



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 8/25/20 to 10/19/20

1. Committee I.D. Number
0136802

4. Candidate Last Name Meltzer First Name Kim M.I. _____

2. Committee Name
CTE Kim Meltzer

4a. Office Sought Including District # or Community Served (If applicable)
Clerk

4b. County of Residence **MACOMB**

5. Committee's Mailing Address
18300 Tara Dr
Clinton Twp MI 488036

6. Treasurer's Name & Residential Address
Kim Meltzer
18300 Tara Dr
Clinton Twp MI 48036

Area Code and Phone 586-7091321
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.

Area Code & Phone 586-709-1321

7. Treasurer's Business Address
40700 Romeo Plank Rd
Clinton Twp MI 48038

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)

Area Code and Phone 586-723-8051

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

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.)

Date of Election, Convention or Caucus

Nov. 3, 2020

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 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 10/23/20

Candidate Kim Meltzer
Type or Print Name

Signature

Date 10/23/20



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 0136802

2. Committee Name CTE Kim Meltzer

**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>4,150.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$4,150.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$1,311.00</u>	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$5,461.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$65.44</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$17,874.17</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$17,874.17</u>	(23.) \$ _____
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ _____	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ _____	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$28,494.99</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>\$22,115.98</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$5,461.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$27,576.98</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$17,874.17</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$9,702.81</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

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

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7/8/20

Name & Address:

Budka, David
20046 N Riverhill Dr
Clinton Twp MI 48036

\$ 100.00

\$ 300.00

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

Occupation Attorney Employer Self

[Click Here for Memo Itemization](#)

Business Address 20046 N Riverhill Dr Clinton Twp MI 48036

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9/14/20

Name & Address

Moran, Patrick
26421 Harbour Pointe Dr
Harrison Twp MI 48045

\$ 100.00

\$ 100.00

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

Occupation owner Employer Moran Chevrolet

[Click Here for Memo Itemization](#)

Business Address 35500 S Gratiot Clinton Twp MI 48035

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9/17/20

Name & Address:

Newton, Norman
55242 Boardwalk Dr
Shelby Twp 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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9/21/20

Name & Address

Hakim, Thomas
22525 Hall Rd. Ste D
Macomb MI 48042

\$ 500.00

\$ 500.00

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

Occupation owner Employer Hakim Financial, Inc.

[Click Here for Memo Itemization](#)

Business Address 22525 Hall Rd Ste D Macomb MI 48042

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

Page Subtotal

1000.00

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

1000.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

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

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/1/20</u> Name & Address: <u>Velardo, Armand</u> <u>12382 Forest Glen Ln</u> <u>Shelby Twp MI 48315</u>	100.00 \$ _____	100.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Self</u> Business Address <u>65 S. Gratiot Ave Mt Clemens, MI 48043</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>9/3/20</u> Name & Address: <u>Ruggeri, Philip</u> <u>55764 Saint Regis Dr</u> <u>Shelby Twp MI 48315</u>	100.00 \$ _____	500.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Philip Ruggeri & Assoc</u> Business Address <u>43231 Schoenherr Sterling Heights MI 48315</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>9/1/20</u> Name & Address: <u>Sterling, Marilyn</u> <u>28131 Suburban St</u> <u>Clinton Twp MI 48036</u>	50.00 \$ _____	200.00 \$ _____
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 # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>9/1/20</u> Name & Address: <u>Femminineo, David</u> <u>110 S Main St</u> <u>Mt Clemens MI 48043</u>	250.00 \$ _____	250.00 \$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>attorney</u> Employer <u>Femminineo Attorneys</u> Business Address <u>110 S Main Mt Clemens MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser		
Click Here for Memo Itemization		

Page Subtotal 1050.00

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 0136802
2. Committee Name CTE Kim Meltzer

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

6. Amount

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

3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 9/30/20

Name & Address:

Finch, Jessica
23303 Lakewood St
Clinton Twp MI 48035

\$ 100.00

\$ 300.00

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

Occupation employee Employer MI Imaging

[Click Here for Memo Itemization](#)

