

## CANDIDATE COMMITTEE COVER PAGE

#### FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and the treasurer (or designated record keeper) and contact the treasurer (or designated record keeper).	l signed by andidate.	3. This Statement covers From		to 07/20/23		
1. Committee I.D. Number		4. Candidate Last Name	First Nar	me M.I.		
138477		Taylor	Michael	C.		
		4a. Office Sought Including District # or Community Served (If applicable)				
2. Committee Name		Mayor of Sterling Heig	hts	•		
Committee to Elect Michael C.	Taylor	4b. County of Residence MA	СОМВ			
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ntial Address			
14986 Park View Ct		Michael C. Taylor				
Sterling Heights, MI 48313		14986 Park View Ct				
		Sterling Heights, MI 48313				
Area Code and Phone (586) 822-3500  If the address in this box is different from the comm mailing address on the Statement of Organization, is be sent to this address by the filing official.	ittee mail may	Area Code & Phone (586) 82				
7. Treasurer's Business Address		<ul><li>8. Designated Record Keeper Designated Record Keeper)</li></ul>	's Name and Address (If	the committee has a		
Area Code and Phone	<del></del>	Area Code and Phone	Los Bissaldis do	11.1.4.0		
9. TYPE OF STATEMENT	Required Of	NLY if candidate	9e. Dissolution of Ca	indidate Committee		
9a. Pre-Election OR 9b. Post-Election		e ballot for the	By checking this it	em I/We certify any outstanding debt e candidate or his or her spouse is here		
Pre-Election or Post-Election Statement relates to:	Journal your	•	by discharged and forg	iven, and no longer collectible from mmittee has no oustanding assets,		
Primary	X July Quar	terly	3	as any oustanding debt.		
	October C	Quarterly				
General		•	Further, if the dissolution considered a request for	on cannot be granted, that this be or the Reporting Waiver.		
Convention				. 0		
Special	9c. Annua	al Statement ( )	Cff ather date			
School		Coverage Year	Ellective date	e of dissolution		
Caucus		ndment to Campaign Statement splete Item 9a, 9b, 9c or 9e to				
	indica	ate which Statement is being	Note: The disposition of Schedule 1B and the S	of residual funds must be reported on		
	amen	aea.)		difficulty rago.		
Date of Election, Convention or Caucus						
10 Varification IVA/s contif that all consorble diline		ling the annual and the anti-time		Jan C. Francis and Jan Harak and Jan C.		
10. Verification: I\We certify that all reasonable diligmy\our knowledge and belief the contents are true,	ence was used accurate and c	omplete.	ent and attached schedt	lies (ii any) and to the best of		
Current Treasurer or Designated Record keeper Michael C. Ta	aylor (	Mux la		August 25, 2023		
Type or Print Name		Signature	<del></del>	410		
Candidate Michael C. Taylor		, Driver		Date August 25, 2023		
Type or Print Name	•	Signature	$\sim$			



Committee I.D. Number	138477

## SUMMARY PAGE CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Michael C. Taylor

CANDIDATE COMMITTEE		
RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$\$0.00	(18.) \$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$0.00	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _\$6,355.02	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ _\$6,355.02	(23.) \$ \$6,355.02
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$ \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ \$0.00	(24.) \$ \$0.00
DEBTS AND OBLIGATIONS 12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$4,526.84	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ \$0.00	
	BALANCE STATEMENT	<u> </u>
13. Ending Balance of last report filed	(13.) \$_\$19,478.80	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$ \$0.00	
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$19,478.80	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$6,355.02	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$13,123.78	k



