

#### MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE			
Report must be legible, typed or printed in ink and signed the treasurer (or cesignated record keeper) and candidate	d by 3. This Statement covers From:		
Committee I.D. Number	4. Candidate Last Name	First Name M.I.	
139617	Williams	Julie A	
100017	4a. Office Sought Including Dist	rict # or Community Served (If applicable)	
2. Committee Name	Clerk	•	
CTE Julie Williams	4b. County of Residence MAC	OMB 3 5 6	
5. Committee's Mailing Address	6. Treasurer's Name & Resider Jeff Williams	F) in the second	
P.O. Box 202 Mt. Clemens, MI 48043	21108 Masters	FILED 27 PM 2: I	
	Macomb MI 48044	SE P D	
	. )	B B B	
588 212 8030		∺e <b>∵</b>	
Area Code and Phone 586 212 8030 If the address in this box is different from the committee		P 23	
malling address on the Statement of Organization, mall n be sent to this address by the filing official.	/ II GG G G G G	9 6099	
7. Treasurer's Business Address	8. Designated Record Keeper	r's Name and Address (If the committee has a	
.21108 Masters	Designated Record Keeper) Jeff Williams		
Macomb MI 48044	21108 Masters		
	Macomb MI 48044		
Area Code and Phone 586 949 6099	Area Coce and Phone 586	949 6099	
O TOPE OF STATEMENT		9e. Dissolution of Candidate Committee	
	equired ONLY if candidate not on the ballot for the	By checking this item I/We certify any outstanding	g debt
CL	urrent year:	by the committee to the candidate or his or her spouse by discharged and forgiven, and no longer collectible f	II SIII
Pre-Election or Post-Election Statement relates to:	July Quarterly	the committee. The committee has no oustanding assower no lates fees or has any oustanding debt.	sets.
∑Pr.mary	land maminish	OTHER TIP MILES TO ST. THE ST. T. ST.	
General	October Quarterly	Further, if the dissolution cannot be granted, that this to considered a request for the Reporting Waiver.	be
Convention		considered a requestro the Reporting Volver	
	[ ]		
	Annual Statement () Coverage Year	Effective date of dissolution	
School	Amendment to Campaign Statement	1	
Caucus 9d.	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being	Note: The disposition of residual funds must be repor-	ted on
	amended.)	Schedule 1B and the Summary Page.	
Date of Election, Convention or Caucus			
August 7, 2018			
August 1, 1010			
1		The second section of the best of	
10. Verification: I/We certify that all reasonable diligend	be was used in the preparation of this state	ement and attached schedules (if any) and to the best of	
my/our knowledge and belief the contents are time, acc	Ale I VIV	7-7-10-2	77
Current Treasurer or Jeff Williams	your	Date	
Designated Record keeper Type or Print Name	Signature		
1 1' - 10'11'	( William Y)	Date 7-26-5	રેઇ
Candidate Julie Williams	, Journal of	Date	
Type or Print Name	Signature		



SUMMARY PAGE
CANDIDATE COMMITTEE

1. Committee I.D. Number 123456-7

2. Committee Name Committee To Elect John Smith

CANDIDATE COMMITTEE	2. Committee Name Committee To Elect John Smith		
RECEIPTS	Column I	Column II	
3. Contributions	This Period	Cumulative this election cycle	
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ 4,675.00		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	_	
c. Subtotal of "Contributions"	(3c.) \$_4,675.00	(18.) \$ 4,675.00	
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ 0	(19.) \$ 0	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 4,675.00	_ (20.) \$ 4,675.00	
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ 0	(21.) \$ 0	
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ 0	(22.) \$ 0	
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ 3,510.75	·	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ 0		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>		
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ 3,510.75	(23.) \$ 3,510.75	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$ <u>na</u>	_	
b. Uniternized (less than \$50.01 each - no Schedule)  11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS	(10b.) s <u>na</u>	_	
(Add Line 10a + Line 10b)	(11.) s na	(24.) \$ 0	
DEBTS AND OBLIGATIONS 12. Debts and Obligations	\/ w	(24./ \$	
a. Owed by the Committee (Schedule 1E)	(12a.) S 4,700.03	_	
b. Owed to the Committee (Schedule 1E)	440h.) C		
	(12b.) SBALANCE STATEMENT		
13. Ending Balance of last report filed	(13.) \$ <u>0</u>	·	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ 4,675.00		
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_4,675.00		
16. Amount expended during reporting period	(16.) - \$ 3,510.75	-	
(Add lines 9 and 11) 17. ENDING BALANCE			
(Subtract line 16 from line 15)	(17.) \$ 1,164.00	*	