Business Address 355 Barclay Cir Ste A Rochester Hills MI 48307

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/1/20

Name & Address:

Thomas, Peter
5018 Seven Lake Dr. S.
Washington Twp MI 48905

\$ 500.00

\$ 1100.00

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

Occupation owner Employer Cash Exchange

[Click Here for Memo Itemization](#)

Business Address 35943 S Gratiot MI 48035

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

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 10/2/20

Name & Address:

Rossmann, Barbara
14836 N Park Dr
Shelby Twp MI 48315

\$ 100.00

\$ 300.00

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

Occupation CEO Employer Henry Ford Macomb

[Click Here for Memo Itemization](#)

Business Address 15855 19 Mile Rd Clinton Twp MI 48038

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

3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 10/14/20

Name & Address:

Broad, Gary
20850 Moxon Dr
Clinton Twp MI 48036

\$ 500.00

\$ 1200.00

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

Occupation owner Employer Midwest Steel Inc

[Click Here for Memo Itemization](#)

Business Address 2525 E Grand Blvd Detroit, MI

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

Page Subtotal 1200.00

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 0136802
2. Committee Name CTE Kim Meltzer

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

6. Amount

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

3. Contribution #1 PAC Receipt? ☐ YES 4. Date of Receipt 10/14/20

Name & Address:

Broad, Gary
20850 Moxon
Clinton Twp MI 48036

\$ 900.00

\$ 2100.00

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

[Click Here for Memo Itemization](#)

Occupation owner Employer Midwest Steel Inc

Business Address 2525 E Grand Blvd Detroit MI

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

3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 10/01/20

Name & Address:

Kunkel, Sarah
44659 Bayview Apt 10306
Clinton Twp MI 48038

\$ 50.00

\$ 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 #3 PAC Receipt? ☐ YES 4. Date of Receipt 10/12/20

Name & Address:

Ciaramitaro, Joe
38954 Santa Barbara
Clinton Twp MI 48036

\$ 200.00

\$ 200.00

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

[Click Here for Memo Itemization](#)

Occupation attorney Employer Joe Ciaramitaro PC

Business Address 42850 Garfield Rd Ste 104 Clinton Twp MI 48038

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

3. Contribution #4 PAC Receipt? ☐ YES 4. Date of Receipt 10/15/20

Name & Address:

Webber, Wayne
44710 Morley Dr
Clinton Twp MI 48036

\$ 500.00

\$ 500.00

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

[Click Here for Memo Itemization](#)

Occupation owner Employer Webber Development Co

Business Address 44710 Morley Dr Clinton Twp MI 48036

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

Page Subtotal \$1,650.00

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

\$4,150.00

Enter this total on
line 3a of Summary
Page.



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1**

CANDIDATE COMMITTEE

1. Committee I.D. Number 0136802

2. Committee Name CTE Kim Meltzer

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address: Aragona, Joe 42033 Couloun Dr Clinton Township MI 48038	Date of Receipt <u>10/18/20</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>Costshare for ad C/G</u>	\$ <u>665.50</u>
Receipt #2 Name & Address: Patton, Tammy 39150 Aynesley st Clinton Twp MI s49038	Date of Receipt <u>10/10/20</u>	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☒ Other (Specify) <u>Costshare for ad C/G</u>	\$ <u>665.50</u>
Receipt #3 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #4 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #5 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #6 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Receipt #7 Name & Address:	Date of Receipt _____	☐ Loan from a Lending Institution ☐ Interest ☐ Refund \Rebate ☐ Other (Specify) _____	\$ _____
Page Subtotal			1311.00
Grand Total of All Schedules 1A -1 (Complete on last page of Schedule)			1311.00

Enter this total on
line 4 of Summary
Page



ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number 0136802

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) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
--	--	--------------------------------	---

Contribution # 1 PAC Receipt? ☐ Yes

Name & Address:

Meltzer, Clarence
18300 Tara Dr
Clinton Township

If over \$100.00 cumulative, please provide:

Occupation: owner

Employer Name & Business Address:

CAMmand Machining LLC
101 Shafer Dr
Clinton Twp MI 48065

☐ Fund Raiser Contribution

4. ☐ Endorsement or Guarantee of Bank Loan

☒ Goods Donated or Loaned ☐ Services Donated

\$ 65.44

\$ 155.39

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

Description zip ties

5. Date Of Receipt: 10/09/20

6. Vendor Name & Address:

Home Depot
Hall Rd
Macomb MI 48042

[Click Here for Memo Itemization](#)

Contribution # 2 PAC Receipt? ☐ Yes

Name & Address

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

☐ Fund Raiser Contribution

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 _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Contribution #3 PAC Receipt? ☐ Yes

Name & Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

☐ Fund Raiser Contribution

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 _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Page Subtotal **\$65.44**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$65.44**

Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

0136802

1. Committee I. D. Number

CTE Kim Meltzer

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name St. Sharbel Maronite Church Address 43888 Hayes Rd Clinton Twp MI 48038 ☐ Fund Raiser	Purpose: <u>donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/20</u> Date	\$ <u>250.00</u>
Expenditure #2 Name Wix.com Address 154 W 14th St Ste 703, New York, NY 10011 ☐ Fund Raiser	Purpose: <u>web host</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/31/20</u> Date	\$ <u>156.00</u>
Expenditure #3 Name Wix.com Address 154 W 14th St Ste 703, New York, NY 10011 ☐ Fund Raiser	Purpose: <u>web host</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/20</u> Date	\$ <u>24.85</u>
Expenditure #4 Name Squarespace Address 1455 Market St. Ste 600 San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>mntly online pmt service</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/8/26</u> Date	\$ <u>26.00</u>
Expenditure #5 Name C&G Publishing Address 13650 E 11 Mile Rd Warren, MI 48089 ☐ Fund Raiser	Purpose: <u>advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/21/20</u> Date	\$ <u>1311.00</u>

Subtotal this page

1767.85

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**

0136802

1. Committee I. D. Number

CTE Kim Meltzer

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Strategy Works Address PO Box 24215 Lansing MI 48901 ☐ Fund Raiser	Purpose: <u>campaign lit</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/22/2</u> Date	\$ <u>10,973.37</u>
Expenditure #2 Name C&G Publishing Address 13650 E 11 Mile Rd Warren, MI 48089 ☐ Fund Raiser	Purpose: <u>advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/28/2</u> Date	\$ <u>1311.00</u>
Expenditure #3 Name Facebook Address Facebook 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>9/4/20</u> Date	\$ <u>10.00</u>
Expenditure #4 Name Squarespace Address 1455 Market St. Ste 600 San Francisco, CA 94103 ☐ Fund Raiser	Purpose: <u>mntly online pmt service</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/2</u> Date	\$ <u>26.00</u>
Expenditure #5 Name Charlie Kadado Address 45862 Hillsboro Macomb MI 48044 ☐ Fund Raiser	Purpose: <u>social media, film</u> <u>ALL DONE IN-HOUSE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/5/2</u> Date	\$ <u>1500.00</u>

Subtotal this page

13,820.37

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**

0136802

1. Committee I. D. Number

CTE Kim Meltzer

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Facebook Address Facebook 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/6/2</u> Date	\$ <u>10.00</u>
Expenditure #2 Name Facebook Address Facebook 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/2</u> Date	\$ <u>10.00</u>
Expenditure #3 Name Facebook Address Facebook 1 Hacker Way Menlo Park, CA 94025 ☐ Fund Raiser	Purpose: <u>ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/9/2</u> Date	\$ <u>10.00</u>
Expenditure #4 Name C&G Publishing Address 13650 E 11 Mile Rd Warren, MI 48089 ☐ Fund Raiser	Purpose: <u>advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/7/2</u> Date	\$ <u>1311.00</u>
Expenditure #5 Name Sawicki & Sons Inc Address 1521 W. Lafayette Detroit, MI 48216 ☐ Fund Raiser	Purpose: <u>signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2</u> Date	\$ <u>749.95</u>