### ITEMIZED EXPENDITURES SCHEDULE 1B **CANDIDATE COMMITTEE**

138477

1. Committee I. D. Number

2. Committee Name CTE Michael C. Taylor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name iStorage		07/17/23	s 1056
Address	Purpose: Storage Unit	Date	
41250 Garfield Rd		Horo for Mome !	tomization Type
Clinton Township, MI 48038		JETE TOT METHO !	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Detroit Free Press		07/03/23	\$ 83.93
Address	Purpose: Newspaper Subscription	Date	\$ <u>00.90</u>
615 W. Lafayette Blvd	Click L	Here for Memo !	temization Type
Detroit, MI 48226		ISIG IOI MISITIO I	omzadon Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3	Statement		
Name Crain's Detroit		04/25/23	<b>\$ 169</b>
Address	Purpose: Newspaper Subscription	Date	
1155 Gratiot Ave	Click H	lere for Memo II	emization Type
Detroit, MI	Check box if this expenditure is payment of		
Fund Raiser	debt or obligation reported on previous statement		
Expenditure #4			
Name Michael C. Taylor		11/10/22	\$ 3445.63
Address	Reimbursement - In-Kind Contribution Loan Purpose:	Date	
14986 Park View Ct			
Sterling Heights, MI 48313	Memo	Itemization Bel	ow
	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
Expenditure #5			
Name See Schedule 1-IK-Loans from Candidate			
Address	Purnose	Date	\$
Expenditure 2 is repayment of in-kind loans made by the	Purpose:		
candidate to the committee as described on Schedule	l —	Here for Memo I	temization Type
1-lK 	Check box if this expenditure is payment of debt or obligation reported on previous		
Fund Raiser	statement		
*4 ,	Subto	otal this page	\$4,754.56
	Grand Total of all	i	
	(Complete on last page	e or scriedule) [	Enter this total

on line 8a of Summary Page



# ITEMIZED EXPENDITURES SCHEDULE 1B CANDIDATE COMMITTEE

1. Committee I. D. Number

138477

2. Committee Name CTE Michael C. Taylor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1			
Name City of Sterling Heights		03/01/23	\$ 635
Address	Purpose: Donation - Parks & Recreation	Date	
40555 Utica Rd.	Click H	Here for Memo	temization Type
Sterling Heights, MI 48313	Charle have if their proposality was in proposal of		
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #2			
Name Apple, Inc.		03/01/23	\$ 110.46
Address	Purpose: Phone case/charger	Date	
17630 Hall Rd.	Click F	lere for Memo I	temization Type
Clinton Township, MI 48038			.
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3			
Name City of Sterling Heights		02/13/23	\$ 330
Address	Purpose: Conference Registration Fees	Date	
40555 Utica Rd.		lana fan Manua I	tomination Time
Sterling Heights, MI 48313	<del></del>	tere for Memo i	temization Type
Fund Raiser	LCheck box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4			
Name Gofundme.com		01/23/23	\$ 525
Address	Purpose: SHPD Donation	Date	<u> </u>
855 Jefferson Ave,	Click H	lere for Memo I	temization Type
Redwood City, CA		1010 101 11101110 1	ionización Typo
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #5			
Name			
Address	Purpose:	Date	\$
	Click F	Here for Memo	temization Type
Fund Raiser	Check box if this expenditure is payment of debt or obligation reported on previous statement		
	Subto	otal this page	\$1,600.46
	Grand Total of all (Complete on last page		\$6,355.02

Enter this total on line 8a of Summary Page

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## ITEMIZED IN-KIND CONTRIBUTIONS

**SCHEDULE 1-IK** 

1. Committee I. D. Number 138477

CANDIDATE COMMIT	ı	E	È
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2. Committee Name CTE Michael C. Taylor

CANDIDATE COMIN	III I E E 2. COMMINGE VAINE	
3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value 8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? Yes Name & Address: Michael C. Taylor 14986 Park View Ct Sterling Heights, MI 48313 If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Business Address: Kirk, Huth, Lange & Badalamenti, PLC 19500 Hall Rd., Suite 100 Clinton Township, MI 48038  Fund Raiser Contribution	Goods or Services Purchased by Candidate or Others  Goods or Services Purchased by Candidate or Others- LOAN  Description  Vehicle Expense - 4,281 Miles on Personal Vehicle @ \$0.625/mile  5. Date Of Receipt: 01/01/23  6. Vendor Name & Address:	\$2,675.63 <sub>\$</sub>
Contribution # 2 PAC Receipt? Yes Name & Address Michael C. Taylor 14968 Park View Ct. Sterling Heights, MI 48313  If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address: Same	Goods or Services Purchased by Candidate or Others Goods or Services Purchased by Candidate or Others- LOAN  Description Cell Phone Expense  5. Date Of Receipt: 01/01/23  6. Vendor Name & Address:	\$ sck Here for Memo Itemization
Fund Raiser Contribution  Contribution #3 PAC Receipt? Yes Name & Address:  Michael C. Taylor 14986 Park View Ct. Sterling Heights, MI 48313  If over \$100.00 cumulative, please provide: Occupation: Attorney Employer Name & Address:  Same  Fund Raiser Contribution	A. Description Cable/Internet Expense  Date Of Receipt: 01/01/23  6. Vendor Name & Address:  Comcast 1701 JFK Boulevard Philadelphia, PA 19103	ick Here for Memo Itemization
	Page Subtota Grand Total of all Schedules 1-li (Complete on last page of Schedule	K \$3.455.63

