



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED

24 JUL 2022 PM 10:40

MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

**CANDIDATE COMMITTEE
COVER PAGE**

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: 01/01/2022 to 07/20/2022

1. Committee I.D. Number

136802

4. Candidate Last Name First Name M.I.

MELTZER KIM

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

CLERK, CLINTON TWP

4b. County of Residence **MACOMB COUNTY**

2. Committee Name

CTE KIM MELTZER

5. Committee's Mailing Address

**18300 TARA
CLINTON TWP, MI 48036**

6. Treasurer's Name & Residential Address

**KIM MELTZER
18300 TARA
CLINTON TWP, MI 48036**

Area Code and Phone (586) 709-1321
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

**18300 TARA
CLINTON TWP, MI 48036**

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

Area Code and Phone (586) 709-1321

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 (2022)
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

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

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2022

Candidate

Type or Print Name

Signature

Submitted electronically,
signature on file

Date

07/24/2022



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 136802

**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>9,000.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>9,000.00</u>	(18.) \$ <u>9,000.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>9,000.00</u>	(20.) \$ <u>9,000.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0.00</u>	(21.) \$ <u>0.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>4,642.32</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>4,642.32</u>	(23.) \$ <u>5,505.10</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>27,094.99</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>2,077.49</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>9,000.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>11,077.49</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>4,642.32</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>6,435.17</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136802
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>01/20/2022</u>	
Name & Address: DAVID BUDKA 20046 N RIVERHILL DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/21/2022</u>	
Name & Address: MARILYN STERLING 38131 SUBURBAN ST CLINTON TWP, MI 48036		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/24/2022</u>	
Name & Address: JOSEPH VICARI 37523 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>JOE VICARI RESTAURANT GROUP</u> Business Address <u>37257 MOUND RD, STE D, STERLING HEIGHTS, MI 48310</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/24/2022</u>	
Name & Address: PAUL ILLICH 34285 GROESBECK HWY CLINTON TWP, MI 48035		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>AMERICAN AUTO INC</u> Business Address <u>34285 GROESBECK HWY, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal **850.00**

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 136802
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>01/24/2022</u>	
Name & Address: JAMES GEORGE 19634 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>DELTA MANAGEMENT CO</u> Business Address <u>MARKET ST, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/25/2022</u>	
Name & Address: FRANK CARSWELL 13399 LAKE SHORE DR FENTON, MI 48430		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PROPERTY MANAGEMENT</u> Employer <u>SELF</u> Business Address <u>2444 CRANEWOOD DR, FENTON, MI 48430</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/26/2022</u>	
Name & Address: MARIA VITALE 19883 EMERALD LN N CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/26/2022</u>	
Name & Address: ALBERT SANTIA 17655 MAISONS DR CLINTON TWP, MI 48038		\$ <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			

Page Subtotal 700.00

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1. Committee I.D. Number 136802
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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/28/2022</u>	
Name & Address: DAVID FEMMININEO 61848 BUNKER HILL DR WASHINGTON, MI 48094		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNERY</u> Employer <u>FEMMININEO ATTORNEYS PLLC</u> Business Address <u>110 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☒ YES	4. Date of Receipt <u>01/28/2022</u>	
Name & Address: LUCIDO FOR A BRIGHTER TOMMOROW 6303 26 MILE RD WASHINGTON, MI 48094		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/31/2022</u>	
Name & Address: GUY RIZZO 37516 HIDDEN VALLEY CT CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER/OWNER</u> Employer <u>GTR COMPANIES</u> Business Address <u>65 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/31/2022</u>	
Name & Address: GARY BROAD 20850 MOXON DR CLINTON TWP, MI 48036		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>MIDWEST STEEL INC</u> Business Address <u>2525 E GRAND BLVD, DETROIT, MI 48211</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 800.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/31/2022</u>	
Name & Address: THOMAS GUASTELLO 34120 WOODWARD AVE BIRMINGHAM, MI 48009		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER</u> Employer <u>CENTER MANAGEMENT INC</u> Business Address <u>34120 WOODWARD AVE, BIRMINGHAM, MI 48009</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/31/2022</u>	
Name & Address: CARMELA TOCCO 18349 TARA DR CLINTON TWP, MI 48036		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>01/31/2022</u>	
Name & Address: SALVATORE RANDAZZO 37180 WILLOW LN CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>PRODUCE OWNER</u> Employer <u>RANDAZZO FRESH MARKET</u> Business Address <u>36800 GARFIELD RD, CLINTON TWP, MI 48035</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/01/2022</u>	
Name & Address: SCOTT LOCKWOOD 950 SOUTHDOWN RD BLOOMFIELD HILLS, MI 48304		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW ENGINEERS</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/01/2022</u>	
Name & Address: STEPHEN PANGORI 8106 ROSEBUD LN CLARKSTON, MI 48348		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ENGINEER</u> Employer <u>AEW</u> Business Address <u>51301 SCHOENHERR RD, SHELBY TWP, MI 48315</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/01/2022</u>	
Name & Address: PHILIP RUGGERI 55764 ST REGIS DR SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY/OWNER</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/01/2022</u>	
Name & Address: VINCENT CRISPIGNANI 37135 WOODPOINTE DR CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER/OWNER</u> Employer <u>GLENWOOD ESTATES DEVELOPMENT</u> Business Address <u>42822 GARFIELD RD, STE 104, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/01/2022</u>	
Name & Address: KENNETH MARCHETTI 188 RIDGEMONT RD GROSSE POINTE FARMS, MI 48236		\$ <u>100.00</u>	\$ <u>100.00</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			

