all contributions regardless of amount.	Electi	mulative for on Cycle for Each ibutor (Through
3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 1-24-17 Name & Address: CAR NAGHI, DUNALD 41825 ALDEN DR CLINTON TWP M 48038 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct	1	of receipt)
STROUS, VITO 205 N GRATIOT MT. CLEMENS MI 48843 5. If over \$100.00 cumulative, please provide: Occupation BUS, OWNER Employer RUEHLE'S TOWING Business Address 205 NB GRATIOT AVE MI CLEMENS C Type of Contribution: Direct Loan from a person X Fund Raiser	\$ <u>200.00</u> \$ \$ Click Here for Mem	
3. Contribution \$3 PAC Receipt? YES 4. Date of Receipt 1-24-17 Name & Address: VESPER, NANCY 20445 ST. LAURENCE DR CLINTON TWP MI 48038 5. If over \$100.00 cumulative, please provide:	s <u>200,00</u> s_ Click Here for Memo	
Occupation BUS, DUNER Employer VESPER COMPANIES Business Address 42100 CARFIELD CLINTON TWP MICE Type of Contribution: Direct Loan from a person Fund Raiser	8038	
3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 1-24-17 Name & Address JOHNSON, CRAIG 38577 FOXCROFT ST HARRISON TWP ML 48045 5. If over \$100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: Direct Loan from a person Trunk Fund Raiser	s 100 a s_	
Page Subtot Grand Total of All Schedules 1/ (Complete on last page of Schedule	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	



Page _____ of ___

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

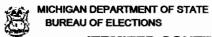
CANDIDATE COMMITTEE

0136802

Page.

1. Committee I.D. Number ______
CTE Kirn Meltzer

	x to indicate if cont	contribution is from an inc tribution is from a Politica regardless of amount.			6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: DOLAN, J 42850 GA CUNTON	PAC Receipt? ACIL LFIELD TWP M		of Receipt	1-24-17	s 300.00	: 300.°°
5. If over \$100,00 cum	ulative, please pro	ovide:			Click Here fo	r Memo Itemization
Occupation ATTOK	NEY	_ Employer_\(\int\) \(\int\)	<u>4,120</u>	AN TOMUNS	\sim Ω	
Business Address 43	1850 GIM	ZAIELD STE	101 (2,1, 48038		
Type of Contribution:	Direct	Loan from a person	X	und Raiser		
3. Contribution #2 Name & Address MUDGE, CA	PAC Receipt?	YES 4. Date	of Receipt _	1-24-17		
35311 GAR CLINTON TO	RETT DE	2 8035			\$ 100.00	\$ 100.00
5. If over \$100.00 cumu					Click Here for	Memo Itemization
Occupation 3		Employer				
Business Address		_				
Type of Contribution:	Direct	Loan from a person	冈	Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES 4. Date	of Receipt	1-24-17		
RIBERAS, H 6471 META STERLING	20 AKWY	/ リリンス・コ			<u>\$ 200.00</u>	<u>\$ 200.00</u>
5 If over \$100 00 ours	ilative please pro	wide.			Click Here for	Memo Itemization
Occupation DIRECT	UR of REA	Employer Run				
Business Address <u>CH</u> Type of Contribution:	71 METR	Loan from a person		3 MI 48312 Fund Raiser		
3. Contribution # 4	PAC Receipt?	YES 4. Date	of Receipt	1-24-17		
Name & Address RONCELLI,		HARON	-			
69900 HU ARMADA 1		1 hears			s 200,0c	s 200°00
5. If over \$100.00 cum						
Occupation AUUS	•				Click Here for	Memo Itemization
Business Address						
Type of Contribution:	Direct	Loan from a persor		Fund Raiser		
	·			Page Subtotal	810,00	
			Grand	Total of All Schedules 1A	146.64	
			(Complete	on last page of Schedule)	Enter this total on	_



Page _____ of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

CANDIDATE COMMITTEE

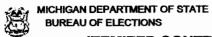
0136802

Page.

1. Committee I.D. Number

CTE Kim Meltzer

Enter contributor's nam middle initial. Check b Committee (PAC) Repo	ox to indicate if cont	ribution is fro	m a Political		nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES	4. Date of	Receip	1-24-17		
Name & Address:	1.120	_			3		
CAMPBELL, L	AURT						
6690 VERI	WOOR					. 100.00	\$ 100.0-
TROY M 5. If over \$100.00 our	48098					• <u>100</u>	
Occupation		vice: Employer				Click Here for	or Memo Itemization
Business Address		_ Liipsoyei					
Type of Contribution:	Direct	Loan fro	m a person	X	Fund Raiser		
3. Contribution #2	PAC Receipt?	YES	4. Date of				
Name & Address	٠ .				1 0-1 11		
ELLIOT, K	ATHY						
27442 CL		E				s 100.∞	\$ 100.00
CHESTERF			7)				
5. If over \$100.00 ours	. •		(Click Here fo	r Memo Itemization
Occupation		Employer_					
Business Address							
Type of Contribution:	Direct [Loan froi	m a person	X	Fund Raiser		
3. Contribution #3	PAC Receipt?	YES	4. Date of	f Receip	1-24-17		
Name & Address:		14.31		•	1 29-11		
CLINTON TO	, ,,		-				
43601 P	OMEO PLA	NR RI	7			\$ 200.°C	<u>\$ 200.°°</u>
CLINTON	TWP MI	4803	38			Click Horn for	Mama Haminatian
5. If over \$100,00 ourn	•					Click Here to	Memo Itemization
Occupation		Employer					
Business Address							
Type of Contribution:	Direct	Loan fro	m a person	X	Fund Raiser		
Contribution # 4 Name & Address	PAC Receipt?	YES	4. Date o	of Recei	1-24-17		
Name & Address	AMES						
FOWLER, J. 42189 LOC CLINTON	MINNES	ST					
42189 00	TWO MI	218029	/			\$ 100.00	\$ 100.00
5. If over \$100.00 cum)				:
3. Il Over \$100.00 cass	umuve, prease pro	vice.				Click Here for	Memo Itemization
Occupation		_ Emplo	yer				
Business Address							
Type of Contribution:	Direct	Loan fro	m a person	冈	Fund Raiser		
<u> </u>					Page Subtotal	500.∞	
				Gra	nd Total of All Schedules 1A		
					ete on last page of Schedule)	Enter this total on	J
						line 3a of Summary	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

