



CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

1. Committee I.D. Number 0136802		3. This Statement covers From: <u>10/19/23</u> to <u>11/23/20</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 Dr Clinton Twp 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 Dr Clinton Twp MI 48036 Area Code & Phone <u>586-709-1321</u>	
7. Treasurer's Business Address 40700 Romeo Plank Rd Clinton Twp MI 48036 Area Code and Phone <u>586-709-1321</u>		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) Area Code and Phone _____	

20 DEC 3 AM 8:25
FILED

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>Nov 3, 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 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.
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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	<u>12/3/20</u> Date
Candidate	Kim Meltzer Type or Print Name	 Signature	<u>12/3/20</u> Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 0136802

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE Kim Meltzer

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>8600.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>8600.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	_____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>8600.00</u>	(20.) \$ _____
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	_____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	_____	(22.) \$ _____
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>10766.45</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>10766.45</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>27,994.99</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>9852.81</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>8600.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>18452.81</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>10,766.45</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>7686.36</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 <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>10/23/20</u> Name & Address: <u>Badalamenti, Rachel</u> <u>19500 Hall Rd Ste 100</u> <u>Clinton Twp MI 48038</u>		<u>200.00</u> \$	<u>400.00</u> \$
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 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>10/23/20</u> Name & Address: <u>Kirk, Robert</u> <u>19500 Hall Rd Ste 100</u> <u>Clinton Twp MI 48038</u>		<u>200.00</u> \$	<u>700.00</u> \$
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 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>10/23/20</u> Name & Address: <u>Huth, Robert</u> <u>19500 Hall Rd Ste 100</u> <u>Clinton Twp MI 48038</u>		<u>200.00</u> \$	<u>950.00</u> \$
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 Clinton Twp MI 48038</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>10/23/20</u> Name & Address: <u>Toma, Stavros</u> <u>47677 Milonas Rd</u> <u>Shelby MI 48315</u>		<u>500.00</u> \$	<u>600.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>STAVROS TOMA HOLDINGS</u> Business Address <u>38900 JAN DYKE STE 200 ST. HGHTS MI 48312</u> Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1100.00

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 <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>10/28/20</u> Name & Address: <u>Campbell, Laura</u> <u>6690 Vernmoor Dr</u> <u>Troy MI 48098</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>11/2/20</u> Name & Address: <u>George, James</u> <u>882 Cumberland Rdge Ct</u> <u>Rochester MI 48307</u>		<u>2000.00</u> \$	<u>2000.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Delta Management</u> Business Address <u>10 S Main ste 403 Mt. Clemens Mi 48043</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>11/2/20</u> Name & Address: <u>George, Joseph</u> <u>19922 Westchester Dr</u> <u>Clinton Twp MI 48038</u>		<u>2000.00</u> \$	<u>2000.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Delta Management</u> Business Address <u>10 S Main ste 403 Mt. Clemens Mi 48043</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>11/3/20</u> Name & Address: <u>George, James</u> <u>19634 Westchester Dr</u> <u>Clinton Twp MI 48038</u>		<u>1300.00</u> \$	<u>2100.00</u> \$
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Delta Management</u> Business Address <u>10 S Main ste 403 Mt. Clemens Mi 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 5500.00

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 <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>11/2/2020</u>	
Name & Address: George, John 19634 Westchester Dr Clinton Twp MI 48038		\$ <u>2000.00</u>	\$ <u>2000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>owner</u> Employer <u>Delta Management</u> Business Address <u>10 S Main ste 403 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	
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 # 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	
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

2000.00

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

8600.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

0136802

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>C&G Publishing, Inc</u> Address <u>13650 E 11 Mile Rd</u> <u>Warren MI 48089</u> ☐ Fund Raiser	Purpose: <u>advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	\$ <u>1311.00</u>
Expenditure #2 Name <u>FaceBook</u> Address <u>1 hacker Way</u> <u>Menlo Park CA 94025</u> ☐ Fund Raiser	Purpose: <u>advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/2/20</u> Date	\$ <u>9.97</u>
Expenditure #3 Name <u>Squarespace Inc</u> Address <u>1455 Market St Ste 600</u> <u>San Francisco Ca 94103</u> ☐ Fund Raiser	Purpose: <u>mtly online pmt</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6/20</u> Date	\$ <u>26.00</u>
Expenditure #4 Name <u>Nino Salvaggio</u> Address <u>17496 Hall Rd</u> <u>Clinton Twp MI 48038</u> ☐ Fund Raiser	Purpose: <u>thank you lunch</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/9/20</u> Date	\$ <u>70.38</u>
Expenditure #5 Name <u>Lynn Nails</u> Address <u>24161 Garfield</u> <u>Clinton Twp MI 48038</u> ☐ Fund Raiser	Purpose: <u>gift cards</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/9/20</u> Date	\$ <u>123.00</u>
Subtotal this page			<u>1540.35</u>
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 _____

