



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.

1. Committee I.D. Number 0136802		3. This Statement covers From: 11-29-2016 to 7-20-2017	
2. Committee Name CTE KIM MELTZER		4. Candidate Last Name MELTZER First Name KIM M.I. 4a. Office Sought Including District # or Community Served (If applicable) Clerk 4b. County of Residence MACOMB	
5. Committee's Mailing Address 18300 TARA DR CLINTON TWP., MI 48036 Area Code and Phone 586-709-1321 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address KIM MELTZER 18300 TARA DR CLINTON TWP., MI 48036 Area Code & Phone 586-709-1321	
7. Treasurer's Business Address SAME Area Code and Phone _____		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone _____	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.) 9e. <input type="checkbox"/> 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 lates 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 KIM MELTZER Type or Print Name		Signature <i>K. MelTZer</i> Date 07-20-2017	
Candidate KIM MELTZER Type or Print Name		Signature <i>K. MelTZer</i> Date 07-20-17	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 0136802

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Kim Meltzer

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>10,200.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
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.) \$ <u>10,200.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>5579.08</u>	
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.) \$ <u>5579.08</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>38,592.71</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>624.05</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>10,200.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,824.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>5579.08</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>5244.97</u> *	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt 1-24-17

Name & Address:

LOMBARDO TRUST, ANTHONY
13001 23 MILE RD STE 200
SHELBY TWP MI 48315

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation OWNER Employer LOMARDO HOMES

[Click Here for Memo Itemization](#)

Business Address 13001 23 MI RD SHELBY TWP MI 48315

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:

BROAD, GARY
20850 MOXON DR
CLINTON TWP MI 48036

\$ 200 \$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation OWNER Employer MIDWEST STEEL INC

[Click Here for Memo Itemization](#)

Business Address 2525 E GRAND BLVD DETROIT MI 48211

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 1-24-17

Name & Address:

SORRENTINO, SHERRY
14633 BREZA DR
SHELBY TWP MI 48315

\$ 200.00 \$ 200.00

5. If over \$100.00 cumulative, please provide:

Occupation HOUSEWIFE Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt 1-24-17

Name & Address:

SAPH, STEPHEN
21178 LILAC LN
CLINTON TWP MI 48036

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

700.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES
Name & Address:
MANCINI, STEVEN
37532 HIDDEN VALLEY CT
CLINTON TWP MI 48036

4. Date of Receipt 1-24-17

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES
Name & Address:

BERGER, JESSE
26351 25 MILE RD
CHESTERFIELD MI 48045

4. Date of Receipt _____

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer EASTERN MICH KENILWORTH

Business Address 43320 N. GRATIOT

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES
Name & Address:

\$ ~~100.00~~ \$ ~~200.00~~

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES
Name & Address:

GRILLO, ANGELO
50775 RICHARD W. BLVD
CHESTERFIELD MI 48051

4. Date of Receipt _____

\$ 100.00 \$ 100.00

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer GRILLO MANAGEMENT ASSOC.

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

300.00

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>ISAKOVIC, PETER</u> <u>55435 LEONARD CT</u> <u>SHELBY TWP MI 48316</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>FELLMY, ROBERT</u> <u>173 SMITH</u> <u>MT CLEMENS MI 48043</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>DEZIO, DONALD</u> <u>12111 BUGLE LAKE DR</u> <u>BRUCE TWP MI 48065</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>ELLIAS, MICHAEL</u> <u>39051 GARFIELD RD</u> <u>CLINTON TWP MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal

400.00

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

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>GEORGE, JAMES</u> <u>19634 WESTCHESTER</u> <u>CLINTON TWP MI 48038</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>DELTA MANAGEMENT</u> Business Address <u>40680 GARFIELD CLINTON TWP MI 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>CARSWELL, FRANK</u> <u>2444 CRANEWOODS DR</u> <u>FENTON MI 48430</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>WESTRICK, WILLIAM</u> <u>5250 WEST RD</u> <u>WASHINGTON MI 48094</u>		\$ <u>100</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>JOSEPH, BRIAN</u> <u>1316 LUCHMOOR BLVD</u> <u>GROSS POINTE WOODS MI 48236</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRESIDENT</u> Employer <u>MSR PROPERTIES LLC</u> Business Address <u>16300 MACK AVE GROSSE PTE PARK MI 48230</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