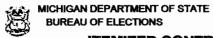
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

Enter contributor's nam middle initial. Check to Committee (PAC) Repo	ox to indicate if contri	ibution is fro	m a Political Co		iter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt?	YES	4. Date of R	eceipt	1-24-17		
Name & Address:	MADI AIN	4			,		
BACKOS, V	VIACCERT	СТ					
40797 PR	DVENCIAL	U(20			\$ 100.00	\$ 100.00
CLINTON 5. H over \$100.00 our	TWP MG	480	58				
						Click Here for	or Memo Itemization
Occupation		_ Employer				•	
Type of Contribution:	Direct	7		W	Fund Raiser		•
	Direct		m a person	ΙX		·	
3. Contribution #2 Name & Address	PAC Receipt?	YES	4. Date of R	eceipt	1-24-17		
DEVAULT,	MICHAEL						
7910 WAL						\$ 100.00	\$ (00,00
		90110				1001	• 1001
LAINGSBU 5. If over \$100.00 our	- /					Click Here fo	or Memo Itemization
		Employer_					
Occupation							
Business Address	70:	٦		冈	Fund Poisor		
Type of Contribution:	Direct	_	n a person		Fund Raiser		
Contribution # 3 Name & Address:	PAC Receipt?	YES	4. Date of F	Receip	1-24-17		
MAZZA, TI	Homas						·
20186 Cour	VTRYSIDE	DR				\$ 100.00	s 100.00
MACOMB I	MI Hemil	4					· · · · · · · · · · · · · · · · · · ·
5. If over \$100.00 eum		,				Click Here fo	r Memo Itemization
Occupation		Employer					
Business Address Type of Contribution:	Direct	Loan fro	m a person	V	Fund Raiser		
3. Contribution #4	PAC Receipt?	YES	4. Date of				
Name & Address	•				pt 1-24-17		
BONNER,	MARIA						
BONNER, 2606 PEB DAKLAND	BLE BEAG	CH DR	2			s 200.00	. 2000
DARLAND	MI 48	363					• 000.
5. If over \$100.00 cum	nulative, please pro	vide:				Click Here fo	or Memo Itemization
Occupation		Emplo	yer				
Business Address							
Business Address Type of Contribution:	Direct	Loan fr	om a nereon	V	Fund Raiser		
Type of Continuation.	Direct	Loan Ire	om a person	M	Page Subtotal	E000	1
			5. Z		rage outtotal	500,60	_
			"		nd Total of All Schedules 1A ete on last page of Schedule)		
			,		on an page of outcome	Enter this total on line 3a of Summar	v
Page of	_					Page.	,



Page _____ of ____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

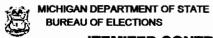
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number _______CTE Kim Meltzer

Enter this total on line 3a of Summary

Enter contributor's nan	ne and address. If o			enter last name, 1	3	6. Amount	7. Cumulative for
middle initial. Check b Committee (PAC) Rep	ox to indicate if cont	ribution is from a	Political Comm				Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt?	YES 4	. Date of Rece	ipt $1-2$	4-17		
Name & Address: IJARMALA,	MAN	_		3			
30850 BG	MISRO					6 .	A
BELLEVILLE	_	11				\$ 200.00	s200.00
5. If over \$100.00 our	•					Click Horo to	r Memo Itemization
Occupation Hous	EWIFE	Employer		W	· ·	CIICK HEIE IO	Memo Remization
Business Address							
Type of Contribution:	Direct	Loan from a	person X	Fund Raiser			
3. Contribution #2 Name & Address	PAC Receipt?	YES 4	Date of Recei	pt <u>1-24</u>	-17		
MANZELL	A. VINCE						
18751 W		۷.				s 100°	\$ 100.00
CLINTON TU	P M14	8038				<u> </u>	
5. If over \$100.00 our	,					Click Here for	Memo Itemization
Occupation		_ Employer					
Business Address							
Type of Contribution:	Direct	Loan from a	person X	Fund Raiser		•	
3. Contribution #3 Name & Address;	PAC Receipt?	YES 4	I. Date of Rece	ipt 1-2	4-17		
ADDIS, ALB	ERT						
12900 HAD	LRD STE	350				<u>\$ 200,00</u>	s 200.°°
ST. HGTS N. 5. H over \$100.00 our	11448313	vide:				Click Here for	Memo Itemization
Occupation ATTO		Employer C	PEHLY	PANCILL	10		
Business Address						3/3	
Type of Contribution:	Direct	Loan from a		Fund Raiser			
3. Contribution #4	PAC Receipt?	YES	4. Date of Rec	eipt $/-2$	4-17		
TOWNER,	CHARLES				,		
39757 B	RYLOR CT	-				200 co	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
CLINTON	TWP MI 4	(8038				s 200.00	\$ 200.00
5. If over \$100.00 oun				- TV 4 V	NER	Click Here for	Memo Itemization
Occupation ATT	DRNEY	_ Employer	TUWNE	ER ETOWN		C.I.O.K 1 1010 101	
Business Address	38770 G	ARFICES	#100	C.T. 48	3038		
Type of Contribution:		Loan from a	F-7	Fund Raiser			
				F	Page Subtotal	700.04	
			G	rand Total of All S	Schedules 1A		
				plete on last page			i