Subtotal this page

2090.95

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

0136802

1. Committee I. D. Number

CTE Kim Meltzer

2. Committee Name

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Huntington Bank</u> Address <u>19100 Hall Rd</u> <u>Clinton Twp MI 48038</u> ☐ Fund Raiser	Purpose: <u>bank wire transfer fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/15/2</u> Date	\$ <u>45.00</u>
Expenditure #2 Name <u>WREATHS ACROSS AMERICA</u> Address <u>PO BOX 249</u> <u>COLUMBIA FALLS, ME 04623</u> ☐ Fund Raiser	Purpose: <u>donation</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-19-20</u> Date	\$ <u>150.-</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

45.00 195.

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

17,724.47
17,874.17

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

0136802

1. Committee I.D. Number

CTE Kim Meltzer

2. Committee Name

This Schedule Number:				
☒ Debts and obligations owed by or against the committee OR ☐ Debts and obligations owed to or 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 (Describe) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Committee payment in full on debt	9. Outstanding balance at close of this period (Sum of column 6 less 8)
Debt #1 Corp ☐ Ind ☒ Owed to or by: KIM MELTZER 20505 LEEANAU TR CLINTON TWP MI 48038	4. Type <u>LOAN</u> 5. Date Debt Was Incurred: <u>4-11-12</u> 6. 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 Owed: \$ _____				
Debt #2 Corp ☐ Ind ☒ Owed to or by: KIM MELTZER 20505 LEEANAU TR CLINTON TWP MI 48038	4. Type <u>LOAN</u> 5. Date Debt Was Incurred: <u>04-15-12</u> 6. Original Amount of Debt: <u>\$ 10.17</u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u>	<u>\$28,805.91</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Owed: \$ _____				
Debt #3 Corp ☐ Ind ☒ Owed to or by: KIM MELTZER 20505 LEEANAU TR CLINTON TWP MI 48038	4. Type <u>LOAN</u> 5. Date Debt Was Incurred: <u>04-18-12</u> 6. Original Amount of Debt: <u>\$ 300.00</u>	<u> </u> <u> </u> <u> </u> <u> </u> <u> </u>	<u> </u>	<u>\$29,125.91</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Owed: \$ _____				

Page Subtotal (Outstanding debt)

340.2

Grand Total of all Schedules 1E

29,125.91

(Complete on last page of Schedules 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 if it was incurred during the period covered by this Campaign Statement.

DO NOT SIGN on the "owed by" or the "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 Requires:
☒ Debts and obligations owed by or forgiven by the committee. OR ☐ Debts and obligations owed by 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 name of the lender, FOR.	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. Corporate payment to date on debt	9. Outstanding balance at close of this period (Show minus sign if)
Debt 01 ☒ Debts owed to or by: KIM MELTZER 21555 LEEANAN TR CLINTON TWP MI 48038	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 lender or guarantor: _____ Amount Entered: \$ _____				
Debt 02 ☒ Debts owed to or by: KIM MELTZER 20505 LEEANAN TR CLINTON TWP MI 48038	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>\$21,391.91</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: \$ _____				
Debt 03 ☒ Debts owed to or by: KIM MELTZER 21555 LEEANAN TR CLINTON TWP MI 48038	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>\$21,691.81</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: \$ _____				
Page Totals (Outstanding debt) <u>585.90</u>				Grand Total of all Schedules 1E <u>29,411.81</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 12b "owed by" of the 12b "owed to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee ID Number 0138802
2. Committee Name CTE Kim Melzer