on line 6 of Summary Page

Page \_\_\_\_\_\_ of \_\_\_\_



DEBTS AND CELIGATIONS 1.4	Committee I.D. Number138	3477				
SCHEDULE 1E CTE Michael C. Taylor						
CANDIDATE COMMITTEE 2.0	Outdiness verille	311001 D1 1-3101				
a Debts and abligations awad by or forgiven the con						
(Che	unition OR b. Deb set either a or b. Use only for the p	in and obligations tweel <u>id</u> s urpose chadad.)	 Leasthey Dit goe co	mmiles.		
3. Name and Mailing Address of person, version of financial institution to whom debt in exact.  Check box to indicate whether debt to swed to an incorporated histories. If debt is a bank loan, please provide information regarding the endersers or gustantos. If pry.	4. Type of Obligation (Description) 5. Indicate date debt was facured 6. Indicate original amount of debt	7. Date and amount of each payment	8, Curvictive psyment to date on debt	iii, Chustanding Bakanee at clesse of this period (Nem 6 minus Nam 8)		
Debt \$1 Carp? Yes Oned to or by:	4. Type: In-Kind Loan					
Taylor, Michael C. 14076 Red Pine Dr. Sterling Heights, MI 48313	S. Date Date Was Insurred:  08/14/09		\$ 0.00	s 75.51		
Manufacture and a second a second and a second a second and a second a second and a second and a second and a second a second a second	6. <u>Original Amount of Dabe</u> <u>3_75.51</u>			FORGIVEN		
If bank lean, nome of andorser or guaranter.  Debt #2 Corp?   Yes		Amo	uni Endorsed: 8			
Owed to ar by:	4. Type: In-Kind Loan	8				
Taylor, Michael C. Same	5. Date Dobt Was Jacurred: 8/15/D9					
	8. Original Amount of Dabt:		0.00	<u>14.30</u>		
•	<u> 14.30</u>			FORGIVEN		
Minara I			·			
of bank loss, same of endoser or guarantor.  Cetal #3 Com? Yes	1 10 11		uni Endorsed: 1-			
Owed to or by:	4. Type: In-Kind Loan					
Taylor, Michael C. Same	S. Date Dabi Was Incurred: 8/16/09					
	6. Original Amount of Debt:		0.00	s 115.60		
	s 115.60		·	FORGIVEN		
	•					
If bank lean, name of andorser or guarantor;		An	ount Endorsed: 1_			
•		Page Subtatal	(Mah goldonstand)	\$205.41		
eg.	impleto en last page of Schedulo s	Grand Total a howing emounts eved by or	f all Schedules 15 to the committee.			
•		•		Enter into total on line 12a "awed		
A debt crobigation meat be above on this Schodu this Compaign Statement or it was forgiven during t	le if there was an outstanding an he period sovered by this Camp	ncunt owed on it al me ek algn Statement	raing date of	by" or line 12b "owed to" of the Symmetry Page		
Page 1 of 5						