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

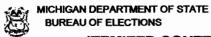
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

	ox to indicate if cont	tribution is from a Politica		nter last name, first name, ee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: CHABOT,	PAC Receipt?		of Receip	1-24-17		
41605 LG CLINTON 5. If over \$100.00 cum	XINGTON WP NU ulative, please pro	48038			<u>\$ 550.°</u>	
Occupation ENG	INEER	Employer GIG	ELS	WEBSTER	Click Here to	or Memo Itemization
Business Address 6	303 Aler	M RD WASH	MP	120 my 48094	*	
Type of Contribution:	Direct	Loan from a persor		Fund Raiser		
Contribution #2 Name & Address	PAC Receipt?	YES 4. Date	of Receipt	1-24-17		
BACKOS, C 40741 PRI CLENTON	HRIST ENENCAL	CT 1 48 <i>6</i> 38			; 200.°	\$ 200°
5. If over \$100.00 cum	ulative, please pro	vide:			Click Here fo	r Memo Itemization
Occupation OWN	R	EmployerEO	5 (0	NEY ISLAND		
		RD MACON				
Type of Contribution:	¬ г	Loan from a person		Fund Raiser		
3. Contribution # 3 Name & Address:	PAC Receipt?		of Receip	1-24-17		
SCOTT, L	AWEREN	1CE = = = = = = = = = = = = = = = = = = =			\$ 100,00	1000
12900 HA ST. HGH	il KD	18313				
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here to	Memo Itemization
Occupation		Employer				
Business Address Type of Contribution:	Direct	O Loop from a pomor	. I⊽I	F 4 Deines		
3. Contribution #4	PAC Receipt?	Loan from a person	of Recei	Fund Raiser		
Name & Address	r no recorpi	L 123 4. Dail	o or inducti	pt 1-24-17		
SIEBERT,	MICHAE	_			1000	100
19500 HA	LED +	L \$101 W1 48038 ovide:	S		\$ 100,0	\$ 100,00
5. If over \$100.00 cum	ulative, please pro	ovide:			Click Here for	Memo Itemization
Occupation		_ Employer				
Business Address						
Type of Contribution:	Direct	Loan from a persor	V	Fund Raiser		
				Page Subtotal	65000	
				nd Total of Ali Schedules 1A	, ,	
			(riompi	ete on last page of Schedule)	Enter this total on line 3a of Summary	



Page _____ of _____

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

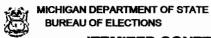
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number	0.00002	
CT	F Kim Meltzer	

Enter this total on line 3a of Summary

Enter contributor's nam middle initial. Check be Committee (PAC) Repo	ox to indicate if cor	tribution is from	n a Political			6. Amount	7. Curnulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: BUG AU SK 39687 BH 5. Nover \$100.00 ours	PAC Receipt? L SAM L DQUE TWP ulative, please pr	LI JEL BLYD MI 48 ovide:	4. Date of	f Receipt 1- 2	477	\$Click Here fo	s 50°°°
Occupation	·	Employer.				•	
Business Address	T _D im at	П		Mr. ani			•
Type of Contribution: 3. Contribution #2 Name & Address SERLA, M 1660 HOW	ARD ALL	YES	4. Date of	Fund Raise	04-17	: 15N), ⁶⁰	\$ 1500.00
DETROIT 5. If over \$100.00 our Occupation DWNS Business Address 16	ulative, please pr	ovide:	SERRA	+ PRODUCÉ	CO	Click Here fo	r Memo Itemization
	Direct	1) DE	1 KON	Fund Rais			
Type of Contribution: 3. Contribution #3 Name & Address: PAPE ANT LLG33 CAN CLINTON	PAC Receipt?	YES		of Receipt /		- 1M 00	· ~\a
CLINTON	AL RÍS TWP M	11480	38			Click Here for	Memo Itemization
5. If over \$100.00 cum	ulative, please pr	DVI de :		G N. CADA	L TOWING		Memo Itemization
5. If over \$100.00 euro Occupation OWNE Business Address Type of Contribution:	rulative, please pr	Employer_	GARFI	ED: CAOLA	48038		Memo Itemization
Occupation OWNE Business Address 11 Type of Contribution: 3. Contribution #4 Name & Address DILEGE \$55651	Direct PAC Receipt?	Employer_ Loan fror YES	GARFI INTON n a person 4. Date	TWP ML C	48038 ser 24-17	: 100.°°	s
Occupation OWNE Business Address 12 Type of Contribution: 3. Contribution # 4 Name & Address DILEGE 5. Hover \$100.00 ourn Occupation Business Address	PAC Receipt? DAN IEL WHITNE Walletive, please pr	Employer_ Loan fror YES	CARFI INTON n a person 4. Date	TWP MI Fund Rais of Receipt /-	48038 ser 24-17	: 100.°°	\$ 100°



