



**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 04/30/18 to 10/21/18

1. Committee I.D. Number
139612

2. Committee Name
Committee to elect Barbara Zinner County Commissioner

4. Candidate Last Name **Zinner** First Name **Barbara** M.I.

4a. Office Sought Including District # or Community Served (If applicable)
County Commissioner District 10

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
**38400 Elmite St.
Harrison Township, MI 48045**

Area Code and Phone (586) 994-1784
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
**Juan Mosqueda
38261 Elmite St.
Harrison Township, MI 48045**

Area Code & Phone (616) 808-7778

FILED
 18 OCT 25 AM 10:40
 MACOMB COUNTY CLERK
 MT. CLEMENS, MICHIGAN

7. Treasurer's Business Address
None

Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
**Juan Mosqueda
38261 Elmite St.
Harrison Township, MI 48045**

Area Code and Phone (616) 808-7778

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary

General

Convention

Special

School

Caucus

Date of Election, Convention or Caucus
11/06/18

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

July Quarterly

October Quarterly

9c. Annual Statement (_____) Coverage Year

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

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no 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 Juan Mosqueda Type or Print Name
Juan Mosqueda Signature Date 10/25/2018

Candidate Barbara Zinner Type or Print Name
Barbara Zinner Signature Date 10/25/2018



1. Committee I.D. Number 139612

2. Committee Name Committee To Elect Barbara Zinner County Commissioner

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>9,812.50</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$8,912.50</u>	(18.) \$ <u>\$8,912.50</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>\$0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$9,812.59</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$0.00</u>	(21.) \$ <u>\$0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>\$0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$8,834.46</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$8,834.46</u>	(23.) \$ <u>\$8,834.46</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$2,000.00</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>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$9,812.59</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$9,812.59</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$8,834.46</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$978.13</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committee to Elect Barbara Zinner County Commissioner

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>05/17/18</u> Name & Address: Zinner Barbara 38400 Elmitte St. Harrison Twp. MI 48045		\$ <u>46.21</u>	\$ <u>46.21</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>06/16/18</u> Name & Address: Zinner Barbara 38400 Elmitte St. Harrison Twp. MI 48045		\$ <u>116.91</u>	\$ <u>163.12</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/24/18</u> Name & Address: Zinner Barbara 38400 Elmitte St. Harrison Twp. MI 48045		\$ <u>360.00</u>	\$ <u>523.12</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/25/18</u> Name & Address: Zinner Barbara 38400 Elmitte St. Harrison Twp. MI 48045		\$ <u>369.58</u>	\$ <u>892.70</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal **\$892.70**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committe to Elect Barbara Zinner County Commissioner

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>08/25/18</u> Name & Address: Doyle Terry L. 330 N. Gratiot Floor 1 Clinton Twp. MI 48036 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/27/18</u> Name & Address: Mandeville Karen 32435 S. River Rd. Harrison Twp. MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>100.00</u>	\$ <u>100.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/27/18</u> Name & Address: Paul Preisz J 38120 Circle Dr. Harrison Twp. MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>40.00</u>	\$ <u>40.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/28/18</u> Name & Address: Babula Verna 40239 Regency Sterling Hts. MI 48313 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>25.00</u>	\$ <u>25.00</u> Click Here for Memo Itemization

Page Subtotal **\$215.00**

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

Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committe to Elect Barbara Zinner County Commissioner

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>08/28/18</u> Name & Address: Riehl Krista H. 18249 Tara Dr. Clinton Twp. MI 48036	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/29/18</u> Name & Address: Gerlach James F. 31700 N. River Rd. Harrison Twp. MI 48045	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/29/18</u> Name & Address: Forton Mark A. 48143 Mallard Dr. Chesterfield MI 48047	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/30/18</u> Name & Address: Herman Tracy L. 3772 Fawn Drive Rochester MI 48306	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$300.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committe to Elect Barbara ZinnerCounty Commissioner

