



**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<br><b>140278</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 3. This Statement covers From: <u>07/24/2023</u> to <u>08/28/2023</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 2. Committee Name<br><b>Committee to Elect Michael Klinefelt</b>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 4. Candidate Last Name <b>Klinefelt</b> First Name <b>Michael</b> M.I. <b></b><br>4a. Office Sought Including District # or Community Served (If applicable)<br><b>Mayor, City of Eastpointe</b><br>4b. County of Residence <b>MACOMB</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |
| 5. Committee's Mailing Address<br><b>16143 Wilson Ave.<br/>Eastpointe, MI 48021</b><br><br>Area Code and Phone <u>(586) 899-3907</u><br>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<br><b>Michael Klinefelt<br/>16143 Wilson Ave.<br/>Eastpointe, MI 48021</b><br><br>Area Code & Phone <u>(586) 899-3907</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 7. Treasurer's Business Address<br><br><br>Area Code and Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)<br><br><br>Area Code and Phone _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 9. TYPE OF STATEMENT<br>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election<br>Pre-Election or Post-Election Statement relates to:<br><input checked="" type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Convention<br><input type="checkbox"/> Special<br><input type="checkbox"/> School<br><input type="checkbox"/> Caucus<br><br>Date of Election, Convention or Caucus<br><u>08/08/2023</u> |  | Required ONLY if candidate is not on the ballot for the current year:<br><input type="checkbox"/> July Quarterly<br><input type="checkbox"/> October Quarterly<br>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year<br>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)<br><br>9e. Dissolution of Candidate Committee<br><input type="checkbox"/> 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.<br><br>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.<br><br>Effective date of dissolution _____<br><br>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 <b>Michael Klinefelt</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                             |  | <i>Mike Klinefelt</i> Date <u>9/7/2023</u><br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Candidate <b>Michael Klinefelt</b><br>Type or Print Name                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <i>Mike Klinefelt</i> Date <u>9/7/2023</u><br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 140278

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Michael Klinefelt

| RECEIPTS                                                                                        | Column I<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| <b>3. Contributions</b>                                                                         |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>900.00</u>         |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>\$900.00</u>       | (18.) \$ <u>\$7,660.00</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<br>(Add Line 3c + Line 4)                             | (5.) \$ <u>\$900.00</u>        | (20.) \$ <u>\$7,660.00</u>                  |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>\$0.00</u>          | (21.) \$ <u>\$1,664.00</u>                  |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>\$0.00</u>          | (22.) \$ <u>\$0.00</u>                      |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| <b>8. Expenditures</b>                                                                          |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>\$51.69</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>\$23.12</u>        |                                             |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)                                         | (9.) \$ <u>\$74.81</u>         | (23.) \$ <u>\$3,985.74</u>                  |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS<br/>(Officeholders Only)</b>                                |                                |                                             |
| <b>10. Disbursements</b>                                                                        |                                |                                             |
| 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<br>(Add Line 10a + Line 10b)                         | (11.) \$ <u>\$0.00</u>         | (24.) \$ <u>\$0.00</u>                      |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| <b>12. Debts and Obligations</b>                                                                |                                |                                             |
| a. Owed by the Committee (Schedule 1E)                                                          | (12a.) \$ <u>\$6,149.25</u>    |                                             |
| b. Owed to the Committee (Schedule 1E)                                                          | (12b.) \$ <u>\$0.00</u>        |                                             |
| <b>BALANCE STATEMENT</b>                                                                        |                                |                                             |
| 13. Ending Balance of last report filed<br>(Enter zero if no previous reports have been filed.) | (13.) \$ <u>\$2,849.07</u>     |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>\$900.00</u>     |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>\$3,749.07</u>   |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>\$74.81</u>      |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>\$3,674.26</u>     | *                                           |



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140278  
2. Committee Name Committee To Elect Michael Klinefelt

| 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? <input type="checkbox"/> YES      4. Date of Receipt <u>08/07/2023</u><br>Name & Address:<br><u>Joseph DeFelice</u><br><u>15447 Curtis St.</u><br><u>Roseville, MI 48066</u>                                                                                                                      |  | \$ <u>600</u>                                   | \$ <u>600</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>Business Owner</u> Employer <u>J.J. Mich.</u><br>Business Address <u>15447 Curtis St, Roseville, MI 48066</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser     |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/08/2023</u><br>Name & Address:<br><u>Samir Singh</u><br><u>1837 Cricket Lane</u><br><u>East Lansing, MI 48823</u>                                                                                                                       |  | \$ <u>200</u>                                   | \$ <u>200</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>State Senator</u> Employer <u>State of Michigan</u><br>Business Address <u>201 Townsend St, Lansing, MI 48933</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/09/2023</u><br>Name & Address:<br><u>Stephanie Chang</u><br><u>2900 E. Jefferson Ave #C1</u><br><u>Detroit, MI 48207</u>                                                                                                               |  | \$ <u>100</u>                                   | \$ <u>100</u>                                                                   |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>State Senator</u> Employer <u>State of Michigan</u><br>Business Address <u>201 Townsend St, Lansing, MI 48933</u><br>Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____<br>Name & Address:<br>_____<br>_____<br>_____                                                                                                                                                                                          |  | \$ _____                                        | \$ _____                                                                        |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation _____      Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser                                                                             |  | <a href="#">Click Here for Memo Itemization</a> |                                                                                 |

Page Subtotal **\$900.00**

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

**\$900.00**

Enter this total on  
line 3a of Summary  
Page.



ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 140278  
2. Committee Name Committee To Elect Michael Klinefelt

| 3. Name and address of person or vendor to whom paid                                                                                                                                               | 4. Purpose (Required Information)                                                                                                                                    | 5. Date                   | 6. Amount       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------|
| Expenditure #1<br>Name <u>Voter Information Report</u><br><br>Address<br>City of Eastpointe<br>23200 Gratiot Ave.<br>Eastpointe, MI 48021<br><input type="checkbox"/> Fund Raiser                  | Purpose: <u>Voter Information</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement      | <u>08/17/2023</u><br>Date | \$ <u>4.00</u>  |
| Expenditure #2<br>Name <u>Magnets for Cards</u><br><br>Address<br>Perch Acquisition Co 28 LLC<br>112 S. French Street, Ste. 105-31<br>Wilmington, DE 19801<br><input type="checkbox"/> Fund Raiser | Purpose: <u>Magnets for Bus. Cards</u><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>08/18/2023</u><br>Date | \$ <u>47.69</u> |
| Expenditure #3<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                                                                  | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                         | _____<br>Date             | \$ _____        |
| Expenditure #4<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                                                                  | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                         | _____<br>Date             | \$ _____        |
| Expenditure #5<br>Name<br><br>Address<br><br><input type="checkbox"/> Fund Raiser                                                                                                                  | Purpose: _____<br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                         | _____<br>Date             | \$ _____        |

|                                                                        |         |
|------------------------------------------------------------------------|---------|
| Subtotal this page                                                     | \$51.69 |
| Grand Total of all Schedules 1B<br>(Complete on last page of Schedule) | \$51.69 |
| Enter this total<br>on line 8a of<br>Summary Page                      |         |



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number 140278  
2. Committee Name Committee To Elect Michael Klinefelt

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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)<br><br><input type="checkbox"/> FORGIVEN |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Debt #1 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Mike Klinefelt<br>16143 Wilson Ave.<br>Eastpointe, MI 48021                                                                                                                                                  | 4. Type: <u>In-Kind Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>05/18/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>22.36</u>    | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>22.36</u><br><input type="checkbox"/> FORGIVEN                                                          |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                                                               |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Mike Klinefelt<br>16143 Wilson Ave.<br>Eastpointe, MI 48021                                                                                                                                                  | 4. Type: <u>In-Kind Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/09/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>1,041.45</u> | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>1,041.45</u><br><input type="checkbox"/> FORGIVEN                                                       |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                                                               |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Mike Klinefelt<br>16143 Wilson Ave.<br>Eastpointe, MI 48021                                                                                                                                                  | 4. Type: <u>In-Kind Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/10/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>20.24</u>    | \$<br>\$<br>\$<br>\$<br>\$         | \$ <u>0.00</u>                        | \$ <u>20.24</u><br><input type="checkbox"/> FORGIVEN                                                          |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                    |                                    |                                       |                                                                                                               |

Page Subtotal (Outstanding debt)

**\$1,084.05**

Grand Total of all Schedules 1E

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

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

Enter this total on 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 140278  
2. Committee Name Committee To Elect Michael Klinefelt

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.<br><br>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)<br>5. Indicate date debt was incurred<br>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? <input type="checkbox"/> Yes<br>Owed to or by:<br>Mike Klinefelt<br>16143 Wilson Ave.<br>Eastpointe, MI 48021                                                                                                                                                  | 4. Type: <u>In-Kind Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/22/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>65.20</u>   | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ <u>0.00</u>                        | \$ <u>65.20</u><br><input type="checkbox"/> FORGIVEN                 |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                   |                                                          |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br>Mike Klinefelt<br>16143 Wilson Ave.<br>Eastpointe, MI 48021                                                                                                                                                  | 4. Type: <u>Direct Loan</u><br>5. <u>Date Debt Was Incurred:</u><br><u>06/26/2023</u><br>6. <u>Original Amount of Debt:</u><br>\$ <u>5,000.00</u> | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ <u>0.00</u>                        | \$ <u>5,000.00</u><br><input type="checkbox"/> FORGIVEN              |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                   |                                                          |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:                                                                                                                                                                                                                 | 4. Type: _____<br>5. <u>Date Debt Was Incurred:</u><br>_____<br>6. <u>Original Amount of Debt:</u><br>\$ _____                                    | \$ _____<br>\$ _____<br>\$ _____<br>\$ _____<br>\$ _____ | \$ _____                              | \$ _____<br><input type="checkbox"/> FORGIVEN                        |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____                                                                                                                                                                                                 |                                                                                                                                                   |                                                          |                                       |                                                                      |

Page Subtotal (Outstanding debt) **\$5,065.20**

Grand Total of all Schedules 1E **\$6,149.25**  
(Complete on last page of Schedule showing amounts owed by or to the committee)

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

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