Page _____of _

ITEMIZED CONTRIBUTIONS SCHEDULE 1A

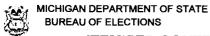
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

	ox to indicate if con	tribution is from a Politica	lividual, enter last name, first name Il Committee or an Independent	e, 6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: SANTIA, F 37598 PF CLINTON	PAC Receipt? LLBERT XULA CT V TWP 1	YES 4. Date	of Receipt 1-24-17	\$ 100.0°	\$100.00
5. If over \$100.00 cum Occupation	kulative, please pro			Click Here fo	r Memo Itemization
•				-	
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #2	PAC Receipt?	YES 4. Date	of Receipt 1-24-17		
Name & Address PUGGIRELL 18987 RIV CLINTUN	D, PETE ERWAY TWP N	I L CT U 48038		\$ 100.00	\$ 100.0
5. If over \$100.00 oum				Click Here to	r Memo Itemization
Business Address					
Type of Contribution:	Direct	Loan from a person	Y Fund Raiser		
•	PAC Receipt?	YES 4. Date	of Receipt 1-24-1	7	
Name & Address: LAVINID, 18341 NAP CLINIDA 5. If over \$100.00 our	TWP N	148036		\$ 100.06	\$ (\(\subseteq \). \(\subseteq \). \(\subseteq \) Memo Itemization
Occupation		_ Employer			
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
3. Contribution #4 Name & Address IRONS, AN IS 656 CR CLINTONTONT	PAC Receipt?		e of Receipt 1-24-17		
(8656 CK	WP MI	48638		\$100.06	\$ 10000
5. If over \$100.00 our				Click Here for	Memo Itemization
Occupation		Employer			KOIIILAROII
Rusinoss Address					
Business Address Type of Contribution:	Direct	Loan from a person	Fund Raiser		
		:	Page Sub	total 400,0	
			Grand Total of All Schedule: (Complete on last page of Sche	s 1A tule)	
				Enter this total on line 3a of Summary	



ITEMIZED CONTRIBUTIONS SCHEDULE 1A

0136802

1. Committee I.D. Number CTE Kim Meltzer

С	ANDIDATE C	COMMITTEE	2. Committee Name		
	ox to indicate if conti	ribution is from a Political C	dual, enter last name, first name, committee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: OLINZOXX 35855 Mb. CUNTON 1 5. If over \$100.00 cum			Receipt 1-24-17	\$ <u>/ (∕∕).</u> ∞ Click Here t	s_(ΟΟ, δ ^ο for Memo Itemization
Business Address Type of Contribution:	Direct	Loan from a person	X_Fund Raiser		
3. Contribution #2 Name & Address LESSER 2706 TURT BLOOMFIEL				\$ 100. ^{cs}	
5. If over \$100.00 ourn Occupation	ulative, please prov	vide: Employer		Click Here to	or Memo Itemization
Business Address					
Type of Contribution:	Direct	Loan from a person	Fund Raiser	_	
3. Contribution # 3 Name & Address: \(\subseteq (\subseteq \infty) \), \(N \) \(\subseteq (\subseteq \infty) \), \(N \) 5. If over \$100.00 cum Occupation Business Address Type of Contribution:	breune I	-1	Receipt 1 - 34-17	\$ / O D . O C	s / W. Oc or Memo Itemization
5. If over \$100.00 cum Occupation Business Address	ulative, please pro	_ Employer	3		s <u>/ () ()</u> . ^{() ()} or Memo Itemization
Type of Contribution:	Direct	Loan from a person	Fund Raiser	1 14 - 2	
			Page Subtota	700.	_

(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.

Page _____ of _____



SCHEDULE 1B CANDIDATE COMMITTEE

0136802	01	36	8	0	2
---------	----	----	---	---	---

1. Committee I. D. Number	
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 CLINTON TWP FIRE FIGHTERS ASSOC		<u>U-1817</u> Date	\$ 7500
Address 42601 Romeo Plank Rd	Purpose: HOLE SPONSOR Click H		temization Type
CENTRON TWP MI 48038	Check box if this expenditure is payment of		•
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #2			
Name		3-14-17	\$ 35,00
MADO	Purpose: Jundraiser	Date	
Address	Purpose: YUNAJAJEN		
10810 Belleville Rd	Click He	ere for Memo I	temization Type
Belleville M 48111	Check box if this expenditure is payment of		
Fund Raiser	विकी or obligation reported on previous statement		
Expenditure #3			
Name JBALDWINS		1-24-17	\$1880.17
Address 16981 18 MILERO	Purpose: fundraiser-ford	Date	10001
CLINTON TWP M 48038	Click He	ere for Memo I	temization Type
CCINTON TWP M 48030	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name USPS		1-9-17 Date	\$ 141.00
Address 42383 GARFIELD	Purpose: STAMPS	Date	111.00
CLINTON TWP MI 48038	Click Ho	ere for Memo I	temization Type
	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #5			
Name STAPLES		12-27-14	° \$ <u>28.61</u>
Address	Purpose: Computer ink	Date	* <u>08.61</u>
31900 GRATIOT	'	oro for Mome !	tomization Tuno
ROSEVILLE MI 48046	Check box if this expenditure is payment of	ele ioi menio i	temization Type
Fund Raiser	debt or obligation reported on previous statement		
	Subtol	tal this page	2159.78

2. Committee Name

(Complete on last page of Schedule)

Enter this total on line 8a of Summary Page

Grand Total of all Schedules 1B



ITEMIZED EXPENDITURES **SCHEDULE 1B** CANDIDATE COMMITTEE

01	3	6	8	O	2
υı	J	U	u	v	_

0100002		
1. Committee I. D. Number		
CTE Kim Meltzer		
4 Purpose (Required Information)	5. Date	6. Amount