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>08/31/18</u> Name & Address: Binge Patrick 37319 Little Mack Clinton Twp. MI	\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/31/18</u> Name & Address: Calcott Reid J. 3176 N. River Rd. Saginaw MI, 48008	\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation <u>DDS</u> Employer <u>Reid Dental Clinic</u> Click Here for Memo Itemization </div> Business Address <u>6225 Gratiot Rd., Saginaw, MI 48638</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/04/18</u> Name & Address: Ferriby Robert 37724 Santa Barbara St. Clinton Twp. MI 48036	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/07/18</u> Name & Address: Fox Ann M. 5932 Marine City Hwy. China MI 48054	\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: <div style="display: flex; justify-content: space-between;"> Occupation _____ Employer _____ Click Here for Memo Itemization </div> Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal **\$450.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committe to Elect Barbara ZinnerCounty Commissioner

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>09/11/18</u></p> <p>Name & Address: Patroske Diane 52679 Belle Point Ct. Shelby Twp. MI 48316</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>100.00</u></p>	<p>\$ <u>100.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/18/18</u></p> <p>Name & Address: Anderson Grant 111 Lincoln Mt. Clemens MI 48043</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>10.00</u></p>	<p>\$ <u>10.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/19/18</u></p> <p>Name & Address: Johnson James E. 6230 Winkler Mill Rd. Rochester HILLS MI 480306</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>100.00</u></p>	<p>\$ <u>100.00</u></p> <p>Click Here for Memo Itemization</p>
<p>3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/21/18</u></p> <p>Name & Address: Macomb County Republican Committee PO Box 380962 Clinton Twp. MI 48038</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser</p>	<p>\$ <u>4000.00</u></p>	<p>\$ <u>4000.00</u></p> <p>Click Here for Memo Itemization</p>

Page Subtotal **\$4,210.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committee to Elect Barbara Zinner County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/23/18</u> Name & Address: Drzewiecki Denise 78175 Pearl Dr. Bruce Twp. MI 48044	\$ <u>30.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/18</u> Name & Address: Grot Stanley 11927 Hiawatha Dr. Shelby Twp. MI 48056	\$ <u>100.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/25/18</u> Name & Address: McMachen Willard 22251 Beech Knoll Dr. Macomb Twp. MI 48045	\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/26/18</u> Name & Address: Carl Maria F. 46860 Breckenridge Dr. Macomb Twp. MI 48315	\$ <u>50.00</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization

Page Subtotal **\$230.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committe to Elect Barbara ZinnerCounty Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>09/28/18</u> Name & Address: Zinner Barbara 38400 Elmite St. Harrison Twp. MI 48044 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1000.00</u>	\$ <u>1000.00</u> Click Here for Memo Itemization
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/18</u> Name & Address: Whitmore Gary J. 26760 S. River Rd. Harrison Twp. MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>50.00</u>	\$ <u>50.00</u> Click Here for Memo Itemization
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/18</u> Name & Address: Zinner Barbara 10/1/2018 1000 Loan 38400 Elmite St. Harrison Twp. MI 48045 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>1000.00</u>	\$ <u>2000.00</u> Click Here for Memo Itemization
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/01/18</u> Name & Address: Zinner Steve 38400 Elmite St. Harrison Twp. MI 48005 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$ <u>159.00</u>	\$ <u>159.00</u> Click Here for Memo Itemization

Page Subtotal **\$2,209.00**

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

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 139612
2. Committee Name Committee to Elect Barbara Zinner County Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/02/18</u> Name & Address: Beacon Cove Marina 36360 Jefferson Ave. Harrison Twp. MI 48045	\$ <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 checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/06/18</u> Name & Address: Brown Angela 5601 Reid Rd. Armada MI 48045	\$ <u>125.00</u>	\$ <u>125.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>Owner</u> Employer <u>American Trailers</u> Business Address <u>38400 Elmite St. Harrison Twp., MI 48045</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/08/18</u> Name & Address: Leslie William A. 36290 Jefferson Ave. Harrison Twp. MI 48045	\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/24/18</u> Name & Address: Zinner Barbara 38400 Elmite St. Harrison Twp. MI 48045	\$ <u>830.80</u>	\$ <u>1723.50</u>
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		