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS SCHEDULE 1A

Committee I.D. Number	139617 ded	whe	will	iams

line 3a of Summary

Page.

CANDIDATE COMMITTEE 2, Committee Name	imittee Tog	
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. Amourt	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? YES 4. Date of Receipt May 1, 2018 ame & Address: ulie Williams		
1108 Masters Macomb MI 48044	<sub>\$</sub> 75.00	<sub>\$</sub> 75.00
i. If over \$100.00 cumulative, please provide:  Occupation Self employed Employer Self	Click Here f	or Memo Itemization
Business Address 21108 Masters Macomb MI 49044  Type of Contribution:   Direct Loan from a person Fund Raiser		
PAC Receipt? YES 4. Date of Receipt May 17, 2018		
Julie Williams 21108 Masters Macomb MI 48044	<sub>\$</sub> 500.00	<sub>\$</sub> 575.00
5 K £400 00 oumulative please provide.	Click Here	for Memo Itemization
Occupation  Self employed  Employer  Self  Business Address  Type of Contribution:  Direct  Self  Loan from a person  Fund Raiser		
3. Contribution #3 PAC Receipt? YES 4. Date of Receipt May 23, 2018		
Name & Address: Theresa Shiner 41605 Huntington Ct. Clinton Twp. MI 48038	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
	Click Here	for Memo Itemization
5. If over \$100.00 cumulative, please provide:  Occupation Managing partner Employer Austin Manning, Inc  Business Address 41605 Huntington Ct, Clinton Twp MI 48038		
Type of Contribution:   Direct  Loan from a person  Fund Raiser		
3. Contribution # 4 PAC Receipt? YES 4. Date of Receipt May 25, 2018 Name & Address Toni Girolami	-	
22286 Brantingham Macomb MI 48044	<sub>\$</sub> 100.00	<sub>\$</sub> 100.00
5. If over \$100.00 cumulative, please provide:	Click Here	for Memo Itemization
Occupation Project Manager Employer ZF Group	-	
Business Address  4585 26 Mile, Washington, MI 48094  Type of Contribution:   Direct  Loan from a person  Fund Raiser		
Page Subtot	775.00	
Grand Total of All Schedules 1 (Complete on last page of Schedules)	A Ho 15.0 Enter this total	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