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>WIX</u> Address <u>154 W 14th St Ste 703</u> <u>New York NY 10011</u> ☐ Fund Raiser	Purpose: <u>web host</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/20</u> Date	\$ <u>156.00</u>
Expenditure #2 Name <u>Kim Meltzer</u> Address <u>18300 Tara Dr</u> <u>Clinton Twp MI 48036</u> ☐ Fund Raiser	Purpose: <u>loan pmt</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16/20</u> Date	\$ <u>500.00</u>
Expenditure #3 Name <u>CTE Robert Cannon</u> Address <u>17217 Canvasback</u> <u>Clinton Twp MI 48038</u> ☐ Fund Raiser	Purpose: <u>newsletter ad</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/20/20</u> Date	\$ <u>281.14</u>
Expenditure #4 Name <u>Strategy Works</u> Address <u>PO Box 24215</u> <u>Lansing MI 48901</u> ☐ Fund Raiser	Purpose: <u>literature</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/19/20</u> Date	\$ <u>350.00</u>
Expenditure #5 Name <u>Strategy Works</u> Address <u>PO Box 24215</u> <u>Lansing MI 48901</u> ☐ Fund Raiser	Purpose: <u>literature & mail</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/20</u> Date	\$ <u>7532.11</u>

Subtotal this page

8819.25

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 _____
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>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>150.00</u>
Expenditure #2 Name <u>Strategy Works</u> Address <u>PO Box 24215</u> <u>Lansing MI 48901</u> ☐ Fund Raiser	Purpose: <u>mail</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/21/20</u> Date	\$ <u>256.85</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

406.85

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

10766.45

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1B
CANDIDATE COMMITTEE

0128802

1. Candidate ID Number

CTE Kim Meltzer

2. Candidate Name

THE DEBTOR'S NAME:				
☒ Debtor and obligor are the same person or entity. ☐ Debtor and obligor are not the same person or entity. (Check either a or b, then only fill in the proper column.)				
1. Name of creditor, lender or payee, vendor or bonded obligor to whom debt is owed. Check box to indicate whether debt is owed to an individual business. If debt is a bank loan, please provide information regarding the creditor or guarantor, if any.	2. Type of obligation (Describing) a. Indicate how debt was incurred b. Indicate original amount of debt	3. Date and amount of each payment	4. Amount paid to date or date	5. Outstanding balance of debt as of the period (month and year) next to
Debtor: ☐ Creditor: ☒ KIM MELTZER 20505 LEEANAH TR CLINTON TWP MI 48038	a. Type: <u>100%</u> b. Date Debt Was Incurred: <u>4-11-12</u> c. Original Amount of Debt: <u>29.95</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>28.857</u> ☐ FORGIVEN
Amount Entered: 1				
Debtor: ☐ Creditor: ☒ KIM MELTZER 20505 LEEANAH TR CLINTON TWP MI 48038	a. Type: <u>100%</u> b. Date Debt Was Incurred: <u>04-15-12</u> c. Original Amount of Debt: <u>10.17</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>28.857</u> ☐ FORGIVEN
Amount Entered: 2				
Debtor: ☐ Creditor: ☒ KIM MELTZER 20505 LEEANAH TR CLINTON TWP MI 48038	a. Type: <u>100%</u> b. Date Debt Was Incurred: <u>04-11-12</u> c. Original Amount of Debt: <u>300.00</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>29.1259</u> ☐ FORGIVEN
Amount Entered: 3				

Page Entered (Outstanding debt) 310.0

Grand Total of all obligations 29.1259

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

A debtor or obligor must be shown on this schedule if there was an outstanding amount owed on the closing date of this Campaign Statement or if one became during the period covered by this Campaign Statement.

