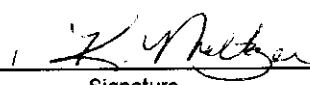
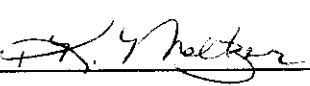




**CANDIDATE COMMITTEE
COVER PAGE**

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 0130002 68		3. This Statement covers From: <u>5/26/2020</u> to <u>8/24/2020</u>	
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 Drive Clinton Township, MI 48036 Area Code and Phone <u>586.709.1321</u> 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 Drive Clinton Township, MI 48036 Area Code & Phone <u>586.709.1321</u>	
7. Treasurer's Business Address 40700 Romeo Plank Rd. Clinton Township, MI 48038 Area Code and Phone <u>586.723.8051</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	
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 <u>August 4, 2020</u>		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 hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Kim Meltzer Type or Print Name		 Signature Date <u>9-1-2020</u>	
Candidate Kim Meltzer Type or Print Name		 Signature Date <u>9-1-2020</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number ⁶⁸ 130002

**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.) \$	13,125.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$		(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	13,125.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	799.96	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	2,890.45	
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.) \$	2,890.45	(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.) \$	28,429.55	
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.) \$	11,956.43	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	13,150.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	25,106.43	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	2,890.45	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	22,215.98	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

0138602

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 8/20/2020

Name & Address:

Dolan, Jack
22600 Hall Rd Ste 205
Clinton Twp., MI 48036

200.00

1050.00

\$

\$

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

Occupation attorney Employer York, Dolan & Tomlinson

[Click Here for Memo Itemization](#)

Business Address 22600 Hall Rd Ste 205 Clinton Township MI 48036

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Tomlinson, Timothy
22600 Hall Rd Ste 205
Clinton Twp., MI 48036

200.00

850.00

\$

\$

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

Occupation attorney Employer York, Dolan & Tomlinson

[Click Here for Memo Itemization](#)

Business Address 22600 Hall Rd Ste 205 Clinton Township MI 48036

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Cicco, Davide
39248 Donahue Dr.
Clinton Twp., MI 48038

50.00

50.00

\$

\$

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

3. Contribution # 4 PAC Receipt? ☒ YES

4. Date of Receipt 8/20/2020

Name & Address:

Ceccacci, Rita
37224 Camellia Lane
Clinton Twp., MI 48036

50.00

50.00

\$

\$

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

500.00

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

0130602

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 8/20/2020

Name & Address:

Gianino, Luciano
40256 Emerald Lane W
Clinton Twp., MI 48038

\$ 200.00

\$ 200.00

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

Occupation owner Employer Luciano's Restaurant

[Click Here for Memo Itemization](#)

Business Address 39091 Garfield MI 48038

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address

Rizzo, Nick
37516 Hidden Valley
Clinton Twp., MI 48036

\$ 300.00

\$ 300.00

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

Occupation Developer Employer GTR Companies LLC

[Click Here for Memo Itemization](#)

Business Address 65 Macomb Plance Ste F Mt. Clemens, MI 48043

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Huth, Robert
19500 Hall Rd #100
Clinton Twp MI 48038

\$ 100.00

\$ 750.00

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

Occupation attorney Employer Kirk, Huth, Lange & Badalamenti PC

[Click Here for Memo Itemization](#)

Business Address 19500 Hall Rd #100 Clinton Twp MI 48038

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

3. Contribution # 4 PAC Receipt? ☒ YES

4. Date of Receipt 8/20/2020

Name & Address

CANDICEPAC
PO BOX 7036
Novi MI 48376

\$ 200.00

\$ 200.00

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

800.00

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

68
0138602

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 8/20/2020

Name & Address:

Carswell, Frank
13399 Lake Shore Dr.
Fenton, MI 48430

200.00

900.00

\$

\$

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

Occupation owner Employer Independent Management Services

[Click Here for Memo Itemization](#)

Business Address 14381 North Rd Fenton MI 48430

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address

Scott, Lawrence
12900 Hall Rd. Ste 350
Sterling Heights, MI 48310

200.00

400.00

\$

\$

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

Occupation attorney Employer O'Rielly Rancilio PC

[Click Here for Memo Itemization](#)

Business Address 12900 Hall Rd. Ste 350 Sterling Heights MI 48310

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Dorian, Carolyn
35900 Gratiot
Clinton Twp., MI 48035

200.00

200.00

\$

\$

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

Occupation owner Employer Dorian Ford Dealership

[Click Here for Memo Itemization](#)

Business Address 38900 Gratiot Clinton Twp., MI 48035

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address

Elkus, Lou
31275 Northwestern Hwy #149
Farmington Hills, MI 48334

100.00

500.00

\$

\$

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

Occupation CPA Employer Self

[Click Here for Memo Itemization](#)