### ITEMIZED CONTRIBUTIONS

1301e 17

SCHEDULE 1A	1. Committee I.D. Number				
CANDIDATE COMMITTEE	2. Committee Name CTE	Julie Williams	<i>N</i> illiams		
Enter contributor's name and address. If contribution is from an individual, en middle initial. Check box to indicate if contribution is from a Political Committe Committee (PAC) Report <u>all</u> contributions regardless of amount.	der last name, first name, se or an independent	6. Amount	7. Cumulative for Election Cyc'e for Each Contributor (Through date of receipt)		
1 1	June 11, 2018				
lame & Address: Leslie Cameron					
22323 Rosedale St. Clair Shores, MI 48080		<sub>\$</sub> 100.00	<sub>\$</sub> 100.00		
5. If over \$100.00 cymulative, please provide:  Weath Advisor  Cocupation Assistant Employer Comerica			or Memo Itemization		
Business Address 20182 Mach and G2055C	Pointe Woods A	1) 48 <del>2</del> 3	4		
Type of Contribution:	Fund Raiser				
6. Contribution #2 PAC Receipt? YES 4. Date of Receipt	June 18, 2018				
Name & Address					
Julie Wihiams 21108 Masters		¸500.00	, 1075.00		
Macomb, MI 48044		\$	\$		
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization		
self employed Employed self					
Occupation 21108 Masters, Macomb MI 48044					
	Fred Daires				
Type of Contribution: ✓ Direct Lcan from a person	Fund Raiser				
<ol> <li>Contribution #3 PAC Receipt? YES 4. Date of Receipt</li> </ol> Name & Address:	<sup>pt</sup> June 22, 2018				
Julie Williams		<sub>s</sub> 3000.00	4075.00		
21108 Masters Macomb MI 48044		\$ 3000.00	<sub>\$</sub> 4075.00		
		Click Here fo	r Memo Itemization		
5. If over \$100.00 cumulative, please provide:		2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Occupation self employed Employer Self					
Business Address 21108 Masters Macomb MI 48044	1				
Type of Contribution.   Direct   V Edan formal person	Fund Raiser		· · · · · · · · · · · · · · · · · · ·		
Name & Address	ipi July 16, 2018				
Dorothy Stanton 174 S. Wilson		<sub>s</sub> 100.00	100.00		
Mt. Clemens, MI 48043		\$ 100.00	. \$		
5. If over \$100.00 cumulative, please provide:		Click Here fo	or Memo Itemization		
Occupation retired Employer retired					
Business Address n/a					
Type of Contribution: V Direct Loan from a person	Fund Raiser				
	Page Subtotal		_		
	and Total of All Schedules 1A	4.575.00			
(Comp	olete on last page of Schedule)	Catarthia total as			

Page 2 of A

Enter this total on line 3a of Summary Page.



