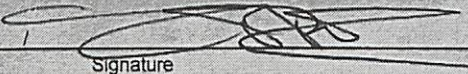
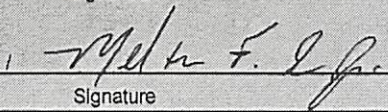


FOR OFFICIAL USE ONLY

3. This Statement covers From: 04/28/2021 to 10/17/2021

1. Committee I.D. Number 86-3703649 140098		4. Candidate Last Name Eason		First Name Mel		M.I. F	
2. Committee Name Committee To Elect Mel Eason		4a. Office Sought Including District # or Community Served (If applicable) City Council/ New Baltimore, MI / 10th Congressional District					
5. Committee's Mailing Address 36588 Audrey New Baltimore, MI 48047		6. Treasurer's Name & Residential Address Lyle Black 265 Union Drive Rochester Hills, MI 48307					
Area Code and Phone (313) 335-6176 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 (248) 882-3772					
7. Treasurer's Business Address N/A		8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)					
Area Code and Phone		Area Code and Phone					
9. TYPE OF STATEMENT 9a. ☐ Pre-Election OR 9b. ☐ Post-Election Pre-Election or Post-Election Statement relates to: ☐ Primary ☒ General ☐ Convention ☐ Special ☐ School ☐ Caucus Date of Election, Convention or Caucus 11/02/2021		Required ONLY if candidate is not on the ballot for the current year: ☐ July Quarterly ☐ October Quarterly 9c. ☐ Annual Statement () Coverage Year 9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)		9e. Dissolution of Candidate Committee ☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.			
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.							
Current Treasurer or Designated Record keeper Lyle Black Type or Print Name		Signature 		Date October 25, 2021			
Candidate Melton F. Eason Jr Type or Print Name		Signature 		Date October 25, 2021			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 86-3703649

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Mel Eason

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$4,019.45</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>\$4,019.45</u>	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>\$675.00</u>	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>\$0.00</u>	(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$0.00</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$4,004.85</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>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>\$0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>\$14.60</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$4,019.45</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>\$4,039.05</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$4,004.85</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$34.20</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 86-3703649
2. Committee Name Committee To Elect Mel Eason

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>09/29/2021</u> Name & Address: <u>Everett N. Jennings Sr.</u> <u>18211 Plymouth</u> <u>Detroit, MI 4822</u>	\$ <u>1,500</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Pastor</u> Employer <u>New Providence Baptist Church</u> Business Address <u>18211 Plymouth, Detroit, MI 4822</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>06/15/2021</u> Name & Address: <u>Everett N. Jennings Sr.</u> <u>18211 Plymouth</u> <u>Detroit, MI 4822</u>	\$ <u>1,000</u>	\$ <u>2,500</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Pastor</u> Employer <u>New Providence Baptist Church</u> Business Address <u>18211 Plymouth, Detroit, MI 4822</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>10/01/2021</u> Name & Address: <u>Melton F. Eason Jr.</u> <u>36588 Audrey</u> <u>New Baltimore, MI 48047</u>	\$ <u>580</u>	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation <u>Firefighter</u> Employer <u>Dept. of Defense</u> Business Address <u>28000 George Ave. SANGB, MI 48045</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>10/01/2021</u> Name & Address: <u>Melton F. Eason Jr.</u> <u>36588 Audrey</u> <u>New Baltimore, MI 48047</u>	\$ <u>60.00</u>	\$ <u>640.00</u>
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 **\$3,140.00**

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 86-3703649
2. Committee Name Committee To Elect Mel Eason

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>09/24/2021</u>	
Name & Address: Topnotch Realty, LLC 11191 Tara Blvd Hampton, GA 30228		\$ <u>98.50</u>	\$ <u>98.50</u>
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 v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2021</u>	
Name & Address: Curtis Blackwell Sound Mind Sound Body 4300 Marseilles Detroit, MI 48224		\$ <u>147.75</u>	\$ <u>147.75</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Manager</u> Employer <u>Sound Mind Sound Body</u> Business Address <u>4300 Marseilles, Detroit, MI 48224</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		Click Here for Memo Itemization v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/16/2021</u>	
Name & Address: Valerie Oliver 1922 Evergreen, Ln Ypsilanti, MI 48198		\$ <u>49.25</u>	\$ <u>49.25</u>
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 v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/09/2021</u>	
Name & Address: Chris Freeman 2625 Heltonwood Ct Buford, GA 30519		\$ <u>49.25</u>	\$ <u>49.25</u>
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 v	

Page Subtotal \$344.75

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

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line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 86-3703649
2. Committee Name Committee To Elect Mel Eason

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>09/01/2021</u>	
Name & Address: Pam Borosky 36573 Catalpa Ln New Baltimore, MI 48047		\$ <u>39.60</u>	\$ <u>39.60</u>
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 v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2021</u>	
Name & Address: Laura Knapp Wallyn 50641 Wilton New Baltimore, MI 48045		\$ <u>40.00</u>	\$ <u>40.00</u>
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 v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/30/2021</u>	
Name & Address: Stephanie Hageman 36585 Catalpa New Baltimore, MI 48047		\$ <u>25.00</u>	\$ <u>25.00</u>
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 v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>06/19/2021</u>	
Name & Address: Kristen Amey 4090 Tecumseh Trail Conley, GA 30288		\$ <u>49.25</u>	\$ <u>49.25</u>
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 v	

Page Subtotal \$153.85

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

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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 86-3703649
2. Committee Name Committee To Elect Mel Eason