Page Subtotal \$1,305.00

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

\$9,812.50

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FedEX Office Address 41150 Garfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/04/18</u> Date	<u>\$ 1.64</u>
Expenditure #2 Name FedEX Office Address 41150 Garfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/18</u> Date	<u>\$ 15.89</u>
Expenditure #3 Name FedEX Office Address 41150 Garfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/07/18</u> Date	<u>\$ 28.68</u>
Expenditure #4 Name FedEX Office Address 41150 Garfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/15/18</u> Date	<u>\$ 41.71</u>
Expenditure #5 Name Walmart Address 45400 Markplace Blvd. Chesterfield MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printer Ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/16/18</u> Date	<u>\$ 75.2</u>

Subtotal this page

\$163.12

Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name FedEX Office Address 41150 Garfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Maps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/18</u> Date	<u>\$ 2.76</u>
Expenditure #2 Name FedEX Office Address 41150 Garfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Cards & Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/18</u> Date	<u>\$ 63.92</u>
Expenditure #3 Name The Postal Shop Address 38807 Harper Clinton Twp. MI 48036 <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>08/22/18</u> Date	<u>\$ 36.00</u>
Expenditure #4 Name Post Office Address 155 S. Main St. Mount Clemens MI 48046 <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>08/23/18</u> Date	<u>\$ 20.00</u>
Expenditure #5 Name Kroger Address 26300 Crocker Blvd Harrison Twp. MI 48045 <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>08/24/18</u> Date	<u>\$ 20.00</u>

Subtotal this page

\$142.68

Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Kroger Address 26300 Crocker Blvd Harrison Twp. MI 48045 <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>08/24/18</u> Date	<u>\$ 20.00</u>
Expenditure #2 Name The Postal Shop Address 38807 Harper Clinton Twp. MI 48036 <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>08/24/18</u> Date	<u>\$ 21.19</u>
Expenditure #3 Name The Postal Shop Address 38807 Harper Clinton Twp. MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/18</u> Date	<u>\$ 36.00</u>
Expenditure #4 Name Peter Baergen Address P.O. Box 383 Pleasant Lake MI 49272 <input type="checkbox"/> Fund Raiser	Purpose: <u>Design Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/24/18</u> Date	<u>\$ 90.00</u>
Expenditure #5 Name The Postal Shop Address 38807 Harper Clinton Twp. MI 48036 <input type="checkbox"/> Fund Raiser	Purpose: <u>Labels</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/25/18</u> Date	<u>\$ 40.00</u>

Subtotal this page **\$207.19**
Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Litho Printing and Graphics LLC Address 21541 Gratiot Eastpoint MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Door Hangers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/29/18</u> Date	<u>\$ 210.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name US Post Office Address 155 S. Main St. Mount Clemens MI 48046 <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>08/31/18</u> Date	<u>\$ 20.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Kroger Address 26300 Crocker Blvd Harrison Twp. MI 48045 <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>08/31/18</u> Date	<u>\$ 40.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name FedEx Office Address 41150 Garfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Maps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/20/18</u> Date	<u>\$ 15.89</u> Click Here for Memo Itemization Type
Expenditure #5 Name The Postal Shop Address 38807 Harper Clinton Twp. MI 48036 <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>09/20/18</u> Date	<u>\$ 46.5</u> Click Here for Memo Itemization Type