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

#### ITEMIZED CONTRIBUTIONS

139617

	JLE 1A	1. Committee 1.D. Number			
CANDIDATE COMMITTEE 2. Committee Name		2. Committee Name	CTE Julie Williams		
Enter contributor's name and address. If middle initial. Check box to indicate if co Committee (PAC) Report <u>all</u> contribution	intribution is from a Political Com	il, enter last name, first name, mittee or an Independent	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)	
3. Contribution # 1 PAC Receipt ame & Address: lichelle Trosper	YES 4. Date of Rec	zeipt <u>7/21/2018</u>			
5410 Nottingham Iacomb, MI 48044			<sub>\$</sub> 200.00	200.00	
. If over \$100.00 cumulative, please poccupation retired			Click Here f	or Memo Itemization	
Business Address					
Type of Contribution: 🗸 Direct	Loan from a person	Fund Raiser	<u> </u>		
. Contribution #2 PAC Receipt' lame & Address	? YES 4. Date of Rec	ceipt			
			\$		
i. If over \$100.00 cumulative, please p			Click Here t	for Memo Itemization	
Occupation	Employer				
Business Address					
	Loan from a person	Fund Raiser			
Type of Contribution: Direct  Direct  Contribution # 3 PAC Receipt	Loan from a person		_		
Type of Contribution: Direct  B. Contribution # 3 PAC Receipt	Loan from a person		- S	\$	
ype of Contribution: Direct  Contribution #3 PAC Receipt lame & Address:	Loan from a person  YES 4. Date of Re			\$ for Memo Itemization	
Type of Contribution: Direct  Contribution # 3 PAC Receipt Name & Address:  Fig. 16 Over \$100.00 cumulative, please	Loan from a person  YES 4. Date of Reprovide:	eceipt		\$ for Memo Itemization	
Type of Contribution: Direct  Contribution # 3 PAC Receipt Name & Address:  Fig. 16 over \$100.00 cumulative, please Occupation	Loan from a person  YES 4. Date of Ro  provide:  Employer	eceipt		\$ or Memo Itemization	
ype of Contribution: Direct  3. Contribution # 3 PAC Receipt Name & Address:  5. If over \$100.00 cumulative, please Occupation	Loan from a person  YES 4. Date of Ro  provide:  Employer	eceipt		\$ or Memo Itemization	
Type of Contribution: Direct  Direct  Direct  Direct  PAC Receipt  Address:  For \$100.00 cumulative, please  Occupation  Business Address  Type of Contribution: Direct  Contribution # 4 PAC Receipt	Loan from a person  YES 4. Date of Reprovide:  Employer  Loan from a person	eceipt Fund Raiser		\$s for Memo Itemization	
Type of Contribution: Direct  Direct  Direct  Direct  PAC Receipt  Ame & Address:  Fig. If over \$100.00 cumulative, please  Occupation  Business Address  Type of Contribution: Direct  Contribution # 4 PAC Receipt	Loan from a person  YES 4. Date of Reprovide:  Employer  Loan from a person	eceipt Fund Raiser		ss or Memo Itemization s	
Type of Contribution: Direct  Direct  PAC Receipt  PAC Receipt  Type 3100.00 cumulative, please  Occupation  Business Address  Type of Contribution: Direct  Contribution # 4 PAC Receipt  Name & Address	Loan from a person  YES 4. Date of Ro  provide:  Employer  Loan from a person  Provide:  A. Date of Ro  A. Date of Ro  Provide:  A. Date of Ro  Provide:  Provide:  A. Date of Ro  Provide:  A. Date of Ro  Provide:  A. Date of Ro  Provide:	eceipt Fund Raiser	Click Here f	S	
Type of Contribution: Direct  B. Contribution # 3 PAC Receipt Name & Address:  5. If over \$100.00 cumulative, please Occupation Business Address Type of Contribution: Direct  3. Contribution # 4 PAC Receipt Name & Address  5. If over \$100.00 cumulative, please	Loan from a person  YES 4. Date of Ro  provide:  Employer  Loan from a person  YES 4. Date of F	Fund Raiser	Click Here f	\$ssfor Memo Itemization	
3. Contribution # 3 PAC Receipt Name & Address:  5. If over \$100.00 cumulative, please Occupation Business Address Type of Contribution: Direct  3. Contribution # 4 PAC Receipt Name & Address	Loan from a person  YES 4. Date of Ro  provide:  Employer  Loan from a person  YES 4. Date of F	eceipt Fund Raiser	Click Here f	S	
Type of Contribution: Direct  B. Contribution # 3 PAC Receipt Name & Address:  5. If over \$100.00 cumulative, please Occupation Business Address Type of Contribution: Direct  3. Contribution # 4 PAC Receipt Name & Address  5. If over \$100.00 cumulative, please	Loan from a person  YES 4. Date of Reprovide:  Employer  Loan from a person  YES 4. Date of Ferrovide:  Employer	Fund Raiser	Click Here f	S	

Grand Total of All Schedules 1A 4675 (Complete on last page of Schedule)

Enter this total on line 3a of Summary ¤age.



## ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

139617

1. Committee I. D. Number	139017
2 Committee Name CTE	Julie Williams

CANDIDATE COMMITTEE	Z. Committee Name		Amount
8. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date 6	. Amount
Expenditure #1 Name Daley Professional Web Solutions		5/18/18	s 219.00
Address	Purpose: website	Date	
11 Cardinal Drive Nontgomery, NY 12549		Click Here for Memo Ite	mization Type
Fund Raiser	Check box if this expenditure is paymed dept or obligation reported on previous statement	ent of	
xpenditure #2		5/31/18	
Name First State Bank			\$ 5.00
Address	Purpose: service fee	Cate 	
24300 Little Mack St Clair Shores Ml		Click Here for Memo Ite	emization Type
Fund Raiser	Check box if this expenditure is paym debt or obligation reported on previous statement	ent of	
Expenditure #3			
Name Romeo Printing	husiness cards	5/31/18 	\$ <u>114.00</u>
Address 225 N. Main Romeo, MI	Purpose: business cards	Click Here for Memo It	emization Type
Fund Raiser	Check box if this expenditure is payr debt or obligation reported on previous statement	nent of	
Expenditure #4			
Name Office Max		6/7/18 Date	\$ <u>43.43</u>
Adoress 33840 Gratiot	Purpose: name badges		
Clinton Twp MI		Click Here for Memo I	temization Type
Fund Raiser	Check box if this expenditure is pay dept or obligation reported on previous statement	ment of	
Expenditure #5			
Name			S
Address	Purpose:	Date	. •
		Click Here for Memo	hemization Type
V	Check box if this expenditure is pay debt or obligation reported on previous statement	ment of	
Fund Raiser	statement	Subtotal this page	381.43
	Grand To	otal of all Schedules 1B	3510:1
	(Complete on	last page of Schedule)	Enter this total

enter this total on line 8a of Summary Page

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### SCHEDULE 1B CANDIDATE COMMITTEE