DO NOT SIGN on the "Paid by" or the "Paid to" of the Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee ID Number **0130802**
2. Committee Name **CTE Kim Melzer**

THIS SCHEDULE SHOWS:				
☒ Debts and obligations incurred by or for the committee OR ☐ Debts and obligations incurred by or for the committee (Check either a or b. Use only for the purpose stated.)				
3. Name and mailing address of person, vendor or financial institution to whom debts are owed. Check every entry to indicate whether debts are to an incorporated business. If debt is to a bank, check, finance company, or other financial institution, provide the account number and the name of the institution.	4. Type of obligation (Description) a. Issuance date, interest rate b. Maturity or payment amount of debt	5. Date and amount of each payment	6. Outstanding payment to date on debt	7. Outstanding balance of debt as of the closing date of the election (Sum of column 6 minus column 5)
Debts Owed to or by: ☐ Yes ☒ No KIM MELZER 20585 LEEANAN TR CLINTON TWP MI 48038	a. <u>1st Loan</u> b. <u>Rate: 4-25-12</u> c. <u>Outstanding Amount: \$5.00</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>	\$29,942.91 ☐ FORGIVEN
If satisfied, name of auditor or preparer: _____ Amount Reported: \$ _____				
Debts Owed to or by: ☐ Yes ☒ No KIM MELZER 20585 LEEANAN TR CLINTON TWP MI 48038	a. <u>1st Loan</u> b. <u>Rate: 5-1-12</u> c. <u>Outstanding Amount: \$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>	\$29,942.91 ☐ FORGIVEN
If satisfied, name of auditor or preparer: _____ Amount Reported: \$ _____				
Debts Owed to or by: ☐ Yes ☒ No KIM MELZER 20585 LEEANAN TR CLINTON TWP MI 48038	a. <u>1st Loan</u> b. <u>Rate: 5-21-12</u> c. <u>Outstanding Amount: \$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>	\$29,942.91 ☐ FORGIVEN
If satisfied, name of auditor or preparer: _____ Amount Reported: \$ _____				
Page Totals (Carrying over):				\$29,942.91
Grand Total of all Schedules: \$ _____				
Complete on last page of Schedule showing amounts owed by or for the committee.				

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

Page 3 of 14

Showing that on the "Total" or the "Total" of the Summary Page



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

1. Committee ID Number 0130002
2. Committee Name CTE Kim Metzger

1. Name and Address of person, vendor or financial institution to whom debt is owed		2. Type of obligation (description)		3. Estimated amount of each payment		4. Date of payment to date on debt		5. Outstanding balance of debt as of closing date of reporting period (show when due)	
Check box to indicate whether debt is owed to an incorporated business. If debt is owed to an incorporated business, provide information regarding the business or business owner.		a. Type of obligation (description)							
b. Name of business		c. Date debt was incurred							
d. Address of business		e. Estimated amount of debt							
f. Date of payment to date on debt		g. Outstanding balance of debt as of closing date of reporting period (show when due)							
Date of debt: <u>04-18-12</u>		Type: <u>loan</u>							
Owed to or by: <u>KIM METZGER</u>		Date debt was incurred: <u>04-18-12</u>							
<u>20505 LEEANAN TR</u>		Estimated amount of debt: <u>200.00</u>							
<u>CLINTON TWP MI 48038</u>		Outstanding balance of debt as of closing date of reporting period: <u>200.00</u>							
Amount of debt: <u>200.00</u>		Amount of debt: <u>200.00</u>							
Date of debt: <u>04-18-12</u>		Type: <u>loan</u>							
Owed to or by: <u>KIM METZGER</u>		Date debt was incurred: <u>4-18-12</u>							
<u>20505 LEEANAN TR</u>		Estimated amount of debt: <u>15.90</u>							
<u>CLINTON TWP MI 48038</u>		Outstanding balance of debt as of closing date of reporting period: <u>15.90</u>							
Amount of debt: <u>15.90</u>		Amount of debt: <u>15.90</u>							
Date of debt: <u>04-24-12</u>		Type: <u>loan</u>							
Owed to or by: <u>KIM METZGER</u>		Date debt was incurred: <u>4-24-12</u>							
<u>20505 LEEANAN TR</u>		Estimated amount of debt: <u>300.00</u>							
<u>CLINTON TWP MI 48038</u>		Outstanding balance of debt as of closing date of reporting period: <u>300.00</u>							
Amount of debt: <u>300.00</u>		Amount of debt: <u>300.00</u>							