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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>02/02/2022</u>	
Name & Address: JASON ARLOW 5709 ARNOLD RD MARINE CITY, MI 48039		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/02/2022</u>	
Name & Address: JOHN BECKER 20129 WINDHAM DR MACOMB, MI 48044		\$ <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			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/03/2022</u>	
Name & Address: ALI HAJAZI 38770 DERBY DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/03/2022</u>	
Name & Address: BARBARA ROSSMAN 14836 N PARK DR SHELBY TWP, MI 48315		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO</u> Employer <u>HENRY FORD HOSPITAL - MACOMB</u> Business Address <u>15855 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 550.00

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/03/2022</u> Name & Address: LAWERENCE SCOTT 12900 HALL RD STERLING HEIGHTS, MI 48313		\$ <u>0.00</u>	\$ <u>0.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>O'REILLY RANCILIO P.C.</u> Business Address <u>12900 HALL RD, STERLING HEIGHTS, MI 48313</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/06/2022</u> Name & Address: ELIZABETH WADE 43438 WELLAND DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NURSE</u> Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/08/2022</u> Name & Address: HARVEY WEISS 6727 CHELSEA BRIDGE WEST BLOOMFIELD TOWNSHIP, MI 48322		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>DEVELOPER/OWNER</u> Employer <u>WEISS PROPERTIES</u> Business Address <u>32820 WOODWARD AVE, ROYAL OAK, MI 48073</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/08/2022</u> Name & Address: MICHAEL SERRA 19694 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>SERRA PRODUCE CO</u> Business Address <u>1660 HOWARD ST, DETROIT, MI 48216</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

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3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: JULIE SAPH 21178 LILAC LN SHELBY TWP, MI 48315		\$ <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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: STEPHEN SAPH JR 68 CLINTON ST MT CLEMENS, MI 48043		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER / INS. AGENT</u> Employer <u>NICKEL & SAPH INC</u> Business Address <u>44 MACOMB PL, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: PAT MORAN 26421 HARBOUR POINTE DR N HARRISON TWP, MI 48045		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: JAMES WISE 15120 VINCENT DR STERLING HEIGHTS, MI 48313		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>WISE GUYS RESTAURANT</u> Business Address <u>37208 HARPER AVE, CLINTON TWP, MI 48036</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 700.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136802
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>02/10/2022</u> Name & Address: SAIMA KHALIL 12101 VOLPE DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: SAIMA KHALIL 12101 VOLPE DR STERLING HEIGHTS, MI 48312		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: DAVID FOREST 43857 CATAWBA DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: DAVID FOREST 43857 CATAWBA DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136802
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>02/10/2022</u>	
Name & Address: ROBERT LITTLE 14625 SHIRLEY AVE WARREN, MI 48089		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: ROBERT KIRK 18200 NARDY ST CLINTON TWP, MI 48036		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>KIRK & HUTH PC</u> Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: LISA VALERIO-NOWC 20761 MARVINDALE ST CLINTON TWP, MI 48035		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TEACHER</u> Employer <u>CENTER LINE SCHOOLS</u> Business Address <u>26300 ARSENAL, CENTER LINE, MI 48015</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: GROZDA SWETECH 43868 SCOTER LN CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136802
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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>02/10/2022</u> Name & Address: DEREK WILCZYNSKI 41927 STANDISH DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: NANCY TISEO 16155 VISTA WOODS CT CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: ARTHUR GARTON 38550 GARFIELD RD STE A CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: SHAUN MANSOUR 45709 RATHMORE DR MACOMB, MI 48044		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A
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line 3a of Summary
Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136802
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>02/10/2022</u> Name & Address: MICHAEL GARVONIC 46830 GADWALL DR Macomb, MI 48044		\$ <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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: JO ANN SCHIRMACHER 43347 SAAL RD STERLING HEIGHTS, MI 48313		\$ <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			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: RICHARD SALLOUM 39300 DONAHUE DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: ANDREA IRONS 15795 NEWPORT DR CLINTON TWP, MI 48038		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ATTORNEY</u> Employer <u>MACOMB COUNTY PROSECUTOR'S OFC</u> Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