Business Address 31275 Northwestern Hwy #149 Farmington Hills, MI 48334

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

68
0138602

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 8/20/2020

Name & Address:

Rademaker, Pauline
18740 Devisscher St.
Clinton Twp., MI 48036

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

4. Date of Receipt 8/20/2020

Name & Address:

Mansour, Anton
20456 Alexander Dr.
Macomb, MI 48044

1000.00

1300.00

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

[Click Here for Memo Itemization](#)

Occupation owner Employer Brooke Ridge Landscaping

Business Address 34200 Kelly Rd. Clinton Twp., MI 48035

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Mansour, Shaun
45709 Rathmore Dr.
Macomb, MI 48044

1000.00

1200.00

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

[Click Here for Memo Itemization](#)

Occupation attorney Employer Law Offices of Shaun Mansour

Business Address 38550 Garfield Clinton Twp., MI 48038

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Illich, Paul
34285 Goresbeck Hwy.
Clinton Twp., MI 48035

200.00

600.00

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

[Click Here for Memo Itemization](#)

Occupation owner Employer American Auto Inc.

Business Address 34285 Groesbeck Hwy Clinton Twp., MI 48035

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

Page Subtotal

2300.00

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

0138602

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 8/20/2020

Name & Address:

Biondo, Giuseppe
16273 Kingsway Dr.
Macomb, MI 48044

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 4. Date of Receipt 8/20/2020

Name & Address

Demanski, Gregory
43758 Mallard Lane
Clinton Twp., MI 48038

50.00
\$

50.00
\$

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

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address:

Becker, John
20129 Windham Dr
Macomb, MI 48044

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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Brisse, Thomas
5400 Great Fosters Dr.
Oakland Twp., MI 48306

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

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 68 0138802
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? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: Rocca, Lawrence 38299 Moravian Dr. Clinton Twp., MI 48036		\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: Valerio-Nowc, Lisa 20761 Marvindale St. Clinton Twp., MI 48035		\$ 50.00	\$ 50.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: Vicari, Joseph 37525 Hidden Valley Ct. Clinton Twp., MI 48036		\$ 200.00	\$ 200.00
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Joe Muer Restaurant</u> Business Address <u>400 Renaissance Center Detroit MI 48243</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: Chabot, Scott 41605 Lexington Clinton Twp., MI 48038		\$ 100.00	\$ 1050.00
5. If over \$100.00 cumulative, please provide: Occupation <u>Engineer</u> Employer <u>AEW</u> Business Address <u>51301 Schoenherr Shelby Twp., MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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

68
0138502

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 8/20/2020

Name & Address:

Caicedo, Michelle
20216 Great Oaks Circle S
Clinton Twp., MI 48036

200.00
\$

200.00
\$

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 2 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Tiseo, Nancy
16155 Vista Woods Ct
Clinton Twp., MI 48038

100.00
\$

200.00
\$

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address:

Mudge, Carolyn
35311 Garret Dr
Clinton Twp., MI 48035

100.00
\$

450.00
\$

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

Occupation RETIRED 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 8/20/2020

Name & Address

Serra, Angela
19694 Westchester Dr.
Clinton Twp., MI 48038

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 500.00

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

68
0138802

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 8/20/2020

Name & Address:

Lockwood, Scott
950 Southdown Rd
Bloomfield, MI 48304

200.00
\$

550.00
\$

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

Occupation Engineer Employer AEW

[Click Here for Memo Itemization](#)

Business Address 51301 Schoenherr Shelby Twp., MI 48315

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Maynard, Jared
35956 Vaughn St.
Clinton Twp., MI 48035

200.00
\$

400.00
\$

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

Occupation Consultant Employer Professional Promotions

[Click Here for Memo Itemization](#)

Business Address 39596 Vaughn St. Clinton Twp., MI 48035

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address:

Irons, Andrea
18656 Cranbrook
Clinton Twp., MI 48038

200.00
\$

500.00
\$

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

Occupation attorney Employer Macomb County Prosecutor

[Click Here for Memo Itemization](#)

Business Address 1st S Main St. Mt. Clemens MI 48043

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Johnson, John
58337 Thomas St.
New Haven, MI 48048

100.00
\$

500.00
\$

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

Occupation CEO Employer SE MI Chamber of Commerce

[Click Here for Memo Itemization](#)

Business Address 59 Walnut Ave Ste 206 Mt. Clemens, MI 48043

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0138602
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.