Page Totals (Continuing debt) 586.90

Grand Total of all Schedules 1B 23,191.81
(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 the Campaign Statement or from a payment that was reported received by this Campaign Statement.

no 2 = 2 14

on the 12th "total" of the 12th "total" of the Summary Page



SCHEDULE 1A

CANDIDATE COMMITTEE

L. Question L.D. Number **0130002**

2. Operating Name _____

☐ Debit and obligation created by taxpayer for completion of []		☐ Debit and obligation created by or through the committee						
(Check either a or b. Use only for the program identified.)								
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 exempt organization. If debt is a bank loan, please provide information regarding the maturity or scheduled date.	4. Type of obligation (Description) 5. Indicate date debt was repaid 6. Indicate original amount of debt	7. Date and amount of each payment	8. Date when payment is due on debt 9. Outstanding balance at close of this period (Enter 0 if none)					
Debt ID: <u>00001</u> Paid ☐ Yes Created by: <u>KIM MELTZER</u> <u>20585 LEEANNA TR</u> <u>CLINTON TWP MI 48034</u>	4. Type <u>loan</u> 5. Date Paid <u>6-13-12</u> 6. Original Amount of Debt <u>1,500</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> </table>	1	1	1	1	1	8. <u>29,914.24</u> ☐ FORGIVEN
1								
1								
1								
1								
1								
If North Star, name of endorser or guarantor: _____ Amount Borrowed: _____								
Debt ID: <u>00002</u> Paid ☐ Yes Created by: <u>KIM MELTZER</u> <u>20585 LEEANNA TR</u> <u>CLINTON TWP MI 48034</u>	4. Type <u>loan</u> 5. Date Paid <u>6-20-12</u> 6. Original Amount of Debt <u>25,414</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> </table>	1	1	1	1	1	8. <u>19,919.65</u> ☐ FORGIVEN
1								
1								
1								
1								
1								
If North Star, name of endorser or guarantor: _____ Amount Borrowed: _____								
Debt ID: <u>00003</u> Paid ☐ Yes Created by: <u>KIM MELTZER</u> <u>20585 LEEANNA TR</u> <u>CLINTON TWP MI 48034</u>	4. Type <u>loan</u> 5. Date Paid <u>6-21-12</u> 6. Original Amount of Debt <u>15,900</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> <tr><td style="text-align: center;">1</td></tr> </table>	1	1	1	1	1	8. <u>30,065.55</u> ☐ FORGIVEN
1								
1								
1								
1								
1								
If North Star, name of endorser or guarantor: _____ Amount Borrowed: _____								

Page Number (including cover) 42,644
 Grand Total of Debt(s) 30,065.55

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

Page 4 of 14

When you look
 on the "Good
 by" article the
 "Good by" of the
 Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and mailing Address of person, lender or financial institution to whom debt is owed		4. Type of obligation (Description)	5. Interest rate (APR)	6. Maturity date (MM-DD-YY)	7. Estimated amount of each payment	8. Outstanding balance at close of this period (from Schedule 1B)
Kim Melzer 20505 LELANAU TR CLINTON TWP MI 48038		1. Type <u>12mo</u> 2. Interest rate (APR) <u>16.46-12</u> 3. Maturity date (MM-DD-YY) <u>14-37</u>				<u>3009.92</u> ☐ FORGIVEN
Kim Melzer 20505 LELANAU TR CLINTON TWP MI 48038		1. Type <u>100</u> 2. Interest rate (APR) <u>7-16-12</u> 3. Maturity date (MM-DD-YY) <u>35.68</u>				<u>30,053.60</u> ☐ FORGIVEN
Kim Melzer 20505 LELANAU TR CLINTON TWP MI 48038		1. Type <u>100</u> 2. Interest rate (APR) <u>7-21-12</u> 3. Maturity date (MM-DD-YY) <u>15.90</u>				<u>3208.50</u> ☐ FORGIVEN

Page Total (Outstanding debt) **6395**
Grand Total of all obligations **30099.50**

A debt or obligation is not shown on this Schedule 1B if it was an outstanding amount owed on 8 at the closing date of this Campaign Statement or was forgiven during the period covered by this Campaign Statement.