Subtotal this page

\$332.39

Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name US Post Office Address 155 S. Main St. Mount Clemens MI 48046 <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>09/20/18</u> Date	<u>\$ 30.00</u>
Expenditure #2 Name US Post Office Address 155 S. Main St Mount Clemens MI 48046 <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>09/22/18</u> Date	<u>\$ 70</u>
Expenditure #3 Name US Post Office Address 155 S. Main St Mount Clemens MI 48046 <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>09/22/18</u> Date	<u>\$ 125.00</u>
Expenditure #4 Name US Post Office Address 155 S. Main St Mount Clemens MI 48046 <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>09/22/18</u> Date	<u>\$ 160.00</u>
Expenditure #5 Name Signarama Address 36886 Harper Ave Clinton Twp. MI 48035 <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/01/18</u> Date	<u>\$ 159.00</u>

Subtotal this page **\$544.00**

Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Litho Printing and Graphics LLC Address 21541 Gratiot Eastpoint MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Flyers & PostCards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/18</u> Date	<u>\$ 2077.6</u>
Expenditure #2 Name Sawicki & Son Address 1521 W. Lafayette Detroit MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Yard Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/18</u> Date	<u>\$ 631.76</u>
Expenditure #3 Name C & G News Papers Address 13650 Eleven Mile Rd. Warren MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/18</u> Date	<u>\$ 93.61</u>
Expenditure #4 Name US Post Office Address 22430 Gratiot Eastpoint Mi 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/04/18</u> Date	<u>\$ 1536.92</u>
Expenditure #5 Name FedEX Office Address 41150 Garfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Maps</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/07/18</u> Date	<u>\$ 11.3</u>

Subtotal this page **\$4,351.19**

Grand Total of all Schedules 1B
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C & G News Papers Address 13650 Eleven Mile Rd. Warren MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/10/18</u> Date	<u>\$ 1210.72</u>
Expenditure #2 Name Litho Printing and Graphics LLC Address 21541 Gratiot Eastpoint MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Postcards</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/12/18</u> Date	<u>\$ 137.80</u>
Expenditure #3 Name Walmart Address 45400 Markplace Blvd. Chesterfield MI 48051 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printer Ink</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/14/18</u> Date	<u>\$ 75.2</u>
Expenditure #4 Name Address Beacon Cove Marina 36360 Jefferson Ave Harrison Twp. MI 48045 Ck Returned of <input type="checkbox"/> Fund Raiser	Purpose: <u>Returned of Corporate CK Contribution</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/18</u> Date	<u>\$ 100.00</u>
Expenditure #5 Name Litho Printing and Graphics LLC Address 21541 Gratiot Eastpoint MI 48021 <input type="checkbox"/> Fund Raiser	Purpose: <u>Design Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/18</u> Date	<u>\$ 25.00</u>

Subtotal this page **\$1,548.72**

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

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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 139612
2. Committee Name Committee To Elect Barbara Zinner County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name C&G NewsPapers Address 13650 11 Mile Rd. Warren MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Adds</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/18</u> Date	<u>\$ 1513.60</u> Click Here for Memo Itemization Type
Expenditure #2 Name CVS Pharmacy Address 40925 Gardfield Rd. Clinton Twp. MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Avery LBL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/03/18</u> Date	<u>\$ 3.06</u> Click Here for Memo Itemization Type
Expenditure #3 Name Huntington Bank Address Huntington Bank PO BOX 1558 EA1W37 Columbus OH 43216 <input type="checkbox"/> Fund Raiser	Purpose: <u>Checks</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/23/18</u> Date	<u>\$ 28.51</u> Click Here for Memo Itemization Type
Expenditure #4 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	\$ _____ Click Here for Memo Itemization Type
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	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$1,545.17**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$8,834.46**

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 139612

2. Committee Name Committee To Elect Barbara Zinner County Commissioner

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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Zinner Barbara 1000 Direct 38400 Elmitte St. Harrison Twp. MI 48045	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>09/28/18</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ _____	\$ <u>1,000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Zinner Barbara 1000 Direct 38400 Elmitte St. Harrison Twp. MI 48045	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> <u>10/1/2018</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	\$ _____	\$ <u>1,000.00</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) **\$2,000.00**

Grand Total of all Schedules 1E **\$2,000.00**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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