This Schedule requires:
☒ Debts and obligations owed by or to the committee OR ☐ Debts and obligations owed by or to the committee
(Check either a ORB. 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 lender's or guarantor's name.	4. Type of Obligation (Description) 1. Indicate date debt was incurred 2. Indicate original amount of debt	5. Date and amount of each payment	6. Cumulative payment to date on debt	7. Outstanding balance at close of this period (Sum of entries here)
Debt OR Owed to or by: ☐ Yes ☒ No <u>KIM MELZER</u> <u>20585 LEEANAW TR</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>Loan</u> 1. Date Debt Was Incurred: <u>4-25-12</u> 2. Original Amount of Debt: <u>500</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	<u>29,162.81</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: 1				
Debt OR Owed to or by: ☐ Yes ☒ No <u>KIM MELZER</u> <u>20585 LEEANAW TR</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>Loan</u> 1. Date Debt Was Incurred: <u>5-1-12</u> 2. Original Amount of Debt: <u>250.00</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	<u>29,412.81</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: 2				
Debt OR Owed to or by: ☐ Yes ☒ No <u>KIM MELZER</u> <u>20585 LEEANAW TR</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>Loan</u> 1. Date Debt Was Incurred: <u>5-21-12</u> 2. Original Amount of Debt: <u>15.00</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u>	<u>29,962.71</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: 3				
Page Totals (Carrying total):				<u>710.90</u>
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 if was forgiven during the period covered by this Campaign Statement.

Carrying total on the 12a "Total by" or the 12b "Total of" of the Summary Page

Page 3 of 14



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 Requires:				
☒ Debts and obligations owned by or against the committee OR ☐ Debts and obligations owed to or forgiven by the committee (Check either or both. Use only for the purposes 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 lenders or servicers, 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 of date	9. Outstanding balance at close of this period (Item 5 minus Item 8)
Debt #1 ☐ Yes Owed to or by: <u>Kim Meltzer</u> <u>20585 LEEANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>Loan</u> 5. Date Debt Was Incurred: <u>6-13-12</u> 6. Original Amount of Debt: <u>1.50</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>29,964.41</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: \$ _____				
Debt #2 ☐ Yes Owed to or by: <u>Kim Meltzer</u> <u>20585 LEEANAU TR.</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>Loan</u> 5. Date Debt Was Incurred: <u>6-20-12</u> 6. Original Amount of Debt: <u>25.44</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>29,999.65</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: \$ _____				
Debt #3 ☐ Yes Owed to or by: <u>Kim Meltzer</u> <u>20585 LEEANAU TR</u> <u>CLINTON TWP MI 48038</u>	4. Type <u>Loan</u> 5. Date Debt Was Incurred: <u>6-21-12</u> 6. Original Amount of Debt: <u>15.90</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>30,005.55</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: \$ _____				
Page Overdue (Outstanding debt)				<u>42.84</u>
Grand Total of all Schedules 1E				<u>30,005.55</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



1
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

SCHEDULE 1E

CANDIDATE COMMITTEE

0138802

1. Committee I.O. Number

CTE Kim Melzer

2. Charitable Name

Write Schedule Number:

☒ Debts and obligations owed by or to person for committee OR ☐ Debts and obligations owed to or by person by the committee.
(Check either A or B. Use only for the purpose checked.)

3. Name and Mailing Address of person, lender or financial institution to whom debt is owed. Check last two columns whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor.	4. Type of Obligation (Classification) 1. Indicate date debt was incurred 2. 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 (Show \$ and cents item 9)
Debt #1 Owed to or by: ☐ Corp ☒ Ind KIM MELTZER 20585 LEE LANAN TR CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 1. Date Debt Was Incurred: <u>6-6-12</u> 2. Original Amount of Debt: <u>14.37</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>30.05.92</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: ☐ Corp ☒ Ind KIM MELTZER 20585 LEE LANAN TR CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 1. Date Debt Was Incurred: <u>7-6-12</u> 2. Original Amount of Debt: <u>33.68</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>30.05.40</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: ☐ Corp ☒ Ind KIM MELTZER 20585 LEE LANAN TR CLINTON TWP MI 48038	4. Type: <u>LOAN</u> 1. Date Debt Was Incurred: <u>7-21-12</u> 2. Original Amount of Debt: <u>15.90</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>32.06.50</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Debited (Outstanding debt)

63.95

Grand Total of all Subchapter 1E

30049.50

(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 12b "owed by" or the 12b "owed to" of the Summary Page