900.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <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	1-24-17
Name & Address: ELKUS, LOUIS 31275 NORTHWESTERN HWY STE 149 FARMINGTON HILLS, MI 48334		\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	1-24-17
Name & Address: MILLER CANFIELD PAC 150 W JEFFERSON STE 2500 DETROIT MI 48226		\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	1-24-17
Name & Address: FRANCIS MOCERI FAMILY TRUST 2540 SILVERBELL RD. OAKLAND TWP MI 48306		\$ 300.00	\$ 300.00
5. If over \$100.00 cumulative, please provide: Occupation OWNER Employer MOCERI & CO. Business Address 45100 S STERRITT UTICA MI 48317 Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	1-24-17
Name & Address: CHIRCO, MICHAEL A. LIVING TRUST 46600 ROMEO PLANK RD STE 5 MACOMB MI 48044		\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

1000.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>JARVIS, WILLIAM</u> <u>41800 EXECUTIVE DR.</u> <u>HARRISON TWP MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>JARVIS PROPERTY RESTORATION</u> Business Address <u>41800 EXECUTIVE DR HARRISON TWP MI 48045</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>ILLICH, PAUL</u> <u>34285 GROESBECK HWY</u> <u>CLINTON TWP MI 48035</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>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>SAPA, STEPHEN</u> <u>44 MACOMB PL</u> <u>PO BOX 46907 MT. CLEMENS MI 48046</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>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>ARAGONA, FRANK</u> <u>3321 VINEYARD HILL</u> <u>ROCHESTER HILLS, MI 48306</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 checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>

Page Subtotal

500.00

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SCHEDULE 1A
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1. Committee I.D. Number 0136802
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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)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>WILSON, GORDON</u> <u>49572 COMPASS PTE DR.</u> <u>CHESTERFIELD, MI 48047</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 checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>CRISPIGNANI, VINCENT</u> <u>37135 WOODPOINTE DR</u> <u>CLINTON TWP MI 48036</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 checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>RUGGERI, PHILIP</u> <u>55764 ST. REGIS DR</u> <u>SHELBY TWP MI 48315</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 checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>KANDT, RANDY</u> <u>18899 21 MI RD</u> <u>MACOMB MI 48044</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 checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
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MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>CARNAGHI, DONALD</u> <u>41825 ALDEN DR</u> <u>CLINTON TWP MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>STROLIS, VITO</u> <u>205 N GRATIOT</u> <u>MT. CLEMENS MI 48043</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>BUS. OWNER</u> Employer <u>RUEHLE'S TOWING</u></p> <p>Business Address <u>205 NB GRATIOT AVE MT CLEMENS 48043</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>VESPER, NANCY</u> <u>20445 ST. LAURENCE DR</u> <u>CLINTON TWP MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>BUS. OWNER</u> Employer <u>VESPER COMPANIES</u></p> <p>Business Address <u>42100 GARFIELD CLINTON TWP MI 48038</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>JOHNSON, CRAIG</u> <u>38577 FOXCROFT ST</u> <u>HARRISON TWP MI 48045</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal

600.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>DOLAN, JACK</u> <u>42850 GARFIELD STE 101</u> <u>CLINTON TWP MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>YORK, DUANE, TOMLINSON</u> Business Address <u>42850 GARFIELD STE 101 C.T. 48038</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>300.00</u>	\$ <u>300.00</u>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>MUDGE, CAROLYN</u> <u>35311 GARRETT DR</u> <u>CLINTON TWP MI 48035</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>IS</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>RIBERAS, HANK</u> <u>6471 METRO PKWY</u> <u>STERLING HGTS MI 48312</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>DIRECTOR of REAL ESTATE</u> Employer <u>RONCELLI INC INC</u> Business Address <u>6471 METRO PKWY ST. HGTS MI 48312</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" 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>1-24-17</u></p> <p>Name & Address: <u>RONCELLI, GARY SHARON</u> <u>69900 HICKS</u> <u>ARMADA TWP MI 48005</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>