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6. Amount
Expenditure #1 Name TRIANCIE PRINTING Address 30520 GRATIOT AUE ROSEVILLE MI 48066 Fund Raiser	Purpose: tickets	Date \$217,30 pare for Memo Itemization Type
Expenditure #2 Name CHARLIE KADADO Address 42862 HUSBORD DR MALUMB MI 48044 Fund Raiser	Purpose: Media Setup	Date \$
Expenditure #3 Name JOHN FOREST Address 43857 CATAWPA CLINTON TWP MI 48038 Fund Raiser	Purpose: CAMALON MANAGAM Click Ho Check box if this expenditure is payment of debt or obligation reported on previous statement	12-20-16 \$ 2600,000 rere for Memo Itemization Type
Expenditure #4 Name PAU GRAPHICS Address 214 CROCKER BLVD MT CLEMENS MI 48043	Purpose: FUER	Date \$ 102.60
Expenditure #5 Name Address Fund Raiser	Purpose:Click H Check box if this expenditure is payment of debt or obligation reported on previous statement	Date \$ lere for Memo Itemization Type
	Subto	

Enter this total on line 8a of Summary Page

Page 2 of 2



0136802 1. Committee I.D. Number

•	_	-				_		_	-	-	-	_	-	-	_	
	S	C	1	łE	D	UI	_E	1	Ε							

SCHEDULE IE	CIEKIM M	eltzer		
CANDIDATE COMMITTEE 2. Co	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed <u>by</u> or forgiven the comm (Chec	mittee OR b. Debts ck either a or b. Use only for the pu	and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: KIM MELTZER 20585 LEELANAN TR CLINTON TWP MI 48038 If bank loan, name of endorser or guarantor:	4. Type: 10an 5. <u>Date Debt Was Incurred</u> : 4-11-12 6. <u>Original Amount of Debt</u> : \$ 29.95	\$ \$ \$ \$ \$ \$ Amo	\$ unt Endorsed: \$	\$ <u>28, 815.74</u>
Debt#2 Owed to or by: KIM MELTZER 20585 LEELANAN TR CLINTON TN P MI 48038	4. Type: 1000 5. <u>Date Debt Was Incurred</u> : 04-15-12 6. <u>Original Amount of Debt</u> : \$_1017	\$ \$ \$ \$ \$	\$	\$ <u>28,825.9</u> 1 forgiven
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_	
Debt#3 Corp: Yes Owed to or by: KIM MELTZER 20585 LEELANAUTR CLINTONTWP MI 48038	4. Type: 16an 5. <u>Date Debt Was Incurred</u> : 04-18-12 6. <u>Original Amount of Debt</u> : \$_300.00	\$ \$ \$ \$	\$	\$ <u>29,12591</u> forgiven
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	340.12
(C	omplete on last page of Schedule s	Grand Total showing amounts owed by c	of all Schedules 1E or to the committee)	29,125.91 Enter this total
				on line 42e Powerd

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.

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

Page of 11



DEBTS AND OBLIGATIONS SCHEDULE 1E

0136802

1. Committee I.D. Number	
CTE	E Kim Meltzer

CAND			AITTEE
CAND	IVAIC	COM	NITTEE

CANDIDATE COMMITTEE 2. CC	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed <u>by</u> or forgiven the comr (Chec	nittee OR b. Debts ck either a or b. Use only for the pu	and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: 0 an	\$		
KIM MELTZER 20585 LEELANAU TR CLINTON TWP MI 48038	5. <u>Date Debt Was Incurred</u> :	\$ \$ \$	\$	\$ <u>19,375.9</u> 1
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes Owed to or by: LIM MÉTZER 20585 LEELAN AU TR CLINTON TWP M 48038 If bank loan, name of endorser or guarantor:	4. Type: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\$\$\$\$	\$	\$ <u>39,391.8</u> forgiven
Debt #3 Corp? Yes			louin Endorsou. V	
Owed to or by: KIM MELTZER 20585 LEELANAN TR CLINTON TWP MI 48038	4. Type: \(\(\text{\$\end{\end{\end{\end{\end{\end{\end{\end{	\$ \$ \$ \$	\$	\$2969121
If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	585.90

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) \mathcal{P}_{i}

Enter this total

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.

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

Page 2 of 11



0136802

DEDIG AND COLICATIONS	1. Committee I.D. Number
SCHEDULE 1E	CTE Kim Meltzer
CAMBIDATE COMMITTEE	2. Committee Name

CANDIDATE COMMITTEE				
This Schedule itemizes:				
a Debts and obligations owed <u>by</u> or forgiven the comr (Chec	mittee OR b. Debts ok either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	Type of Obligation (Description) Indicate date debt was incurred Indicate original amount of debt	7. Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: Loca	<u> </u>		
KIM MELTZER	5. Date Debt Was Incurred:	\$		
20585 LEELANAU TR.	4-25-12	\$		\$29,696.81
CLINTON TWP MI 48038	6. Original Amount of Debt	\$	\$	\$001,000
	\$504			FORGIVEN
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$	
Debt #2 Corp? Yes	T //			
Owed to or by:	4. Type: Lotur	\$		
KIM MELTZER	5. Date Debt Was Incurred:	\$		
20585 LEELANAUTR	5-1-12	\$		\$29946.81
CLINTON TWP MI 48038	6. Original Amount of Debt: \$ 250,∞	\$	I \$	\$ \$ 15,740.8
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$	
Debt #3 Corp? Yes	0			
Owed to or by:	4. Type:	\$		
KIM MELTZER	5. Date Debt Was Incurred:	\$		
20585 LEGANAUTR	6. Original Amount of Debt:	\$		\$29,962.71
CLINTON TWA M 48038	15.90	\$. \$	FORGIVEN
	\$	\$		FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_	
		Page Subtotal	(Outstanding debt)	270.9b
(C	omplete on last page of Schedule :	Grand Total showing amounts owed by o	of all Schedules 1E 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