Page Subtotal 500.00

Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136802
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>02/10/2022</u>	
Name & Address: ALLEN POLACK 45684 VILLAGE BLVD SHELBY TWP, MI 48315		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: KHODER ABDALLAH 38229 PINEBROOK DR STERLING HEIGHTS, MI 48310		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>JUAN MIGUELS</u> Business Address <u>21342 HALL RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: VITO STROLIS 19862 WESTCHESTER DR CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OWNER</u> Employer <u>RUEHLES TOWING</u> Business Address <u>N GRATIOT AVE, Mount Clemens, MI 48043</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>02/10/2022</u>	
Name & Address: SCOTT CHABOT 41605 LEXINGTON DR CLINTON TWP, MI 48038		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136802
2. Committee Name CTE KIM MELTZER

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3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: MARLAINA BACKOS 40797 PROVENCAL CT CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RESTAURANT OWNER</u> Employer <u>ERNIES RESTAURANT</u> Business Address <u>16655 19 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/10/2022</u> Name & Address: CAROLYN MUDGE 35311 GARRET DR CLINTON TWP, MI 48035		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt <u>02/11/2022</u> Name & Address: JOHN FENN 13288 LILLIAN LN STERLING HEIGHTS, MI 48313		\$ <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			
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt <u>03/01/2022</u> Name & Address: JOHN DIGIUSEPPE 40707 RUGGERO ST CLINTON TWP, MI 48038		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BANQUET HALL OWNER</u> Employer <u>MIRAGE BANQUET CENTER</u> Business Address <u>16980 18 MILE RD, CLINTON TWP, MI 48038</u> Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser			

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Grand Total of All Schedules 1A
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**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 136802
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 03/22/2022
Name & Address:
MARK ABRAHAM
1910 ILLINOIS AVE
ENGLEWOOD, FL 34224

\$ 100.00

\$ 100.00

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

Occupation OWNER Employer BIGFOOT WELLNESS
Business Address 4045 E COURT ST, BURTON, MI 48509
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution #2 PAC Receipt? ☒ YES 4. Date of Receipt 03/22/2022
Name & Address:
CLINTON TOWNSHIP FIRE FIGHTERS PAC
42601 ROMEO PLANK RD
CLINTON TWP, MI 48038

\$ 200.00

\$ 200.00

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

Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 03/31/2022
Name & Address:
SHERRY SORRENTINO
14633 BREZA DR
SHELBY TWP, MI 48315

\$ 300.00

\$ 300.00

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

Occupation RETIRED Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

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

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600.00

Grand Total of All Schedules 1A
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9,000.00

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136802
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 TRIANGLE PRINTING Address 30520 GRATIOT AVE ROSEVILLE, MI 48066 ☒ Fund Raiser	Purpose: FUNDRAISER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/18/2022 Date	\$ 249.10
Expenditure #2 Name OFFICE MAX Address 33840 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: COMPUTER INK/ PAPER ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/18/2022 Date	\$ 128.99
Expenditure #3 Name OFFICE MAX Address 33840 GRATIOT AVE CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: STAMPS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	01/18/2022 Date	\$ 174.00
Expenditure #4 Name PAUL BROUWER JR Address 19244 PORTER DR CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement Memo Itemization Below	02/02/2022 Date	\$ 150.00
Expenditure #5 Name CONSIGN COUTURE Address 16989 18 MILE RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: OFFICE STATIONERY ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	02/07/2022 Date	\$ 31.80