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800.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>CAMPBELL, LAURA</u> <u>6690 VERMOR DR</u> <u>TROY MI 48068</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>XXXXXXXXXX</u> Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>ELLIOT, KATHY</u> <u>27442 CLARK CIRCLE</u> <u>CHESTERFIELD MI 48051</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>CLINTON TWP FIREFIGHTER PAC</u> <u>43601 ROMEO PLANK RD</u> <u>CLINTON TWP MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>FOWLER, JAMES</u> <u>42189 LOCHMOOR ST</u> <u>CLINTON TWP MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

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Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>BACKOS, MARLAINE</u> <u>40797 PROVENAL CT</u> <u>CLINTON TWP MI 48038</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>DEVAULT, MICHAEL</u> <u>7910 WALTERS RD</u> <u>LAINGSBURG, MI 48848</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>MAZZA, THOMAS</u> <u>20186 COUNTRYSIDE DR</u> <u>MACOMB MI 48044</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>BONNER, MARIA</u> <u>2606 PEBBLE BEACH DR</u> <u>OAKLAND MI 48363</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide:		Click Here for Memo Itemization	
Occupation _____ Employer _____			
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

500.00

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>HARMALA, LYNN</u> <u>50850 BEMIS RD</u> <u>BELLEVEILLE, MI 48111</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOUSEWIFE</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>MANZELLA, VINCE</u> <u>18751 WIGEON DR.</u> <u>CLINTON TWP MI 48038</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>ADDIS, ALBERT</u> <u>12900 HALL RD STE 350</u> <u>ST. HGTS MI 48313</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILLIO</u>		Click Here for Memo Itemization	
Business Address <u>12900 HALL RD STE 350 ST. HGTS. MI 48313</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>TOWNER, CHARLES</u> <u>39757 BRYLOR CT</u> <u>CLINTON TWP MI 48038</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>TOWNER & TOWNER</u>		Click Here for Memo Itemization	
Business Address <u>38770 GARFIELD #100 C.T. 48038</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal

700.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>CHABOT, SCOTT</u> <u>41605 LEXINGTON</u> <u>CLINTON TWP MI 48038</u>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>GIFFELS WEBSTER</u>		Click Here for Memo Itemization	
Business Address <u>6303 26 MI RD WASHINGTON MI 48094</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>BACKOS, CHRIST</u> <u>40741 PROVENCAL CT</u> <u>CLINTON TWP MI 48038</u>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>LEO'S CONEY ISLAND</u>		Click Here for Memo Itemization	
Business Address <u>26257 HALL RD MACOMB MI 48044</u>			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>SCOTT, LAWRENCE</u> <u>12900 HALL RD #350</u> <u>ST. HGHTS MI 48313</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>SIEBERT, MICHAEL</u> <u>19500 HALL RD #101</u> <u>CLINTON TWP MI 48038</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

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650.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>BUGASKI, SAMUEL</u> <u>39687 BAROQUE BLVD</u> <u>CLINTON TWP MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>SERRA, MICHAEL</u> <u>1660 HOWARD BLVD</u> <u>DETROIT MI 48216</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SERRA PRODUCE CO</u></p> <p>Business Address <u>1660 HOWARD DETROIT MI 48216</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>1500.00</u>	\$ <u>1500.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>RYPE, ANTHONY</u> <u>16933 CANAL RD</u> <u>CLINTON TWP MI 48038</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>GARFIELD CANAL TOWING INC</u></p> <p>Business Address <u>16933 CANAL CLINTON TWP MI 48038</u></p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>200.00</u>	\$ <u>200.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>DILEGGE, DANIEL</u> <u>55651 WHITNEY CT</u> <u>3 SHELBY TWP MI 48315</u></p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
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Page Subtotal