Page 3 of 11



0136802 1. Committee I.D. Number

DEDI	J	AITU	, OL	,_,	U A	٠	ı Oı	٧.
	S	CHE	DU	LE	1E			

CTE Kim Meltzer

CANDIDATE COMMITTEE 2. Co	ommittee Name			
This Schedule itemizes:				
a Debts and obligations owed <u>by or forgiven the comm</u> (Chec	nittee OR b. Debts k either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	r forgiven <u>by</u> the con	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: KIM WELTZER 2058.5 LEELANAU TR CLINTON TWP MI 48038 If barik loan, name of endorser or guarantor:	4. Type: 166~ 5. <u>Date Debt Was Incurred</u> : 6. <u>Original Amount of Debt</u> : 1,50	\$ \$ \$ \$ \$ Ame	\$	\$ <u>29,964.2</u> 1
Debt #2 Corp? Yes		-		
Owed to or by: KIM NELTZER 20585 LEELANAU TR. CLINTON TWP MI 48038	4. Type: 100.00 5. <u>Date Debt Was Incurred</u> : 10-20-12 6. <u>Original Amount of Debt</u> : \$_25,44	\$ \$ \$	\$	\$29,989,65 forgiven
If bank loan, name of endorser or guarantor.		An	mount Endorsed: \$_	
Debt#3 Corp: Yes Owed to or by: KIM MELTZER 20585 LEELANAU TR CLINTON TWP MI 48038	4. Type: Low 5. <u>Date Debt Was Incurred</u> : (-21-12 6. <u>Original Amount of Debt:</u> \$15.90	\$\$\$\$	\$	\$ <u>20,006,5</u> 5 forgiven
If bank loan, name of endorser or guarantor:		^	mount Engoised. \$_	
			l (Outstanding debt)	42.84
(C	omplete on last page of Schedule	Grand Total showing amounts owed by	of all Schedules 1E or to the committee)	30,005,55

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.

Page U of 1

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

Summary Page



0136802 1. Committee I.D. Number

SCHEDULE 1E

CTE Kim Meltzer

		OTE THIS MOREO
CANDIDATE COMMITTEE	2. Committee Name	

CANDIDATE COMMITTEE						
This Schedule itemizes:						
a Debts and obligations owed <u>by</u> or forgiven the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)						
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)		
Debt #1 Corp? Yes Owed to or by:	4. Type: 06-	\$				
KIMMELTZER 20585 LEELANAN TR CLINTON TWP ML 48038	5. Date Debt Was Incurred:	\$	•	30019.92		
CLINTON TWF MCC 48038	6. Original Amount of Debt: \$	s		FORGIVEN		
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _			
Debt #2 Corp? Yes Owed to or by:	4. Type: 150m	\$				
LIM METZER 20585 LEELANAUTR CLINTON TWP MI	5. Date Debt Was Incurred: 7-10-12 6. Original Amount of Debt: \$_33.68	\$ \$	\$	\$30,053.40		
US038 If bank loan, name of endorser or guarantor:		\$ An	nount Endorsed: \$_			
Debt #3 Corp? Yes Owed to or by:	4. Type: 10an	\$				
KIM MELTZER	5. Date Debt Was Incurred:	\$				
20585 LÉÉLANAUTR CLINTON TWP MI 48038	6. Original Amount of Debt: \$ 15.90	\$ \$	l _{\$}	\$30,069,50 FORGIVEN		
If bank loan, name of endorser or guarantor:		Aı	mount Endorsed: \$_			
		Page Subtotal	(Outstanding debt)	63.95		

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

30,069.50 Enter this total

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.

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



0136802 1. Committee I.D. Number

CTF Kim Meltzer

CANDIDATE COMMITTEE 2. Co	ommittee Name	101201		
This Schedule itemizes:				
Debts and obligations owed by or forgiven the comments (Chec	mittee OR b. Debt ck either a or b. Use only for the pu	s and obligations owed <u>to</u> or prose checked.)	r forgiven by the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? Yes Owed to or by: KIM MELTZER 20585 LEELANAU TR CLINTON TWP MI 48038	4. Type: Low Space Debt Was Incurred: 10 -11-12 6. Original Amount of Debt:	\$ \$ \$	\$	31,069.5
If bank loan, name of endorser or guarantor:	\$ [000.00	\$ Amo	ount Endorsed: \$ _	FORGIVEN
Debt #2 Owed to or by: KIM MELTZER 20585 LEELANAU TR CLINTON TWP MI 48038	4. Type: 160~ 5. <u>Date Debt Was Incurred</u> : 9-21-12 6. <u>Original Amount of Debt</u> : \$ 15.90	\$ \$ \$ \$	\$	\$ <u>31,085,4</u> 0
If bank loan, name of endorser or guarantor:		An An	nount Endorsed: \$_	
Debt #3 Corp? Yes Owed to or by: LIM MELTZER	4. Type: 1000 5. <u>Date Debt Was Incurred</u> :	\$\$		
20585 LEELANAUTR CLINTON TNP MI 48038	10-21-12 6. Original Amount of Debt \$ 19.90	\$ \$ \$	\$	\$31,105.30 FORGIVEN
If bank loan, name of endorser or guarantor:		Ar	mount 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)