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>06/15/2021</u> Name & Address: Karla Reese 10079 Brass Ring Rd Jonesboro, GA 30238		\$ <u>49.25</u>	\$ <u>49.25</u>
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 v	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2021</u> Name & Address: Lisa Benjamin 28177 Edinborough Romulous, MI 48174		\$ <u>42.00</u>	\$ <u>42.00</u>
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 v	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2021</u> Name & Address: Elsie Smith 10729 Santa Maria #19 Detroit, MI 48221		\$ <u>50.00</u>	\$ <u>50.00</u>
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 v	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>06/28/2021</u> Name & Address: Warnedia Mccollough 17328 Prevost Detroit, MI 48235		\$ <u>30.00</u>	\$ <u>30.00</u>
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 v	

Page Subtotal \$171.25

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 86-3703649
2. Committee Name Committee To Elect Mel Eason

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>10/08/2021</u>	
Name & Address: Thomas Semaan 52723 Coulter New Baltimore, MI 48047		\$ <u>50.00</u>	\$ <u>50.00</u>
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 v	
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/29/2021</u>	
Name & Address: Ron Trombly 5252 County Line Rd Casco, MI 48064		\$ <u>50.00</u>	\$ <u>50.00</u>
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 v	
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2021</u>	
Name & Address: Melton Eason 36588 Audrey New Baltimore, MI 48047		\$ <u>20.00</u>	\$ <u>600.00</u>
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 v	
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/01/2021</u>	
Name & Address: Melton Eason 36588 Audrey New Baltimore, MI 48047		\$ <u>75.00</u>	\$ <u>675.00</u>
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 v	

Page Subtotal \$195.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) \$4,004.85

Enter this total on
line 3a of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 86-3703649
2. Committee Name Committee To Elect Mel Eason

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Sign-o-Rama Address 3530 N. Henry Blvd Stockbridge, GA 30281 ☐ Fund Raiser	Purpose: <u>Advertising/yard signs</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/02/2021</u> Date	\$ <u>350</u>
Expenditure #2 Name Munro Printing Company Address 16145 E 10 Mile Rd. Eastpointe, MI 48021 ☐ Fund Raiser	Purpose: <u>Advertisisng</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2021</u> Date	\$ <u>127.20</u>
Expenditure #3 Name Munro Printing Address 16145 E 10 Mile Rd. Eastpointe, MI 48021 ☐ Fund Raiser	Purpose: <u>Advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/27/2021</u> Date	\$ <u>76.32</u>
Expenditure #4 Name Staples Address 51382Gratiot Chesterfield, MI 48051 ☐ Fund Raiser	Purpose: <u>Event supplies</u> ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/25/2021</u> Date	\$ <u>23.81</u>
Expenditure #5 Name Staples Address 51382 Gratiot Chesterfield, MI 48051 ☐ Fund Raiser	Purpose: <u>Event supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/2021</u> Date	\$ <u>16.95</u>

Subtotal this page **\$594.28**
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

1. Committee I. D. Number 86-3703649

2. Committee Name Committee To Elect Mel Eason

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Jesus Ink Printing Address 1736 10th St Wyandotte, MI 48192 ☐ Fund Raiser	Purpose: <u>Advertising/mailer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/19/2021</u> Date	<u>\$ 1,250</u> Click Here for Memo Itemization Type
Expenditure #2 Name Jesus Ink Printing Address 1736 10th St Wyandotte, MI 48192 ☐ Fund Raiser	Purpose: <u>Advertising/mailer</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/02/2021</u> Date	<u>\$ 900.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Anchor Bay Chamber of Commerce Address 51180 Bedford New Baltimore, MI 48047 ☐ Fund Raiser	Purpose: <u>Meet The Candidate Fee</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/05/2021</u> Date	<u>\$ 50.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Walmart Address 45400 Marketplace Blvd Chesterfield, MI 48051 ☐ Fund Raiser	Purpose: <u>Event supplies</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/24/2021</u> Date	<u>\$ 52.98</u> Click Here for Memo Itemization Type
Expenditure #5 Name Autozone Address 35342 23 mile Rd. New Baltimore, MI 48047 ☐ Fund Raiser	Purpose: <u>Returned purchase (mistakenly used wrong card)</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/08/2021</u> Date	<u>\$ 39.08</u> Click Here for Memo Itemization Type

Subtotal this page	\$2,292.06
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**

1. Committee I. D. Number 86-3703649
2. Committee Name Committee To Elect Mel Eason

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>L & R Embroidery</u> Address <u>51043 Washington St.</u> <u>New Baltimore, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Advertising/Tshirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/19/2021</u> Date	\$ <u>515.16</u> Click Here for Memo Itemization Type v
Expenditure #2 Name <u>L & R Embroidery</u> Address <u>51043 Washington St.</u> <u>New Baltimore, MI 48047</u> ☐ Fund Raiser	Purpose: <u>Advertising/Tshirts</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/09/2021</u> Date	\$ <u>318.00</u> Click Here for Memo Itemization Type v
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type v
Expenditure #4 Name <u>Oriental Trading Company</u> Address <u>5455 S 90th St.</u> <u>Omaha, NE 68127</u> ☐ Fund Raiser	Purpose: <u>Advertising</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/24/2021</u> Date	\$ <u>68.87</u> Click Here for Memo Itemization Type v
Expenditure #5 Name <u>Munro Printing Company</u> Address <u>16145 E 10 Mile Rd</u> <u>Eastpointe, MI 48021</u> ☐ Fund Raiser	Purpose: <u>Advertising/Event</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/25/2021</u> Date	\$ <u>231.08</u> Click Here for Memo Itemization Type v

Subtotal this page **\$1,133.11**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$4,019.45**

Enter this total
on line 8a of
Summary Page