3. Contribution # 1 PAC Receipt? ☒ YES 4. Date of Receipt 8/20/2020
Name & Address:
Fire Fighters Association PAC
42601 Romeo Plank Rd.
Clinton Twp., MI 48038
6. Amount \$ 200.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 1000.00

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 4. Date of Receipt 8/20/2020
Name & Address:
Rea, Rosanna
8550 N. Fernwood Ct.
Washington, MI 48094
6. Amount \$ 100.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020
Name & Address:
Delicata-Calagna, France
18410 Wigeon Dr.
Clinton Twp MI 48038
6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 50.00

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 4. Date of Receipt 8/20/2020
Name & Address:
Schirmacher, Joann
43347 Saal Rd
Sterling Heights, MI 48313
6. Amount \$ 50.00 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) \$ 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

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0138602
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? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: <u>Morocco, Nancy</u> <u>38365 Saddle Lane</u> <u>Clinton Twp., MI 48036</u>		<u>200.00</u>	<u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: <u>Abraham, Mark</u> <u>1910 Illinois Ave</u> <u>Engelwood, FL 34224</u>		<u>100.00</u>	<u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Bigfoot Wellness</u> Business Address <u>4045 E Court Burton MI 48509</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: <u>Riberas, Hank</u> <u>6471 Metro Pkwy</u> <u>St. Heights, MI 48312</u>		<u>200.00</u>	<u>400.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CFO</u> Employer <u>Roncelli Inc.</u> Business Address <u>6471 Metro Pkwy St. Heights, MI 48312</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: <u>Paganes, Robert</u> <u>37140 Camellial Lane</u> <u>Clinton Twp., MI 48036</u>		<u>200.00</u>	<u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Tubby's Submarine Shop</u> Business Address <u>35807 Moravian Clinton Twp MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

0138002

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 8/20/2020

Name & Address:

Marchetti, Ken
188 Ridgemont
Grosse Pointe Farms, MI 48236

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 4. Date of Receipt 8/20/2020

Name & Address:

Grant, Brian
46563 Mariner Dr.
Macomb, MI 48044

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 # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address:

Swetech, Grozda
43868 Scoter Lane
Clinton Twp., MI 48038

100.00
\$

100.00
\$

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

[Click Here for Memo Itemization](#)

Occupation Retired Employer _____

Business Address _____

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address:

Mackey, Thomas
37262 Saddle Lane
Clinton Twp., MI 48036

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

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

68
0138602

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 8/20/2020

Name & Address:

Marasco Jr., Mark
53219 Pineridge Dr
Chesterfield, MI 48051

100.00
\$

200.00
\$

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

Occupation owner Employer Protean KDS Corp

[Click Here for Memo Itemization](#)

Business Address 44267 Macomb Industrial Clinton Twp., MI 48038

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address

Buscemi, Marion
38365 Saddle Lane
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

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Zingas, Ann
18400 Tara Dr.
Clinton Twp., MI 48036

300.00
\$

300.00
\$

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

Occupation Retired 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 8/20/2020

Name & Address

Toma, Stravos
47677 Milonas Rd
Shelby MI 48315

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 600.00

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

68
0138602

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? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: Badalamenti, Raechel 19500 Hall Rd # 100 Clinton Twp., MI 48038		100.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Kirk, Huth, Lange & Badalamenti PC</u> Business Address <u>19500 Hall Rd. #100 Clinton Twp., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: Kirk, Robert 19500 Hall Rd #100 Clinton Twp., MI 48038		100.00 \$	500.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Kirk, Huth, Lange & Badalamenti PC</u> Business Address <u>19500 Hall Rd. #100 Clinton Twp., MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: Atsalakis, Tony 812 Balfour St Grosse Pointe Park, MI 48230		200.00 \$	200.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Atsalis Brothers Painting</u> Business Address <u>24595 Groesbeck Hwy. Warren MI 48089</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>8/20/2020</u> Name & Address: Abdallah, Khoder 38229 Pinebrook Dr Sterling Heights, MI 48310		300.00 \$	600.00 \$
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Juan MIGUELS Restaurant</u> Business Address <u>21342 Hall Rd Clinton Twp MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		Click Here for Memo Itemization	

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.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

0136602

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 8/20/2020

Name & Address:

Pype, Anthony
49531 Cosimo Ct
Macomb MI 48042

200.00

800.00

\$

\$

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

Occupation owner Employer Garfield & Canal Service

[Click Here for Memo Itemization](#)

Business Address 16933 Canal Rd. Clinton Twp., MI 48038

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

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Saph, Julie
21178 Lilac Ln
Clinton Twp., MI 48036

100.00

100.00

\$

\$

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

Occupation Retired Employer

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution # 3 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Saph Jr., Stephen
44 Macomb Pl
Mt. Clemens, MI 48046

250.00

650.00

\$

\$

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

Occupation owner Employer Nickel & Saph Insurance

[Click Here for Memo Itemization](#)