DEBTS AND OBLIGATIONS 1. Committee LD. Number 138477					
SCHEDULE 1E  CANDIDATE COMMITTEE 2 Committee Name CTE Michael C. Taylor					
ALMINIALI IN A AMINI I : FE	Committee Name OIL IVII	HIADI C. TAYICI	<del></del>		
This Schedule tembers:					
	infiles CR b. Dab ak elther e or b. Vice only for the p	ts and obligations owed <u>to</u> o expose <b>charled.</b> ]	r forgiven <u>by</u> the co	mnittee.	
Name and Malling Address of person, vender or financial isolation to whem debt is owed.	4. Type of Chileston (Description) 6. indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	8. Outstanding Betages at close of this period (item 6 minus	
Check best le indicate whether debt to enwed to an incorporated business. If debt is a bank lean, please provide information regarding the enderage of guaranton, if any.	browned  6. indicate original amount of debt			(item 6 minus item 8)	
Debt #1 Cap? Yes	4. Type: In-Kind Loan				
Taylor, Michael C.	5. Date Babl Wes Incurred:				
14076 Red Pine Dr.   Sterling Heights, MI 46313	09/08/09		0.00	. 550.00	
Cleaning regime, wil 70010	8. Original Amount of Debt	\$	\$ <u>0.00</u>	3 000.00	
	650.00			FORGIVEN	
If bank fown name of enderger or guarantor:		Am	unt Endorsed: \$		
Debt #2 Cop? Yes	4.Type: In-Kind Loan				
Owed to orby:					
Taylor, Michael C. Same	5. Date Rebt Was Issurred: 10/2/09				
- Jame	8. Original Amount of Debt		2 0.00	1107.82	
	s 1107,82	<u> </u>	3 4750	_	
	V			FORGIVEN	
if benk loss, name of endorser or gueranion:		Am	ount Endorsett S		
Debt#9 Corp? Yes Owed to or by:	4. Type: in-Kind Loan				
Taylor, Michael C.	5. Date Debt Was Incurred:				
Same	10/1/09			44.45	
	6. Original Amount of Dobt:	\$	0.00	<u>\$ 62.97</u>	
	ş 62.97			FORGIVEN	
if bank loan, name of endorser or guarantor:		An	ound Endorsed: 1_		
		Page Subiotal	(Tdeb gribnalatuC)	\$1,720.79	
(Ca	a chiberics to ager test no eletern	dend Total of the polyment points and the control of the control o	d all Schodules 15		
(complete on each page of continued amount owned by of to the continued)  A debt or obligation must be shown on this Schedulo if there was an outstanding amount owned on hat the closing date of this Campaign Statement or it was fergiven during the period covered by this Campaign Statement.					

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DEBTS AND OBLIGATIONS 1.0	Committee L.D. Number 138	477		
SCHEDULE 1É	. ———	had Yada		
CANDIDATE COMMITTEE 2.0	Committee Name CIE IVIIC	chael C. Taylor		
This Bahedule kembers:				
a Debis and obligations award by a forgiven the com (Ohe	miliae CR b. Deb ck eliter a or b. Use only for the pa	a and obsigations overd <u>by</u> or	torgiven by the cor	
3. Name and Mailing Address of person, vander or financial instrusion to whom debt is owed.	4. Type of Chilipsilon (Description) 5. Indicate date debt was	7. Data and amount of each payment	8. Curinitiliva payment to date on debt	9. Outstanding Balance et close of this period (Rem 6 strings
Check box to indicate whether debt is owed to an incorporated bushers. If debt is a bent loss, please provide information regarding the endorsers or guestapton. If any.	incurred 6. Indicate original amount of debt			(Rem 8 minus Bean 8)
Debt #f Com? Yes Dead to or by:	4 Type In-Kind Loan			•
Taylor, Michael C.	1. Date Debt Was locurred:			
14078 Red Pine Dr. Sterling Heighls, Mi 48313	07/08/11		s <u>0.00</u>	866.5
Cautific Leifine' we 40210	6. Original Amount of Debr	\$	3 0.00	•
	\$ 558.60			FORGIVEN
if bank loan, name afenderser or guaranter.		Area	unt Endorsed: S	
Debt #2 Corp? Yes	4 Type: In-Kind Loan			
Owed to a by:	1			Í
Taylor, Michael C.	S. Date Debt Was incurred: 9-7-11		'	Ì
Same	6. Original Amount of Dobt:		2.00	1533.B2
	s 1533.62		·	
	Y			FORGIVEN
If bank loan, name of endorser or guerantur.		Am	ouni Endorsed: \$_	
Debt #3 Corp? Yes	4. Type: In-Kind Loan			
Outdoor by: Taylor, Michael C.	5. Data Dobe Was Incurred:			
Same	9-29-11			Ì
	6. Odelnel Amount of Debt		0.00	130
	s 130			FORGIVEN
	·			
If bank loss, name of endorser or guesarius.		Ar	naunt Endorsed: R	
		Page Subtotal	(Outstanding debi)	\$2,220.32
<i>*</i> 0	n maleta an lest nega ni Rehedda	Grand Total	of all Schadules 15 or to the commitment	
Grand Total of all Schadules 1E (Complete on last page of Schadule showing amount owed by or to the containing)  Enter the bial on little bial bial bial bial bial bial bial bial				