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

Page 6 II



	01368	02		
DEBTS AND OBLIGATIONS 1. Co	ommittee I.D. Number			
SCHEDULE 1E	CTE Kim M	leltzer		
CANDIDATE COMMITTEE 2. Co	ommittee Name			
This Schedule itemizes:				
Debts and obligations owed <u>by or forgiven the com</u> (Chec	mittee OR b. Debtsck either a or b. Use only for the pu	s and obligations owed <u>to</u> or rpose checked.)	forgiven by the cor	nmittee.
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	Outstanding Balance at close of this period
Check box to indicate whether debt is owed to an	incurred		date on debt	(Item 6 minus
incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	6. Indicate original amount of debt			Item 8)
Debt #1 Corp? Yes Owed to or by:	4. Type: 6	s		
LIM MELTZER	5. Date Debt Was Incurred:	\$		
20585 LIELANAUTE CUNTON TOP MI 4703X	1100612	\$		21 12/15
austral two MI	6. Original Amount of Debt		\$	\$ <u>21,129.8</u>
CCINION 1001, 4X638	s 29.58			FORGIVE
	1 * <u>// // // // // // // // // // // // //</u>	\$		L
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _	
Debt #2 Corp? Yes	4. Type: 1000	\$		

If bank loan, name of endorser or guarantor: Amount Endorsed: \$ Debt #3 Corp? 4. Type: 156~ Owed to or by: 5. Date Debt Was Incurred: HIM MELTZER 11-6-12 20585 LEELANAUTE 31,170,55 6. Original Amount of Debt: **FORGIVEN**

Amount Endorsed: \$ If bank loan, name of endorser or guarantor

5. Date Debt Was Incurred:

11-6-12 6. Original Amount of Debt:

Page Subtotal (Outstanding debt)

65.25

FORGIVEN

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

\$

\$

Enter this total

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

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

Owed to or by:

KIM METZER

20585 LEGANAU 1R

CLINTON TWO MI 48035



0136802 1. Committee I.D. Number

SCHEDULE 1E

CTE Kim Meltzer

CANDIDATE COMMITTEE 2. C	ommittee Name				
This Schedule itemizes:					
Debts and obligations owed <u>by</u> or forgiven the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)					
Name and Mailing Address of person, vendor or financial institution to whom debt is owed.	4. Type of Obligation (Description)	7. Date and amount of each payment	8. Cumulative payment to	9. Outstanding Balance at close	
Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	Indicate date debt was incurred Indicate original amount of debt		date on debt	of this period (Item 6 minus Item 8)	
Debt #1 Corp? Yes Owed to or by:	4. Type: 1000	\$			
KIM MELTZER	5. Date Debt Was Incurred:	\$			
20585 LEELANANTR	10-6-12	\$		\$31,2016.70	
CLINTON TWP MILESS	6. Original Amount of Debt	\$	\$		
	\$ 36.15			FORGIVEN	
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$		
Debt #2 Corp? Yes Owed to or by:	4. Type: 10am	\$			
KIM MELTZER	5. Date Debt Was Incurred:	s			
20585 LEGLANAU TR	11-6-12	s		\$31,216.02	
CLINTON TWP MI	6. Original Amount of Debt:	\$	l \$	\$ <u>27,814</u>	
48038	\$ <u>9.50</u>	s		FORGIVEN	
If bank loan, name of endorser or guarantor:		<u> </u>	nount Endorsed: \$_		
Debt #3 Corp? Yes	l. T. Vac-		lount Engorsed. ψ=		
Owed to or by:	4. Type: \(\sum_{\text{sec}} \)	<u> </u>			
KIM MELTZEL	5. <u>Date Debt Was Incurred</u> :	\$			
20585 LEELANAUTR	0 - 23 · 12 6. Original Amount of Debt:	\$		\$2,249.77	
CLINTON TWP MI 48038	\$ 3.75	\$	' \$	'	
CLIMINIA (5 1) Transcription	\$	\$		FORGIVEN	
If bank loan, name of endorser or guarantor:		Ar	mount 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)

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.

Page 8 of 1



0136802

DEBTS AND OBLIGATIONS	1. Committee I.D. Number
SCHEDULE 1E	CTE Kim Meltzer
CANDIDATE COMMITTEE	2. Committee Name

CANDIDATE COMMITTEE						
This Schedule itemizes:						
a Debts and obligations owed <u>by</u> or forgiven the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)						
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	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount	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)		
provide information regarding the endorsers or guarantors, if any.	of debt					
Debt #1 Corp? Yes Owed to or by:	4. Type:	\$				
KIM MELTZER	5. Date Debt Was Incurred:	\$				
20585 LEELANAUTR	10-24-12	\$	•	\$ 32,119.77		
CLINTON TWP MI 48038	6. Original Amount of Debt:	\$		FORGIVEN		
	<u> </u>	\$	i	1		
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$ _			
Debt #2 Corp? Yes Owed to or by:	4. Type:	\$				
KIM METRER	5. Date Debt Was Incurred:	\$				
20585 LEELANAU TR	6. Original Amount of Debt		s	\$32,649.77		
CLINTON TWP MI 48038	\$ 500,00	\$		FORGIVEN		
		\$		LFORGIVEN		
If bank loan, name of endorser or guarantor:		An	nount Endorsed: \$_			
Debt #3 Corp? Yes Owed to or by:	4. Type: Lou	\$				
KIM MELTZER	5. <u>Date Debt Was Incurred</u> :	\$				
20585 LEGIANAUTE	6. Original Amount of Debt	\$	\ _{\$}	34,219.77		
CLINTON two ML 48138	\$ 1600,00	<u> </u>		FORGIVEN		
If bank loan, name of endorser or guarantor:		\$A	mount Endorsed: \$			
ii balik loan, harrie of endorser of guarantor.						
				12000		

Page Subtotal (Outstanding debt)

Enter this total

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

on line 12a "owed by"" or line 12b "owed to" of the 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.