Page 5 of 14



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 Metzger

This Schedule Summarizes					
☒ Debts and obligations owed by or to the committee OR ☐ Debts and obligations owed by or to persons by the committee. (Check either a or b. Use only for the purpose checked.)					
1. Name and Address of person, number or financial institution to whom debt is owed. Check box to indicate whether debts owed by an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantor, if any.	4. Type of obligation (description) 3. Indicate date debt was incurred 5. 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: ☒ Yes ☐ No KIM METZGER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 3. Date Debt Was Incurred: <u>10-11-12</u> 5. Original Amount of Debt: <u>1000.00</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>3,069.90</u> ☐ FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____					
Debt #2 Owed to or by: ☒ Yes ☐ No KIM METZGER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 3. Date Debt Was Incurred: <u>9-21-12</u> 5. Original Amount of Debt: <u>15.90</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>3,085.40</u> ☐ FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____					
Debt #3 Owed to or by: ☒ Yes ☐ No KIM METZGER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 3. Date Debt Was Incurred: <u>10-21-12</u> 5. Original Amount of Debt: <u>19.90</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>3,053.30</u> ☐ FORGIVEN	
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____					
Page Subtotal (Outstanding debt)				1035.80	
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				3,105.30	

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 12b "owed by" or line 13b "owed to" of the Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Candidate ID Number **0138802**
2. Committee Name **CTE Kim Meltzer**

This Schedule includes:

☒ Debts and obligations owed by or to the committee OR ☐ Debts and obligations owed by or to the candidate.
(Check either a or b, but only for the purpose election.)

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 (from 9 minus from 8)
Debt (a) ☐ Debt (b) ☒ Owed to or by: KIM MELTZER 20585 LEEANAW TR CLINTON TWP MI 48038	4. Type: loan 5. Date Debt Was Incurred: 11-6-12 6. Original Amount of Debt: 29.58	7. Date and amount of each payment 1 2 3 4 5	8. Cumulative payment to date on debt 1 2 3 4 5	9. Outstanding balance at close of this period (from 9 minus from 8) 631.134.28 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Entered: \$ _____				
Debt (a) ☐ Debt (b) ☒ Owed to or by: KIM MELTZER 20585 LEEANAW TR CLINTON TWP MI 48038	4. Type: loan 5. Date Debt Was Incurred: 11-6-12 6. Original Amount of Debt: 15.54	7. Date and amount of each payment 1 2 3 4 5	8. Cumulative payment to date on debt 1 2 3 4 5	9. Outstanding balance at close of this period (from 9 minus from 8) 31,150.42 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Entered: \$ _____				
Debt (a) ☐ Debt (b) ☒ Owed to or by: KIM MELTZER 20585 LEEANAW TR CLINTON TWP MI 48038	4. Type: loan 5. Date Debt Was Incurred: 11-6-12 6. Original Amount of Debt: 20.13	7. Date and amount of each payment 1 2 3 4 5	8. Cumulative payment to date on debt 1 2 3 4 5	9. Outstanding balance at close of this period (from 9 minus from 8) 31,170.55 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Entered: \$ _____				

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 committee)

3,170.55

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

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

0136802

2. Committee Name

CYE Kim Meltzer

3. Name and Mailing Address of person, member 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, Part 4.		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 8 minus Item 7)
Debt 01 owed to or by: ☐ Corp. ☒ Yes KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type <u>loan</u> 1. Date Debt Was Incurred <u>10-6-12</u> b. Original Amount of Debt <u>\$36,115</u>	<u>\$</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 both loan, name of endorser or guarantor: _____ Amount Estimated: \$ _____					
Debt 02 owed to or by: ☐ Corp. ☒ Yes KIM MELTZER 20585 LEEANAU R CLINTON TWP MI 48038	4. Type <u>loan</u> 1. Date Debt Was Incurred <u>11-6-12</u> b. Original Amount of Debt <u>\$932</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$31,216.02</u> ☐ FORGIVEN
If both loan, name of endorser or guarantor: _____ Amount Estimated: \$ _____					
Debt 03 owed to or by: ☐ Corp. ☒ Yes KIM MELTZER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type <u>loan</u> 1. Date Debt Was Incurred <u>10-23-12</u> b. 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>\$</u>	<u>\$3,249.77</u> ☐ FORGIVEN
If both loan, name of endorser or guarantor: _____ Amount Estimated: \$ _____					