1850.00

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>SANTIA, ALBERT</u> <u>37598 PAUL CT</u> <u>CLINTON TWP MI 48036</u>		\$ <u>100.⁰⁰</u>	\$ <u>100.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>RUGGIRELLO, PETER</u> <u>18987 RIVERWAY CT</u> <u>CLINTON TWP MI 48038</u>		\$ <u>100.⁰⁰</u>	\$ <u>100.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>LAUINIO, ALEXANDRA</u> <u>18341 NARDY</u> <u>CLINTON TWP MI 48036</u>		\$ <u>100.⁰⁰</u>	\$ <u>100.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>1-24-17</u>	
Name & Address: <u>IRONS, ANDREA</u> <u>18656 CRANBROOK</u> <u>CLINTON TWP MI 48038</u>		\$ <u>100.⁰⁰</u>	\$ <u>100.⁰⁰</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

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400.⁰⁰

Grand Total of All Schedules 1A
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>OLINZOCK, PAUL</u> <u>35855 MONTEREY DR</u> <u>CLINTON TWP MI 48035</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>LESSER, JOHN</u> <u>2706 TURTLE LAKE DR</u> <u>BLOOMFIELD HILLS MI 48302</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>DIXON, MARK</u> <u>25822 SHORELINE DR</u> <u>NOVI, MI 48374</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
<p>3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>1-24-17</u></p> <p>Name & Address: <u>FENN, JOHN</u> <u>13288 LILLIAN LN</u> <u>STERLING HGTS MI 48313</u></p> <p>5. If over \$100.00 cumulative, please provide:</p> <p>Occupation _____ Employer _____</p> <p>Business Address _____</p> <p>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	

Page Subtotal

400.00

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

10,200.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

0136802

1. Committee I. D. Number

CTE Kim Meltzer

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>CLINTON TWP FIRE FIGHTERS ASSOC</u> Address <u>42601 Romeo Plank Rd</u> <u>CLINTON TWP MI 48038</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>HOLE SPONSOR</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-18-17</u> Date	\$ <u>75.00</u>
Expenditure #2 Name <u>MADD</u> Address <u>10810 Belleville Rd</u> <u>Belleville MI 48111</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3-14-17</u> Date	\$ <u>35.00</u>
Expenditure #3 Name <u>JBALDWIN'S</u> Address <u>16981 18 MILE RD</u> <u>CLINTON TWP MI 48038</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>Fundraiser - Food</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-24-17</u> Date	\$ <u>1880.17</u>
Expenditure #4 Name <u>USPS</u> Address <u>42383 GARFIELD</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1-9-17</u> Date	\$ <u>141.00</u>
Expenditure #5 Name <u>STAPLES</u> Address <u>31900 GRATOT</u> <u>ROSEVILLE MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Computer ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-27-16</u> Date	\$ <u>28.61</u>
Subtotal this page			<u>2159.78</u>
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>2159.78</u>

Enter this total
on line 8a of
Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

0136802

1. Committee I. D. Number

CTE Kim Meltzer

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>TRIANGLE PRINTING</u> Address <u>30520 GRATIOT AVE</u> <u>ROSEVILLE MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>tickets</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-19-17</u> Date	\$ <u>217.30</u>
Expenditure #2 Name <u>CHARLIE KADADO</u> Address <u>42862 MILLSBORO DR</u> <u>MACOMB MI 48044</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>media setup</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-22-16</u> Date	\$ <u>500.00</u>
Expenditure #3 Name <u>JOHN FOREST</u> Address <u>43857 CATAWBA</u> <u>CLINTON TWP MI 48038</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MANAGEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-20-16</u> Date	\$ <u>2600.00</u>
Expenditure #4 Name <u>PAUL GRAPHICS</u> Address <u>214 CROCKER BLVD</u> <u>MT CLEMENS MI 48043</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FLIER</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12-12-16</u> Date	\$ <u>102.00</u>
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

3419.30

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

5579.08

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 0136802
2. Committee Name CTE Kim Meltzer