Page G of I



1. Committee I.D. Number

SCHEDULE 1E

CTE Kim Meltzer

	CANDIDATE COMMITTEE 2. Co	ommittee Name			
ſ	This Schedule itemizes:				
	Debts and obligations owed by or forgiven the comm (Chec	nittee OR b. Debts k either a or b. Use only for the pu	s and obligations owed <u>to</u> o rpose checked.)	r forgiven by the cor	mmittee.
	3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
	Debt #1 Corp? Yes Owed to or by:	4. Type: 100	\$		
ı	KIM MELTZER	5. Date Debt Was Incurred:	\$		
I	20585 LEELANAU TR	1-18-13	\$		24 37696
I	CLINTON TWP MI 48038	6. Original Amount of Debt	\$	\$	\$21,212/12
1	SS.1, 2.5. 1	s_156.18			FORGIVEN
I	If bank loan, name of endorser or guarantor:		\$	ount Endorsed: \$	
İ	Debt #2 Corp? Yes				
I	Owed to or by:	4. Type:			
I	CLARENCE MELTZER	5. <u>Date Debt Was Incurred</u> :	\$		
١	20585 LEELANAUTR	6. Original Amount of Debt:	\$	s	s34,592.71
I	CLINTON TWP MI48038	s 216.76	\$		FORGIVEN
ı		•	\$		FORGIVEIN
l	If bank loan, name of endorser or guarantor:		Ar	mount Endorsed: \$_	
	Debt #3 Corp Yes Owed to or by:	4. Type:	\$		
١	*	5. Date Debt Was Incurred:	\$		
	12im matrie	10-23-16	•		1466
	20585 LITELANAUTE	6. Original Amount of Debt:	\$	_{\$}	37,592.7(
	PLINTON TWO MUXXXX	\$ 3000 a)	D		FORGIVEN
			\$		
ı	If bank loan, name of endorser or quarantor:		Α	mount Endorsed: \$	

Page Subtotal (Outstanding debt)

3,372.94

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

37,592.71

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.

Page ______ of ______



1. Committee I.D. Number _____

SCHEDULE 1E

CTE Kim Meltzer

CANDIDATE COMMITTEE 2. C.	ommittee Name			<u> </u>		
This Schedule itemizes:						
a Debts and obligations owed <u>by</u> or forgiven the committee OR b. Debts and obligations owed <u>to</u> or forgiven <u>by</u> the committee. (Check either a or b. Use only for the purpose checked.)						
Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	Date and amount of each payment	Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)		
guarantors, if any.						
Debt #1 Corp? Yes Owed to or by:	4. Type: 10/20	\$				
ROSALIE MILLS	5. Date Debt Was Incurred:	\$				
5653 N LAKE DR KIMBALL TWP MI4807L	10-23-16	\$		\$38,592.71		
KIMBALL TWO MI4807L	6. Original Amount of Debt:	\$	\$			
	\$ 1000.00	 \$		FORGIVEN		
If bank loan, name of endorser or guarantor:		Amo	ount Endorsed: \$			
Debt #2 Corp? Yes		_				
Owed to or by:	4. Type:	<u> </u>				
	5. <u>Date Debt Was Incurred</u> :	\$				
	6. Original Amount of Debt:	\$	 	\$		
	\$	\$		FORGIVEN		
		\$		FORGIVEN		
If bank loan, name of endorser or guarantor:		Am	ount Endorsed: \$_			
Debt #3 Corp? Yes Owed to or by:	4. Type:	\$				
	5. <u>Date Debt Was Incurred</u> :	\$				
	C Original Assessment of Dahan	\$				
	6. Original Amount of Debt:	\$	' \$	•		
	\$	\$		FORGIVEN		
If bank loan, name of endorser or guarantor:		Ar	nount Endorsed: \$_			
		Page Subtotal	(Outstanding debt)			
(Co	omplete on last page of Schedule s		of all Schedules 1E or to the committee)	38,59271		

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

Page _____of _____



0136802

FUND RAISER SCHEDULE 1F CANDIDATE COMMITTEE

1. Committee I.D. Number

CTE Kim Meltzer 2. Committee Name - USE A SEPARATE SHEET FOR EACH EVENT -6. Address and Name (If any) of the 5. Type of Fund Raising Activity 3. Date Event Was Held 4. Number of Individuals Attending or Participating (whichever is place where the activity was held. greater) BALDWINS 1-24-2017 SUPERBOWL 81 18 Mi UNDNT Private Residence 7. Total Contributions 8. Other Receipts 9. Gross Receipts (Add lines 7 and 8) 10. Total Cost of Event (Total Cost includes In-Kind Contributions and All Expenditures Made For the Event) Check if event was a joint fund raiser and complete the following: **Contribution Split Expenditure Split** Co-Sponsor(s) (%) (%) 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 Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.