Page Totals (Outstanding debt)

49.22

Grand Total of all Obligations: \$

3,249.77

(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 the 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 (D. Number)

0136802

2. Committee Name

CTE Kim Meltzer

This Schedule contains:

☒ Debts and obligations owed by or against the committee ☐ Debts and obligations owed to or against 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 nature and purpose of the loan, 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. Check date payment is due on debt	9. Outstanding balance at close of this period (page 6 unless item 9)
Debt ID: _____ Owed to or by: ☐ Corp ☐ Ind KIM MELTZER 20585 LEEANAH TR CLINTON TWP MI 48038	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>12-24-12</u> 6. Original Amount of Debt: <u>9000</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>3219.77</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____	Amount Enclosed: <u>6</u>			
Debt ID: _____ Owed to or by: ☐ Corp ☐ Ind KIM MELTZER 20585 LEEANAH TR CLINTON TWP MI 48038	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>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>3249.77</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____	Amount Enclosed: <u>2</u>			
Debt ID: _____ Owed to or by: ☐ Corp ☐ Ind KIM MELTZER 20585 LEEANAH TR CLINTON TWP MI 48038	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>10-30-12</u> 6. Original Amount of Debt: <u>11000.00</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>34219.77</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____	Amount Enclosed: <u>1</u>			

Page Subtotal (Outstanding debt)

3000.00

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

34219.77

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 "Total" of the Summary Page

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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 Includes:

☒ Debts and obligations incurred by or for the committee OR ☐ Debts and obligations owed to or for 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 debts 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 balance payable to date on debt	9. Outstanding balance at close of this period (Part 9 shown from 6)
Debt A Owed to or by: ☐ Yes ☒ No KIM MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>1-18-13</u> 6. Original Amount of Debt: <u>156.12</u>	7. Date and amount of each payment <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	8. Current balance payable to date on debt <u>1</u>	9. Outstanding balance at close of this period (Part 9 shown from 6) <u>31,215.95</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: Debt B Owed to or by: ☐ Yes ☒ No CLARENCE MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>9-30-16</u> 6. Original Amount of Debt: <u>216.76</u>	7. Date and amount of each payment <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	8. Current balance payable to date on debt <u>1</u>	9. Outstanding balance at close of this period (Part 9 shown from 6) <u>31,512.71</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: Debt C Owed to or by: ☐ Yes ☒ No KIM MELTZER 20585 LEE LANAU TR CLINTON TWP MI 48038	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>10-23-16</u> 6. Original Amount of Debt: <u>300.00</u>	7. Date and amount of each payment <u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	8. Current balance payable to date on debt <u>1</u>	9. Outstanding balance at close of this period (Part 9 shown from 6) <u>31,512.71</u> ☐ FORGIVEN

Page 3 of 4 (Outstanding debt)

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

3,372.94
37,512.71
Total included on the "Cover by" in Reg 136 "total" 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 if was forgiven during the period covered by this Campaign Statement.



1
MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

0136802

SCHEDULE 1E

1. Committee ID Number

CTE Kim Meltzer

CANDIDATE COMMITTEE

2. Committee Name

This Schedule requires:

☒ Debts and obligations owned by or for the candidate OR ☐ Debts and obligations owned by or for the committee.
(Check either one or the other only for the purpose checked.)