139617

A O Marchar	133011
1. Committee I. D. Number	

2. Committee Name CTE Julie Williams CANDIDATE COMMITTEE 5. Date 6. Amount 4. Purpose (Required Information) 3. Name and address of person or vendor to whom paid Expenditure #1 6/13/18 s 70.00 Name Waiter Hooper Purpose: social media Date Address 24436 Sunnyside Click Here for Memo Itemization Type St Clair Shores, MI Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #2 Name Romeo Printing s 341.92 Purpose. palm pieces Address 225 N. Main Click Here for Memo Itemization Type Romeo, MI Check box if this expenditure is payment of cebt or obligation reported on previous Fund Raiser statement Expenditure #3 Name Denuo Media s 15.00 Purpose: social media 950 W. University,#103 Click Here for Memo Itemization Type Rochester Hills MI Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #4 6/26/18 Name Sawicki & Son s 961.95 Purpose: signs Address 1521 W. Lafayette Blvd. Click Here for Memo Itemization Type Detroit, MI 48216 Check box if this expenditure is payment of debt or obligation reported on previous Fund Raiser statement Expenditure #5 Name Run the Plank \$250.00 sponsorship c./o Immanuel Lutheran Church Click Here for Memo Itemization Type 47120 Romeo Plank Check box if this expenditure is payment of Macomb MI debt or obligation reported on previous Fund Raiser Subtotal this page 1638.87

> Enter this total on line 8a of Summary Page

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

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# ITEMIZED EXPENDITURES

1	3	96	1	7
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SCHEDULE 1B	1. Committee I. D. NumberCTE Julie William		
	Committee Name     4. Purpose (Required Information)	5. Date	6. Amount
3. Name and address of person or vendor to whom paid	4. Purpose (Required miormanori)		
Expenditure #1		6/29/18	000.00
Name Record Newspapers		Date	\$ 600.00
Address	Purpose: advertising		
≥. O. Box 708 Washington, Mt 48094		Click Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is paym debt or obligation reported on previous statement	ent of	
Expenditure #2			
Name First State Bank		6/29/18	s 5.00
Address	Purpose: service fee	Date	
24300 Little Mack St. Clair Shores, MIn		Click Here for Memo	Itemization Type
Fund Raiser	Check box if this expenditure is paydebt or obligation reported on previous statement	nent of	
Expenditure #3			
Name Facebook		7/2/18	\$ 85.00
Address A 16 . Man War	Purpose: advertising	Date	
1 #acres 0 10 0 0 940	-95	Click Here for Memo	Itemization Type
Menlo Parkie A 940	debt or obligation reported on previous	ment of	
Fund Raiser	statement		
Expenditure #4		7 <i>/</i> 2/18	
Name Italian American Cultural Center		Date	\$ 150.00
Address	Purpose: sponsorship		
43843 Romeo Plank Clinton Twp MI		Click Here for Mem	o Itemization Type
Fund Raiser	Check box if this expenditure is pay debt or obligation reported on previous statement	yment of	
Expenditure #5			
Name Polish American Cultural Center	Purpose: sponsorship	7/3/18 Date	s <u>150.00</u>
Address Services	Purpose:	·	
2975 E Maple Troy, MI			no Itemization Type
	Check box if this expenditure is pa debt or obligation reported on previous statement	iyment of	
Fund Raiser		Subtotal this page	990.00
		otal of all Schedules 1	