Business Address 44 Macomb Pl Mt. Clemens MI 48046

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

3. Contribution # 4 PAC Receipt? ☐ YES

4. Date of Receipt 8/20/2020

Name & Address:

Digiuseppe, John
40707 Ruggero St.
Clinton Twp., MI 48038

200.00

400.00

\$

\$

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

Occupation owner Employer Mirage Banquet Hall

[Click Here for Memo Itemization](#)

Business Address 16980 18 Mile Rd Clinton Twp MI 48038

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

Page Subtotal

750.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

0138602

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 8/20/2020

Name & Address:

Aragona, Frank
3321 Vineyard Hill
Rochester Hills, MI 48306

100.00

500.00

\$

\$

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

Occupation V. Pres Employer Holiday Enterprise

[Click Here for Memo Itemization](#)

Business Address 37020 Garfield Clinton Twp., MI 48036

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Crispignani, Vincent
37135 Woodpointe Dr.
Clinton Twp MI 48036

150.00

450.00

\$

\$

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

Occupation Retired Employer

[Click Here for Memo Itemization](#)

Business Address

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address:

Meslemani, Ali
1200 Shipman Blvd.
Birmingham, MI 48009

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Burton, James
13368 Banbury Ct
Shelby Twp MI 48315

200.00

200.00

\$

\$

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

Occupation Engineer Employer Hubble Roth and Clark Inc.

[Click Here for Memo Itemization](#)

Business Address 555 Hulet Dr. Bloomfield, MI 48302

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

Page Subtotal

550.00

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

0138502

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 8/20/2020

Name & Address:

Bacho, Nicholas
49140 Saint Nicholas
Shelby Twp., MI 48317

300.00
\$

500.00
\$

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

Occupation CFO Employer The Vapor Shoppe

[Click Here for Memo Itemization](#)

Business Address 42310 Hayes Clinton Twp., MI 48038

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Simon, Robert
15991 Secretariat Ct
Clinton Twp MI 48035

150.00
\$

150.00
\$

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

Occupation Retired Employer _____

[Click Here for Memo Itemization](#)

Business Address _____

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

3. Contribution # 3 PAC Receipt? ☒ YES 4. Date of Receipt 8/20/2020

Name & Address:

Lucido for a Brighter Tomorrow PAC
6303 26 Mile Rd. Ste 203
Washington, MI 48094

100.00
\$

300.00
\$

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Bacho, Christopher
2975 Lotus Ct
Sterling Heights, MI 48310

1800.00
\$

2100.00
\$

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

Occupation CEO Employer The Vapor Shoppe

[Click Here for Memo Itemization](#)

Business Address 42310 Hayes Clinton Twp., MI 48038

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

Page Subtotal

2350.00

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 68
0138602
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 8/20/2020

Name & Address:

Salloum, Richard
39300 Donahue Dr.
Clinton Twp., MI 48038

50.00
\$

50.00
\$

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 8/20/2020

Name & Address

Sorrentino, Sherry
35520 FORTON CT
CLINTON TOWNSHIP, MI 48035

250.00
\$

650.00
\$

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

Occupation Housewife Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

3. Contribution # 4 PAC Receipt? ☒ YES 4. Date of Receipt 8/20/2020

Name & Address

\$ _____ \$ _____

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

Occupation _____ Employer _____

Business Address _____

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

[Click Here for Memo Itemization](#)

Page Subtotal 300.00

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

13,150.00

Enter this total on
line 3a of Summary
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ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number

138602

2. Committee Name

CTE Kim Meltzer

3. Name and Address from whom received
If contribution is from an individual, enter last
name first. Check box to indicate if contribution
is from a Political Committee or an Independent
Committee (Both are commonly called PACs).
Report all in-kind contributions.

4. Type of In-Kind Contribution (Check applicable box)

7. Amount or
Fair Market
Value

8. Cumulative
for Election
Cycle (Through
date in Item 5)

5. Date of Receipt

6. Name & Address of Vendor from whom goods or services were
purchased

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Sage, Jim
36470 Moravian Dr.
Clinton Twp., MI 48035

If over \$100.00 cumulative, please provide:
Occupation: owner

Employer Name & Business Address:

Sajo's of Clinton
36470 Moravian Dr.
Clinton Twp., MI 48035

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description food

5. Date Of Receipt: 08/20/20

6. Vendor Name & Address:

Sajo's of Clinton
36470 Moravian Dr.
Clinton Twp., MI 48035

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

\$ 650.00 \$ 650.00

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

Meltzer, Clarence
18300 Tara Dr.
Clinton Twp., MI 48036

If over \$100.00 cumulative, please provide:
Occupation: owner

Employer Name & Address:

CAMmand Machining LLC
101 Shafer Dr.
Romeo, MI 48065

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description masks

5. Date Of Receipt: 08/20/20

6. Vendor Name & Address:

SupplyDen
1026 Doris Rd.
Auburn Hills, MI 48326

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

\$ 39.99 \$ 39.99

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

Meltzer, Clarence
18300 Tara Dr.
Clinton Twp., MI 48036

If over \$100.00 cumulative, please provide:

Occupation: owner

Employer Name & Address:

CAMmand Machining LLC
101 Shafer Dr.
Romeo, MI 48065

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☒ Goods or Services Purchased by Candidate or Others- LOAN

Description beer and pop

5. Date Of Receipt: 08/20/20

6. Vendor Name & Address:

Kroger
41941 Garfield Rd.
Clinton Twp., MI 48038

[Click Here for Memo Itemization](#)

☒ Fund Raiser Contribution

Page Subtotal \$799.96

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

\$799.96

Enter this total
on line 6 of Summary
Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

68
0138602

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Squarespace Inc.</u> Address <u>1455 Market Street Suite 600</u> <u>San Francisco, CA 94103</u> ☐ Fund Raiser	Purpose: <u>mnthly online pmt service</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/6/20</u> Date	\$ <u>26.00</u>
Expenditure #2 Name <u>LPC Group</u> Address <u>21222 Cass Ave.</u> <u>Clinton Twp., MI 48036</u> ☒ Fund Raiser	Purpose: <u>fundraiser tickets</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/29/20</u> Date	\$ <u>156.83</u>
Expenditure #3 Name <u>Squarespace Inc.</u> Address <u>1455 Market Street Suite 600</u> <u>San Francisco, CA 94103</u> ☐ Fund Raiser	Purpose: <u>mnthly online pmt service</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/20</u> Date	\$ <u>26.00</u>
Expenditure #4 Name <u>Compassion Pregnancy</u> Address <u>37540 S Gratiot ste. 100</u> <u>Clinton Township MI 48036</u> ☐ Fund Raiser	Purpose: <u>donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/20</u> Date	\$ <u>103.93</u>
Expenditure #5 Name <u>Kroger</u> Address <u>41941 Garfield</u> <u>Clinton Twp MI 48038</u> ☒ Fund Raiser	Purpose: <u>Stamps</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/20</u> Date	\$ <u>44.00</u>

Subtotal this page **356.81**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

013⁶⁸602

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Strategy Works</u> Address <u>PO Box 24215</u> <u>Lansing, MI</u> ☐ Fund Raiser	Purpose: <u>campaign literature</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/13/2</u> Date	\$ <u>2000.00</u>
Expenditure #2 Name <u>Angela Marc Salon</u> Address <u>47210 Hayes</u> <u>Macomb MI 48044</u> ☒ Fund Raiser	Purpose: <u>photo shoot</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/17/2</u> Date	\$ <u>107.00</u>
Expenditure #3 Name <u>Costco</u> Address <u>45460 Market St</u> <u>Shelby Twp., MI 48315</u> ☒ Fund Raiser	Purpose: <u>plates, napkins, utensils</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/17/2</u> Date	\$ <u>160.14</u>
Expenditure #4 Name <u>FedEx</u> Address <u>41051 Garfield</u> <u>Clinton Twp., MI 48038</u> ☒ Fund Raiser	Purpose: <u>Labels</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/18/2</u> Date	\$ <u>30.74</u>
Expenditure #5 Name <u>Kroger</u> Address <u>41941 Garfield</u> <u>Clinton Twp., MI 48038</u> ☒ Fund Raiser	Purpose: <u>pop, water</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/7/20</u> Date	\$ <u>47.59</u>

Subtotal this page **2345.52**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

63
0138602

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

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Hillcrest Market</u> Address <u>38029 Moravian</u> <u>Clinton Township MI 48036</u> ☒ Fund Raiser	Purpose: <u>ice</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/20/20</u> Date	\$ <u>25.00</u>
Expenditure #2 Name <u>Hotz, Catering & Rental</u> Address <u>22414 Harper Ave.</u> <u>St. Clair Shores, MI 48080</u> ☒ Fund Raiser	Purpose: <u>tables, chairs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/20/20</u> Date	\$ <u>163.12</u>
Expenditure #3 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name _____ Address _____ ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page **188.12**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **2890.45**

Enter this total
on line 8a of
Summary Page



1
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

0136802

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Convention I.O. Number

CTE Kim Meltzer

2. Committee Name

This Schedule contains:

☒ Debts and obligations owed by or to the committee ☐ Debts and obligations owed by or to 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 guarantor, 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. Current due payment to date on debt	9. Outstanding balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp ☐ Ind ☒ KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	a. Type: <u>loan</u> b. Date Debt Was Incurred: <u>4-11-12</u> c. Original Amount of Debt: <u>\$29.95</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$28,815.71</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp ☐ Ind ☒ KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	a. Type: <u>loan</u> b. Date Debt Was Incurred: <u>04-15-12</u> c. Original Amount of Debt: <u>\$10.17</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$28,825.91</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp ☐ Ind ☒ KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	a. Type: <u>loan</u> b. Date Debt Was Incurred: <u>04-18-12</u> c. Original Amount of Debt: <u>\$300.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$25,125.91</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

340.02

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

29,025.91

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

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

DEBTS AND OBLIGATIONS SCHEDULE 1E					
☒ Debts and obligations owed by or against the committee OR ☐ Debts and obligations owed by 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 guarantor, 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 Owed to or by: Corp ☐ Yes <u>KIM MELTZER</u> <u>21565 LEEANAN TR</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>loan</u> 5. Date Debt Was Incurred: <u>04-18-12</u> 6. Original Amount of Debt: <u>\$29,375.91</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$29,375.91</u> ☐ FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____					
Debt #2 Owed to or by: Corp ☐ Yes <u>KIM MELTZER</u> <u>21565 LEEANAN TR</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>loan</u> 5. Date Debt Was Incurred: <u>4-22-12</u> 6. Original Amount of Debt: <u>\$15.90</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$29,391.81</u> ☐ FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____					
Debt #3 Owed to or by: Corp ☐ Yes <u>KIM MELTZER</u> <u>21565 LEEANAN TR</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>loan</u> 5. Date Debt Was Incurred: <u>4-24-12</u> 6. Original Amount of Debt: <u>\$300.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$29,691.81</u> ☐ FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____					
Page Subtotal (Outstanding debt)				<u>585.90</u>	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				<u>\$29,691.81</u>	

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

1. Committee ID Number

0138802

SCHEDULE 1E

CANDIDATE COMMITTEE

2. Committee Name

CTE Kim Melzer

This Schedule Sample:

☒ Debts and obligations owed by or for the committee OR ☐ Debts and obligations owed by or for 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 used to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, 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) ☐ FORGIVEN
Debt #1 Owed to or by: ☐ Yes ☒ No KIM MELZER 20585 LEEANAW TR. CLINTON TWP MI 48038	4. Type <u>Loan</u> 5. Date Debt Was Incurred: <u>4-25-12</u> 6. Original Amount of Debt: <u>\$ 5.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 29,164.81</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Entered: \$ _____				
Debt #2 Owed to or by: ☐ Yes ☒ No KIM MELZER 20585 LEEANAW TR. CLINTON TWP MI 48038	4. Type <u>Loan</u> 5. Date Debt Was Incurred: <u>5-1-12</u> 6. Original Amount of Debt: <u>\$ 250.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 250.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Entered: \$ _____				
Debt #3 Owed to or by: ☐ Yes ☒ No KIM MELZER 20585 LEEANAW TR. CLINTON TWP MI 48038	4. Type <u>Loan</u> 5. Date Debt Was Incurred: <u>5-21-12</u> 6. Original Amount of Debt: <u>15.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 29,962.71</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Entered: \$ _____				

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)

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

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

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

2. 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 guarantor, 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 5 minus Item 8) ☐ FORGIVEN
Debt #1 Owed to or by: Corp ☐ Yes KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	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>29,944.41</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp ☐ Yes KIM MELTZER 20585 LEEANAU TR. CLINTON TWP MI 48038	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>29,999.65</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp ☐ Yes KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	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>30,065.55</u> ☐ 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 Schedules showing amounts owed by or to the committee)

30,005.55

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

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



1
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 0138802
2. Candidate Name CTE Kim Melzer

Write Schedule Number: _____

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

3. Name and Billing Address of person, vendor or financial institution to whom debt is owed	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 5 minus Item 8) ☐ FORGIVEN
Debt #1 Owed to or by: Corp ☐ Yes KIM MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type <u>Debt</u> 5. Date Debt Was Incurred <u>6-6-12</u> 6. Original Amount of Debt <u>14.37</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	<u>30,019.92</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp ☐ Yes KIM MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type <u>Debt</u> 5. Date Debt Was Incurred <u>7-6-12</u> 6. Original Amount of Debt <u>35.68</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	<u>30,053.60</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp ☐ Yes KIM MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type <u>Debt</u> 5. Date Debt Was Incurred <u>7-21-12</u> 6. Original Amount of Debt <u>15.90</u>	\$ \$ \$ \$ \$	\$ \$ \$ \$ \$	<u>30,069.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<u>63.95</u>
Grand Total of all Schedules 1E				<u>30,069.50</u>