1. Name and Mailing Address of person, vendor or transferor 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 business or institution, if any.	4. Type of Obligation (Description) 2. Indicate date debt was incurred 3. Indicate original amount of debt	7. Date debt amount or cash payment	8. Cumulative payment to date on debt	9. Outstanding balance at close of this period (Item 8 minus Item 7)
Debt #1 Owed to or by: ☐ Yes ☒ No ROSALIE MILLS 5653 N LAKE DR KIMBALL TWP MI 48072	4. Type: <u>Personal</u> 3. Date Debt Was Incurred: <u>10-23-16</u> 2. Original Amount of Debt: <u>1000.00</u>	<u>1000.00</u> <u>0.00</u> <u>0.00</u> <u>0.00</u> <u>0.00</u>	<u>0.00</u>	<u>38,512.71</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: \$ _____	Debt #2 Owed to or by: ☐ Yes ☒ No 4. Type: _____ 3. Date Debt Was Incurred: _____ 2. Original Amount of Debt: _____ 1. _____	<u>0.00</u> <u>0.00</u> <u>0.00</u> <u>0.00</u> <u>0.00</u>	<u>0.00</u>	<u>0.00</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: \$ _____	Debt #3 Owed to or by: ☐ Yes ☒ No 4. Type: _____ 3. Date Debt Was Incurred: _____ 2. Original Amount of Debt: _____ 1. _____	<u>0.00</u> <u>0.00</u> <u>0.00</u> <u>0.00</u> <u>0.00</u>	<u>0.00</u>	<u>0.00</u> ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Entered: \$ _____	Page 3 of 3 (Outstanding debt)			
Grand Total of all Schedules 1E				<u>38,512.71</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.

Under the terms of the 12b "used by" or 12b "used to" of the Statutory Page

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee / D. Number 0136802
2. Candidate Name CTE KIM MELTZER

This Schedule Summary:				
☒ Debts and obligations owed by or against 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.	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 in date on debt	9. Outstanding balance at close of this period (Row 9 totals Row 6)
Date #1 ☐ Cash ☐ Yes DEBTS: MELTZER, KIM 18300 TARA DR. CLINTON TWP MI 48038	LOAN 4 Type _____ 5 Date Debt Was Incurred: 12/22/17 6 Original Amount of Debt \$ 88.88	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	38,679.59 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Date #2 ☐ Cash ☐ Yes Owed to or by: _____	4 Type: _____ 5 Date Debt Was Incurred: _____ 6 Original Amount of Debt: _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Date #3 ☐ Cash ☐ Yes Owed to or by: _____	4 Type: _____ 5 Date Debt Was Incurred: _____ 6 Original Amount of Debt: _____	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Enclosed: \$ _____				
Page Subtotal (Outstanding debt)				88.88
Grand Total of all Schedules 1E				38,679.59

(Compute on last page of Schedule showing accounts 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.

Page 12 of 14

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



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 0136802

2. Controlled Name CTE KIM MELTZER

This Schedule Refers:

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 Corp? ☐ Yes Owed to or by: KIM MELTZER 18300 TARA DR CLINTON TWP MI 48036	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	\$ 38279.5 ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: KIM MELTZER 18300 TARA DR CLINTON TWP MI 48036	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 Corp? ☐ Yes Owed to or by:	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.



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 endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? ☐ 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>	\$ \$ \$ \$ \$	\$ 109.97	\$ 109.97 ☐ 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>	\$ \$ \$ \$ \$	\$ 39.99	\$ 39.99 ☐ 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)

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

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



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 0136802

2. Committee Name CTE Kim Meltzer

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven 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>10/09/20</u> 6. <u>Original Amount of Debt:</u> \$ <u>65.44</u>	\$ \$ \$ \$ \$	\$	\$ <u>65.44</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 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: \$ _____				
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)

\$65.44

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

\$28,494.99

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.



0136802

**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

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

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>8/20/2020</u>	4. Number of Individuals Attending or Participating (whichever is greater) <u>75</u>	5. Type of Fund Raising Activity <u>Outdoor Garden Party</u>	6. Address and Name (if any) of the place where the activity was held. <u>18350 Tara Dr</u> <u>Clinton Twp MI</u> ☒ Private Residence
--	---	---	---

7. Total Contributions

8. Other Receipts

9. Gross Receipts (Add lines 7 and 8)

10. Total Cost of Event

(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

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.