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEELANAU TR</u> <u>CLINTON TWP MI</u> <u>48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4-11-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 29.95</u>	\$ \$ \$ \$ \$	\$	\$ <u>28,815.74</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: <u>KIM MELTZER</u> <u>20585 LEELANAU TR</u> <u>CLINTON TWP MI</u> <u>48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-15-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10.17</u>	\$ \$ \$ \$ \$	\$	\$ <u>28,825.91</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: <u>KIM MELTZER</u> <u>20585 LEELANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-18-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 300.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,125.91</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

340.12

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

29,125.91

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number _____

2. Committee Name CTE Kim Meltzer

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>04-18-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>29,375.91</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>29,375.91</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4-22-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>15.90</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>29,391.81</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4-24-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>300.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>29,691.81</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 585.90

Grand Total of all Schedules 1E 29,691.81
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven by 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.)

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEELANAU TR. CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>4-25-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>5.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,616.81</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEELANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5-1-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>250.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,946.81</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEELANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>5-21-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>15.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,962.71</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

270.90

Grand Total of all Schedules 1E
(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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>6-13-12</u> 6. Original Amount of Debt: <u>\$ 1.50</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,964.24</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: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR.</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>6-20-12</u> 6. Original Amount of Debt: <u>\$ 25.44</u>	\$ \$ \$ \$ \$	\$	\$ <u>29,989.65</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>6-21-12</u> 6. Original Amount of Debt: <u>\$ 15.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>30,005.55</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

42.84

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

30,005.55

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>6-6-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 14.37</u>	\$ \$ \$ \$ \$	\$	\$ <u>30,019.92</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7-6-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 33.68</u>	\$ \$ \$ \$ \$	\$	\$ <u>30,053.60</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>7-21-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>30,069.50</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

63.95

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

30,069.50

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven by 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) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-11-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>1000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,069.50</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-21-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>15.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,085.40</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-21-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>19.90</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,105.30</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

1035.80

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

31,105.30

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11-6-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 29.58</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,134.88</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: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11-6-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15.54</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,150.42</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: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11-6-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 20.13</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,170.55</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

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

65.25
3,170.55
Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven by 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: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-6-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 36.15</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,206.70</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: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI</u> <u>48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>11-6-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9.32</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,216.02</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: <u>KIM MELTZER</u> <u>20585 LEE LANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-23-12</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3.75</u>	\$ \$ \$ \$ \$	\$	\$ <u>31,219.77</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt)

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
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3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-24-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>900.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>32,119.77</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-30-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>32,619.77</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: KIM MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-30-12</u> 6. <u>Original Amount of Debt:</u> \$ <u>11,000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>34,219.77</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

3000.00

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

34,219.77

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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a. ☒ Debts and obligations owed by or forgiven by the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.
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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) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>KIM MELTZER</u> <u>20585 LEELANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>1-18-13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 156.18</u>	\$ \$ \$ \$ \$	\$	\$ <u>34,375.95</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: <u>CLARENCE MELTZER</u> <u>20585 LEELANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9-30-16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 216.76</u>	\$ \$ \$ \$ \$	\$	\$ <u>34,592.71</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: <u>KIM MELTZER</u> <u>20585 LEELANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-23-16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 3000.00</u>	\$ \$ \$ \$ \$	\$	\$ <u>37,592.71</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount 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

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
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Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: ROSALIE MILLS 5653 N LAKE DR KIMBALL TWP MI 48071	4. Type: <u>loan</u> 5. <u>Date Debt Was Incurred:</u> <u>10-23-16</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	\$ \$ \$ \$ \$	\$	\$38,592.71 <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)

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

38,592.71
Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

0136802

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>1-24-2017</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>100</u>	5. Type of Fund Raising Activity <u>SUPERBOWL</u>	6. Address and Name (if any) of the place where the activity was held. <u>J BALDWIN'S</u> <u>16981 18 MI</u> <u>CLINTON TWP MI</u> <input type="checkbox"/> Private Residence <u>48038</u>
--	--	--	---

7. Total Contributions 10,200.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 10,200.00

10. Total Cost of Event 2,266.78
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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

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

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