Page 5 of 14



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number **0138802**
2. Committee Name **CTE Kim Metzger**

This Schedule Requires				
☒ 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.)				
3. Name and mailing address of creditor, lender or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If box is a (b)(3) debt, please provide information regarding the business or individual debt.	4. Type of obligation (mortgage) a. Indicate date debt was incurred b. Indicate original amount of debt	7. Current amount of debt payment	8. Current payment to date or date	9. Outstanding balance of debt at the end of the period (Item 9 minus Item 8)
Call 01 Creditor to: ☐ Yes ☒ No KIM METZGER 20585 LEEANAU TR CLINTON TWP MI 48038	4. Type <u>loan</u> 5. Date Debt Was Incurred <u>12-11-12</u> 6. 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>2,049.2</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____				
Call 02 Creditor to: ☐ Yes ☒ No 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>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: _____				
Call 03 Creditor to: ☐ Yes ☒ No 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>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: _____				
Page Subtotal (Summing debt)				1035.80
Grand Total of all Schedule 1E				5,105.30

(Complete on last page of Schedule showing amounts carried over to the next page)

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

Page 6 of 14



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS

1. Committee ID Number **0130002**

SCHEDULE VE

2. Committee Name **CTE Kim Melzer**

CANDIDATE COMMITTEE

Debts and Obligations Schedule

☒ 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 if the purpose is stated.)

3. Name and mailing address of person, vendor or financial institution to whom debt is owed	4. Type of obligation (Description) a. Indicate date debt was incurred b. Indicate original amount of debt	5. Date and amount of each payment	6. Amount owed to date on debt	7. Outstanding balance at close of the period (from 5 minus 6)
Debt (a) ☐ Yes Owed to or by: KIM MELZER 20505 LEEANNA TR CLINTON TWP MI 48038	a. Type: loan b. Date debt was incurred: 11-6-12 c. Original amount of debt: 29.58	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	31.134.25 ☐ FORGIVEN
Debt (b) ☐ Yes Owed to or by: KIM MELZER 20505 LEEANNA TR CLINTON TWP MI 48038	a. Type: loan b. Date debt was incurred: 11-6-12 c. Original amount of debt: 15.54	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	31.192.41 ☐ FORGIVEN
Debt (c) ☐ Yes Owed to or by: KIM MELZER 20505 LEEANNA TR CLINTON TWP MI 48038	a. Type: loan b. Date debt was incurred: 11-6-12 c. Original amount of debt: 20.13	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	31.170.55 ☐ FORGIVEN

Page Number (Outstanding debt) **65.25**

Grand Total of all Outstanding DE **3,170.55**

(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 if one became due during the period covered by this Campaign Statement.

Page **1** of **14**

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**DEBTS AND OBLIGATIONS**

1. Committee ID Number

0130002

SCHEDULE 1E

CITE Kim Meltzer

CANDIDATE COMMITTEE

2. Committee name

DEBTS AND OBLIGATIONS					
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 individual or business. If debt is to an individual, please provide information regarding the individual or organization, if any.					
2. Type of obligation (Description) a. Indicate date debt was incurred b. Indicate original amount of debt		3. Date and amount of each payment	4. Committee amount to date on debt	5. Outstanding balance at close of this period (Item 5 column sum 2)	
Debt #1 Paid ☐ 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> 1. Date debt was incurred <u>12-6-12</u> 2. Original amount of debt <u>36.15</u>	<u>3</u> <u>3</u> <u>3</u> <u>3</u> <u>3</u>	<u>0</u>	<u>31,206.70</u> ☐ FORGIVEN
If bank loan, name of creditor or guarantor: _____ Amount Enclosed: 1 _____					
Debt #2 Paid ☐ Yes Owed to or by: <u>Kim Meltzer</u> <u>20585 LEEANAU R</u> <u>CLINTON TWP MI</u> <u>48038</u>		4. Type <u>loan</u> 1. Date debt was incurred <u>12-6-12</u> 2. Original amount of debt <u>9.32</u>	<u>3</u> <u>3</u> <u>3</u> <u>3</u> <u>3</u>	<u>0</u>	<u>31,206.70</u> ☐ FORGIVEN
If bank loan, name of creditor or guarantor: _____ Amount Enclosed: 2 _____					
Debt #3 Paid ☐ 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> 1. Date debt was incurred <u>12-23-12</u> 2. Original amount of debt <u>3.75</u>	<u>3</u> <u>3</u> <u>3</u> <u>3</u> <u>3</u>	<u>0</u>	<u>3,249.77</u> ☐ FORGIVEN
If bank loan, name of creditor or guarantor: _____ Amount Enclosed: 3 _____					

Page Enclosed (Outstanding debt)

49,222

Report Total of all Schedules 1E

4,249.77

(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 from before during the period covered by this Campaign Statement.