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733.89

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136802
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 PARTY CITY Address 12220 HALL RD STERLING HEIGHTS, MI 48313 ☒ Fund Raiser	Purpose: <u>PARTY DECORATIONS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/10/2022</u> Date	\$ <u>26.50</u>
Expenditure #2 Name ERNIE'S RESTAURANT Address 16655 19 MILE RD CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: <u>FOOD AND BEVERAGES FOR ANNUAL FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/14/2022</u> Date	\$ <u>1,526.40</u>
Expenditure #3 Name KROGER Address 41941 GARFIELD RD CLINTON TWP, MI 48038 ☒ Fund Raiser	Purpose: <u>FOOD FOR FUNDRAISER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/14/2022</u> Date	\$ <u>91.93</u>
Expenditure #4 Name ADOBE Address 345 PARK AVE SAN JOSE, CA 95110 ☐ Fund Raiser	Purpose: <u>ADOBE SOFTWARE FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/28/2022</u> Date	\$ <u>15.89</u>
Expenditure #5 Name ELITE PHOTOGRAPHY Address 58177 VAN DYKE AVE WASHINGTON, MI 48094 ☐ Fund Raiser	Purpose: <u>PHOTOGRAPHER</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/16/2022</u> Date	\$ <u>100.00</u>

Subtotal this page **1,760.72**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136802
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 CLINTON TOWNSHIP KIWANIS Address 44945 MORLEY DR CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: <u>MEMBERSHIP</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/17/2022</u> Date	\$ <u>250.00</u>
Expenditure #2 Name ADOBE Address 345 PARK AVE SAN JOSE, CA 95110 ☐ Fund Raiser	Purpose: <u>ADOBE SOFTWARE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/28/2022</u> Date	\$ <u>15.89</u>
Expenditure #3 Name CLINTON TOWNSHIP SENIOR CENTER Address 40730 ROMEO PLANK RD CLINTON TWP, MI 48038 ☐ Fund Raiser	Purpose: <u>SENIOR CENTER OPENING DAY BASEBALL LUNCH</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/15/2022</u> Date	\$ <u>425.00</u>
Expenditure #4 Name STEVE FOX Address 32244 E BRAMPTON ST NEW HAVEN, MI 48048 ☐ Fund Raiser	Purpose: <u>TICKET FOR FOX 4 JUDGE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/22/2022</u> Date	\$ <u>100.00</u>
Expenditure #5 Name FRIENDS OF LISA VALERIO NOWC Address 20761 MARVINDALE ST CLINTON TWP, MI 48035 ☐ Fund Raiser	Purpose: <u>DONATION</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/02/2022</u> Date	\$ <u>100.00</u>

Subtotal this page **890.89**
Grand Total of all Schedules 1B
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136802
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 CLINTON TOWNSHIP HONOR GUARD Address 37985 SOUTHBOUND GRATIOT AVE CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: DONATION ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/11/2022 Date	\$ 100.00
Expenditure #2 Name CLINTON TOWNSHIP AREA OPTIMIST CLUB Address 44315 N GRATIOT AVE CLINTON TWP, MI 48036 ☐ Fund Raiser	Purpose: MEMBERSHIP ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/25/2022 Date	\$ 156.50
Expenditure #3 Name ADOBE Address 345 PARK AVE SAN JOSE, CA 95110 ☐ Fund Raiser	Purpose: ADOBE SOFTWARE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	05/26/2022 Date	\$ 15.89
Expenditure #4 Name MISSION POINT Address ONE LAKESHORE DR MACKINAC ISLAND, MI 49757 ☐ Fund Raiser	Purpose: HOTEL ☒ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/24/2022 Date	\$ 952.65
Expenditure #5 Name ADOBE Address 345 PARK AVE SAN JOSE, CA 95110 ☐ Fund Raiser	Purpose: ADOBE ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	06/26/2022 Date	\$ 15.89

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1,240.93

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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 136802
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 ADOBE Address 345 PARK AVE SAN JOSE, CA 95110 ☐ Fund Raiser	Purpose: <u>ADOBE SOFTWARE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/27/2022</u> Date	\$ <u>15.89</u>
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
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	15.89
Grand Total of all Schedules 1B (Complete on last page of Schedule)	4,642.32

Enter this total
on line 8a of
Summary Page



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: KIM MELTZER 20585 LEELANAU TRAIL CLINTON TWP, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>07/30/2004</u> 6. <u>Original Amount of Debt:</u> <u>\$ 15,622.93</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>15,622.93</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by: CLARENCE MELTZER 20585 LEELANAU TRAIL CLINTON TWP, MI 48038	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/05/2004</u> 6. <u>Original Amount of Debt:</u> <u>\$ 10,472.06</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>10,472.06</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by: ROSALIE MILLS 5653 N LAKE DR SMITHS CREEK, MI 48074	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/23/2016</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1,000.00</u>	\$ \$ \$ \$ \$	\$ <u>0.00</u>	\$ <u>1,000.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>				

Page Subtotal (Outstanding debt)

27,094.99

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

27,094.99

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.