Enter this total on line 8a of Summary Page

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### SCHEDULE 1B

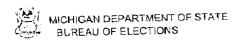
139617

	100011	
1.	Committee I. D. Number	
	CTE Julie Williams	
~	ammittee Name	

CANDIDATE COMMITTEE	2. Committee Name	E Data G	Amount	
Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. <b>Da</b> te 6.	Allount	
xpenditure #1		7/9/18	140.00	
Name The Italian Tribune		Dale 9	140.00	
	Purpose: advertisiing			
ddress .O. Box 380407		Click Here for Memo Iten	ilzation Type	
Minton Twp MI				
	Check box if this expenditure is payme	ent of		
Fund Raiser	debt or obligation reported on previous statement			
expenditure #2		7/20/18	s 348.74	
Name Romeo Printing		Date	340.74	
	Purpose: palm pieces			
Address	3	Click Here for Memo Iter	rization Type	
l25 N.Main Romeo, MI		CHEK LIGHT TO METHO TEL		
(Ones, Mi	Check box if this expenditure is payment of			
	dept or obligation reported on previous			
Fund Raiser	statement			
Expenditure #3				
Name Raise the Money		5/25/18	\$ 5.85	
Talse the Money	Purpose: service fee	Date		
Address	Purpose:			
P.O. Box 26466 Little Rock, AR 72221		Click Here for Nemo Ite	emization Type	
Little Rock, AN 12221	Check box if this expenditure is payr	nent of		
	debt or obligation reported on previous			
Fund Raiser	statement			
Expenditure #4				
Name Raise the Money		5/30/18	\$ 5. <b>8</b> 5	
raise the money	service fee	Date		
Address	Purpose: service fee			
P.O. Box 23466	Click Here for Memo Itemization Typ		emization Type	
Little Rock, AR 72221	The second secon			
	Check box if this expenditure is payment of deb: or obligation reported on previous			
Fund Raiser	statement			
Expenditure #5				
Name .		Date	\$	
Address	Purpose:			
Addices		Click Here for Memo	Itemization Type	
	Check box if this expenditure is pa	yment of		
	debt or obligation reported on previous	3		
Fund Raiser	statement		500.44	
		Subtotal this page	500.44 3510 T	
	Grand <sup>⊤</sup>	otal of all Schedules 1B	35107	
	(Complete of	n last page of Schedule)		

Enter this total on line 8a of Summary Page

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Page & of &

	13961	7				
DEBTS AND OBLIGATIONS	ommittee I.D. Number			<del></del>		
SCHEDULE 1E	SCHEDULE 1E CTE Julie Williams					
CANDIDATE COMMITTEE 2. Co	ommittee Name					
nis Schedule itemizes:	·		f a buthe com	mittos		
Debts and obligations owed by or forgiven the composition (Cher	ck either a or b. Use only for the our		8. Cumulative	9. Outstanding		
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	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	payment to date or debt	Balance at close of this period (Item 6 minus Item 8)		
guarantors, if any.  Debt #1 Corp? Yes  Owed to or by: Julie Williams 21108 Masters	4. Type: loan to commit Lie 5 Date Debt Was Incurred:	0 · \$				
Macomb MI 48044	June 22, 2018 6. Original Amount of Debt: 3000.00	\$ \$	s <u>0</u>	\$ 3000.00 FORGIVEN		
If bank loan, name of endorser or guarantor:		Air	nount Endorsed: \$	T		
Debt #2 Corp? Yes Owed to or by: C & G Newspapers 13650 Eleven Mile Warren, MI 48089	4. Type: advertising  5. Date Debt Was Incurred: June 28,2018  6. Original Amount of Debt: \$ 1700.30	S S S	5 <u>0</u>	\$ 1700.30 FORGIVEN		
If bank loan, name of endorser or guarantor:			Amount Endorsed: \$	•		
Debt #3 Coro? Yes Owed to or by:	4. Type.  5. Date Debt Was Incurred:  6. Original Amount of Dabt:  \$	\$ \$ \$ \$	\$	\$FORGIVEN		
and an analysis of guaranter			Amount Endorsed:	\$		
If bank loan, name of endorser or guarantor:			etal (Outstanding de			
Grand Total of all Schedules 1E  (Complete on last page of Schedule showing amounts owed by crito 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						