See instructions on the 12b "used by" or the 12b "owed by" of the Summary Page

Page 8 of 14



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee ID Number 0136802
2. Committee Name CTE Kim Melzer

The following table:				
☒ Debts and obligations existing or incurred by the committee OR ☐ Debts and obligations owed by or against by the committee (Check either A or B. Use only for the purpose specified.)				
A. Name and address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an individual (person). If debt is owed to an individual, please provide information regarding the individual or organization, if any.	B. Type of obligation (Description) 1. Indicate date debt was incurred 2. Indicate original amount of debt	C. Balance and amount of each payment	D. Estimated payment to date on debt	E. Outstanding balance at close of this period (Page 4 of this Form 4)
Debt to: Owed to or by: ☐ Yes ☒ No <u>KIM MELZER</u> <u>20585 LEEANAH TR</u> <u>CLINTON TWP MI 48038</u>	1. <u>Loan</u> 2. Date Debt Was Incurred: <u>12-24-12</u> 3. 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>32,119.77</u> ☐ FORGIVEN
Debt to: Owed to or by: ☐ Yes ☒ No <u>KIM MELZER</u> <u>20585 LEEANAH TR</u> <u>CLINTON TWP MI 48038</u>	1. <u>Loan</u> 2. Date Debt Was Incurred: <u>10-30-12</u> 3. 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>32,119.77</u> ☐ FORGIVEN
Debt to: Owed to or by: ☐ Yes ☒ No <u>KIM MELZER</u> <u>20585 LEEANAH TR</u> <u>CLINTON TWP MI 48038</u>	1. <u>Loan</u> 2. Date Debt Was Incurred: <u>11-30-12</u> 3. Original Amount of Debt: <u>11,000.00</u>	<u>1</u> <u>1</u> <u>1</u> <u>1</u> <u>1</u>	<u>1</u>	<u>34,219.77</u> ☐ FORGIVEN

Page Total (Outstanding debt) 3000.00
Grand Total of all Obligations 34,219.77

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

A debt or obligation exists on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or State Election during the period covered by this Campaign Statement.

Page 9 of 14



1. Counselor I.D. Number 0139802
2. Counseling Center CTE Ken Melzer

on the "Ground
Up" in the 1960s
"Ground Up" of the
Barney Page

Page 10 of 14

**DEBTS AND OBLIGATIONS**

0138802

SCHEDULE 1B

CTE Kim Melzer

CANDIDATE COMMITTEE

1. Committee L.R. Number

2. Committee Name

Debits and obligations owing or to be paid by the committee				
Debits and obligations owing or to be paid by the committee				
A. Name and mailing address of creditor, number or account identifier to whom debt is owed. Check box to indicate whether debt owed to an individual creditor. If debt is owed to an individual, please provide information regarding the individual's name and address. Debt owed to: ☐ Yes ☒ No ROSEALIE MILLS 5655 N LAKE DR KIMBALL TWP MI 48124	B. Type of obligation (check one) 1. Interest-free debt was received 2. Interest-free debt was received 3. Interest-free debt was received 4. Interest-free debt was received 5. Interest-free debt was received 6. Interest-free debt was received	C. Amount owed or cash payment \$ \$ \$ \$ \$ \$	D. Date when payment is due or date \$ \$ \$ \$ \$ \$	E. Outstanding balance at close of this period (from previous item 4) \$38,512.77 ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Outstanding: \$ _____				
A. Name and mailing address of creditor, number or account identifier to whom debt is owed. Debt owed to: ☐ Yes ☒ No	B. Type of obligation (check one) 1. Interest-free debt was received 2. Interest-free debt was received 3. Interest-free debt was received 4. Interest-free debt was received 5. Interest-free debt was received 6. Interest-free debt was received	C. Amount owed or cash payment \$ \$ \$ \$ \$ \$	D. Date when payment is due or date \$ \$ \$ \$ \$ \$	E. Outstanding balance at close of this period (from previous item 4) \$ ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Outstanding: \$ _____				
A. Name and mailing address of creditor, number or account identifier to whom debt is owed. Debt owed to: ☐ Yes ☒ No	B. Type of obligation (check one) 1. Interest-free debt was received 2. Interest-free debt was received 3. Interest-free debt was received 4. Interest-free debt was received 5. Interest-free debt was received 6. Interest-free debt was received	C. Amount owed or cash payment \$ \$ \$ \$ \$ \$	D. Date when payment is due or date \$ \$ \$ \$ \$ \$	E. Outstanding balance at close of this period (from previous item 4) \$ ☐ FORGIVEN
If bank loan, name of lender or guarantor: _____ Amount Outstanding: \$ _____				