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



1. DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule Reports:

☒ Debts and obligations owed by or forgiven the committee OR ☐ Debts and obligations owed by 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 guarantor, if any.	4. Type of Obligation (Description) a. Indicate date debt was incurred b. 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 9 minus Item 8)
Debt #1 Cred to or by: Corp ☐ Yes KIM METZGER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>10-11-12</u> 6. Original Amount of Debt: <u>1000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>31,069.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$				
Debt #2 Cred to or by: Corp ☐ Yes KIM METZGER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>9-21-12</u> 6. Original Amount of Debt: <u>15.90</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>31,085.40</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$				
Debt #3 Cred to or by: Corp ☐ Yes KIM METZGER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>10-21-12</u> 6. Original Amount of Debt: <u>19.90</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>31,105.30</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$				
Page Subtotal (Outstanding debt)				<u>1035.80</u>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the district)				<u>31,105.30</u>

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 if was forgiven during the period covered by this Campaign Statement.

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

**SCHEDULE 1E**

1. Complete LD. diuron

0136802

2. Contributions Review

CTE Kim Malzer

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

3. Name and Mailing Address of person or vendor or financial institution to whom debt is owed	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 of debt	9. Outstanding balance at close of this period (Item 6 minus Item 8)
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 guarantor, if any.						
Debt #1 Owed to or by: Corp. ☐ Yes KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>11-6-12</u> 6. Original Amount of Debt: <u>29.58</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	1. <u>31.134.28</u> ☐ FORGIVEN			
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____						
Debt #2 Owed to or by: Corp. ☐ Yes KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>11-6-12</u> 6. Original Amount of Debt: <u>15.54</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	1. <u>31.150.46</u> ☐ FORGIVEN			
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____						
Debt #3 Owed to or by: Corp. ☐ Yes KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>11-6-12</u> 6. Original Amount of Debt: <u>20.13</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	1. <u>31.170.55</u> ☐ FORGIVEN			
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____						

Page Subtotal (Outstanding debt)

65.25

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the corporation.)

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Enter 613 Code
on the 12a "used
by" or 8a 12b
"used by" 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 includes:

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

1. 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 undersigner or guarantor, 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 5 minus Item 8)
Debt #1 Corp ☐ Yes Owed to or by: KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type <u>Loan</u> 5. Date Debt Was Incurred <u>10-6-12</u> 6. Original Amount of Debt <u>\$36.15</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$31,206.70</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp ☐ Yes Owed to or by: KIM MELTZER 20585 LEEANAU R CLINTON TWP MI 48038	4. Type <u>Loan</u> 5. Date Debt Was Incurred <u>11-6-12</u> 6. Original Amount of Debt <u>\$9.32</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$3,216.02</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp ☐ Yes Owed to or by: KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type <u>Loan</u> 5. Date Debt Was Incurred <u>10-23-12</u> 6. Original Amount of Debt <u>\$9.75</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$3,249.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Total Debts (Outstanding debt) <u>49.22</u>				Grand Total of all Contributions to <u>3,249.77</u>

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

1. Committee ID Number

0136802

2. Committee Name

CTE Kim Meltzer

This Schedule Summarizes:

☒ Debts and obligations owed to or forgiven the committee OR ☐ 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 agreement or guarantors, if any.	4. Type of Collection (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 (from 6 minus 8) (Part 2)
Debt #1 Owed to or by: ☐ Corp ☐ Yes KIM MELTZER 20585 LEEANAW TR CLINTON TWP MI 48838	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>12-24-12</u> 6. Original Amount of Debt: <u>\$900.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$32,119.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: ☐ Corp ☐ Yes KIM MELTZER 20585 LEEANAW TR CLINTON TWP MI 48838	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>10-30-12</u> 6. Original Amount of Debt: <u>\$500.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$32,619.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: ☐ Corp ☐ Yes KIM MELTZER 20585 LEEANAW TR CLINTON TWP MI 48838	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>11-30-12</u> 6. Original Amount of Debt: <u>\$1,000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$34,219.77</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Page Subtotal (Outstanding debt)				<u>3000.00</u>
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				<u>34,219.77</u>

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

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



1
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

1. Candidate I.D. Number

0136802

SCHEDULE 1E

CANDIDATE COMMITTEE

2. Committee Name

CTE Kim Meltzer

This Schedule Summarizes:

☒ Debts and obligations owed by or forgiven for the committee OR ☐ Debts and obligations owed to or forgiven for 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 guarantor, 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 payments to date on debt	9. Outstanding balance at close of this period (Item 6 minus Item 8)
Debt #1 Owed to or by: Corp ☐ Yes Kim MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type <u>CC</u> 5. Date Debt Was Incurred <u>1-18-13</u> 6. Original Amount of Debt <u>\$ 156.18</u>	<u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u>	<u>5</u>	<u>34,255.95</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Debt #2 Owed to or by: Corp ☐ Yes CLARENCE MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type <u>CC</u> 5. Date Debt Was Incurred <u>9-30-16</u> 6. Original Amount of Debt <u>\$ 216.76</u>	<u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u>	<u>5</u>	<u>34,592.71</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Debt #3 Owed to or by: Corp ☐ Yes Kim MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type <u>CC</u> 5. Date Debt Was Incurred <u>10-23-16</u> 6. Original Amount of Debt <u>\$ 300.00</u>	<u>5</u> <u>5</u> <u>5</u> <u>5</u> <u>5</u>	<u>5</u>	<u>31,912.71</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				

Page Subtotal (Outstanding debt) 3,372.54

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

37592.71

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

1. Committee ID Number

0136802

SCHEDULE 1E

CTE Kim Meltzer

CANDIDATE COMMITTEE

2. Committee Name

This Schedule Itemizes:

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

1. 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 guarantor, if any.	4. Type of Obligation (Description) 1. Indicate date debt was incurred 2. Indicate original amount of debt	7. Date and amount of cash payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 9 minus Item 8)
Debt #1 Owed to or by: Corp ☐ Yes ROSEALIE MILLS 5653 N LAKE DR KIMBALL TWP MI 48072	1. Type <u>Loan</u> 2. Date Debt Was Incurred <u>10-23-16</u> 3. Original Amount of Debt <u>1000.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$38,592.71</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: Corp ☐ Yes	4. Type _____ 5. Date Debt Was Incurred _____ 6. Original Amount of Debt _____ \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp ☐ Yes	4. Type _____ 5. Date Debt Was Incurred _____ 6. Original Amount of Debt _____ \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page 1 of 1 (Outstanding debt)

Grand Total of all Schedules 1E: 38,592.71

(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 0138802

2. Committee Name CTE KIM MELTZER

This Schedule Reflects:

☒ Debts and obligations owed to or forgiven by the committee OR ☐ 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 guarantor, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding balance at close of this period (Item 6 minus Item 8)
Debt #1 ☐ Corp ☐ Yes MELTZER, KIM 18300 TARA DR. CLINTON TWP MI 48038	LOAN 4. Type: _____ 5. Date Debt Was Incurred: <u>12/22/17</u> 6. Original Amount of Debt: <u>88.88</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	<u>38679.59</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: ☐ Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: ☐ Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 88.88

Grand Total of all Schedules 1E 38,679.59
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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

Page 12 of the 14



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136802
2. Committee Name CTE KIM MELTZER

This Schedule Remizes:

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 guarantor, 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 5 minus Item 8)
Debt #1 Owed to or by: KIM MELTZER 18300 TARA DR CLINTON TWP MI 48036 Corp? ☐ Yes	4. Type: <u>LOAN PMT</u> 5. Date Debt Was Incurred: <u>2/2000</u> 6. Original Amount of Debt: <u>\$ 2400.00</u>	2/4/19 \$ 2400.0 \$ \$ \$ \$	\$ 2400.0	\$ 36279.5 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: KIM MELTZER 18300 TARA DR CLINTON TWP MI 48036 Corp? ☐ Yes	4. Type: <u>LOAN PMT</u> 5. Date Debt Was Incurred: <u>8/2000</u> 6. Original Amount of Debt: <u>\$ 8000.00</u>	2/11/1 \$ 8000.0 \$ \$ \$ \$	\$ 8000.0	\$ 28279.5 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: Corp? ☐ Yes	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ \$ \$ \$ \$	\$	\$ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **10400.00**

Grand Total of all Schedules 1E **28279.59**
(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 136802
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 endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ Yes Owed to or by: Meltzer, Clarence 18300 Tara Dr. Clinton Twp., MI 48036	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>08/20/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>109.97</u>	\$ \$ \$ \$ \$	\$ <u>109.97</u>	\$ <u>109.97</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: Meltzer, Clarence 18300 Tara Dr. Clinton Twp., MI 48036	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/20/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>39.99</u>	\$ \$ \$ \$ \$	\$ <u>39.99</u>	\$ <u>39.99</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) **\$149.96**

Grand Total of all Schedules 1E **\$28,429.55**
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number **136802**

2. Committee Name **CTE Kim Meltzer**

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held 08/20/20	4. Number of Individuals Attending or Participating (whichever is greater) 75	5. Type of Fund Raising Activity Outdoor Garden Party	6. Address and Name (If any) of the place where the activity was held. 18350 Tara Dr. Clinton Twp., MI 48036 ☒ Private Residence
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7. Total Contributions **\$13,125.00**

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

10. Total Cost of Event **\$1,427.48**
(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.