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

Page 11 of 14



DEBTS AND OBLIGATIONS

1. Committee ID Number

0138802

SCHEDULE 1B

CTE KIM MELTZER

CANDIDATE COMMITTEE

2. Committee Name

1. Debts and obligations owed by or to the committee					
2. Debts and obligations owed by or to the committee					
(Check appropriate box. Use only for the purpose indicated.)					
3. Name and mailing address of person, vendor or financial institution to whom debts are 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 lender's name.	4. Type of obligation (overhead)	5. Indicate date debt was incurred	6. Indicate original amount of debt	7. Date and amount of each payment	8. Outstanding balance of debt of this period (Show value from 4)
Debtor: MELTZER, KIM 1800 TARA DR. CLINTON TWP MI 48038	LOAN	1. Date Debt Was Incurred: 12/22/17	2. Original Amount of Debt: \$0.00		30679.59
If bank loan, name of lender or guarantor:					Amount Outstanding: \$
Debtor: MELTZER, KIM 1800 TARA DR. CLINTON TWP MI 48038	LOAN	1. Date Debt Was Incurred:	2. Original Amount of Debt:		30679.59
If bank loan, name of lender or guarantor:					Amount Outstanding: \$
Debtor: MELTZER, KIM 1800 TARA DR. CLINTON TWP MI 48038	LOAN	1. Date Debt Was Incurred:	2. Original Amount of Debt:		30679.59
If bank loan, name of lender or guarantor:					Amount Outstanding: \$
Page Balance (Outstanding debt)					30679.59
Grand Total of all Debts (Total of all outstanding debts)					30679.59

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.

Page 12 of 14

Enter this value on the "Total" line 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 Includes:

☐ 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) 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 is: Owed to or by: KIM MELTZER 18300 TARA DR CLINTON TWP MI 48036 Corp? ☐ Yes	4. Type: LOAN PMT 5. Date Debt Was Incurred: 2/2000 6. Original Amount of Debt: \$ 2400.00	2/1/18 \$ 2400.00 \$ \$ \$	\$ 2400.00	\$ 38279.50 ☐ FORGIVEN

If bank loan, name of endorser or guarantor:

Amount Forgiven: \$

Debt is: Owed to or by: KIM MELTZER 18300 TARA DR CLINTON TWP MI 48036 Corp? ☐ Yes	4. Type: LOAN PMT 5. Date Debt Was Incurred: 8/2000 6. Original Amount of Debt: \$ 8000.00	2/11/1 \$ 8000.00 \$ \$ \$	\$ 8000.00	\$ 38279.50 ☐ FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Forgiven: \$

Debt is: Owed to or by: Corp? ☐ Yes	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt:	\$ \$ \$	\$	\$ ☐ FORGIVEN
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If bank loan, name of endorser or guarantor:

Amount Forgiven: \$

Page Subtotal (Outstanding debt)

10400.00

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

28279.50

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



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 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 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 5 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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</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>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</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> _____	<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 Subtotal (Outstanding debt)				\$149.96
Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee)				\$28,429.55

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

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

This Schedule itemizes:

a ☒ Debts and obligations owed by or forgiven the committee OR b ☐ Debts and obligations owed to or forgiven by the committee.
(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.



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Debt #1 Corp? ☐ Yes Owed to or by: Kim Meltzer 18300 Tara Dr Clinton Twp MI 48036	4. Type: <u>loan pmt</u> 5. <u>Date Debt Was Incurred:</u> <u>10/30/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>500.00</u>	\$ \$ \$ \$ \$	\$ <u>500.0</u>	\$ <u>27994.9</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)

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

27994.99

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

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