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DEBTS AND OBLIGATIONS 1.0	Committee LD. Number 138	477			
SCHEDULE 1E	OTE Wie	had C Taylor			
CANDIDATE COMMITTEE 2 Committee Name CTE Michael C. Taylor					
This Schools hombs to			•		
a Coobts and obligations owed by or forgiven the com (Che	entitice OR b. Debt ok either a or b. Use only for the pr				
3. Name and Mailing Address of person, vendor or financial indikator, is whom debt is owed.	4. Type of Chilgation (Description) 5. Indicate date debt was	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Quistanding Beignon et close of this period	
Check hex to belicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guaranties. If any.	incurred  9. indicate original amount of debt			(Barn Garirana Barn 8)	
Debt#1 Com? Yes Owed to or by:	4. Type: In-Kind Loan				
Taylor, Michael C. 14076 Red Pine Dr.	5. Date Debt Was Incurred:				
Sterling Heights, MI 48313	09/07/11		s 0.00	159.00	
	6. Original Amount of Debt		تنتبت	FORGIVEN	
	ş <u>159,00</u>				
If bank four, name of endorser or guaranter:		Amo	unt Endorseit \$		
Clebk #2 Corp?   Yes Owed to or by:	4. Type: In-Kind Loan				
Taylor, Michael C.	5. Date Dabt Was Incurred:	s			
Same	8-7-11 8. Orlains Amount of Debt		• 0.00	23.30	
·	• 23.30	\$	\$	· •	
	1 2000	5 .		FORGIVEN	
if benk loss, name of endorser or gustantor.		Am	ount Endorsed: \$_		
Daht #3 Com/ Yes	4. Type: In-Kind Loan		and production v		
Owed to or by:					
Taylor, Michael C. Same	5. Date Dobt Was Incurred: 9-7-11			]	
Sante	B. Original Amount of Daht		0.00	s 103.88	
	103.68	<u> </u>	·	FORGIVEN	
	V				
If bank loan, name of enderser or quarenter:		Ar	rount Endorsed: &_		
		Paga Sublaisi	(Outstanding daint)	\$285.98	
	omplete on lest page of Schedule :	Grand Total	of all Schedules 12		
(Co	ombiete ou iest bade ou scueding i	PURMINE STREET, SO OWING THE C	i (A nid cousinges)	Enter the total on line 12a "owed	
A debt crobilization must be shown on this Schedule if there was an outstanding amount over on it at the closing date of the "his Campaign Statement or it was forgiven during the period covered by this Campaign Statement."  Summary Page					

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DEBTS AND OBLIGATIONS 1. Committee LD. Mumber 138477						
SCHEDULE 1E						
CANDIDATE COMMITTEE 2, Committee Name CTE Michael C. Taylor						
This Schedute Hambook						
a Dodds and obligations oweding or fergiven the con (Che	errities OR b. Det ock either a or b. Use only for the p	te and obligations creed <u>in</u> c Upone checked)	r forgiven <u>by</u> the co	mariilise.		
S. Name and Meiling Address of person, vendor or financial institution to whom debt is gwed.	4. Type of Obligation (Description) 5. Indicate date debt was	7. Date indemount of each payment	e. Cumutative payment to date on debt	6. Outstanding Balance at class of this period		
Check box to indicate whether debt is eved to an incorporated business, if debt is a bunk loan, please provide information regarding the endorsers or guerantee, if any.	incured 8. Indicate original amount of debt			(item 8 minus than 8)		
Outed to or by:	4. Type: in Kind Loan					
Michael C. Taylor 14078 Red Pine Dr.	4. Date Debt Was Incorred: 09/28/11					
Sterling Heights, MI 48313	8. Original Amount of Deby		<b>1</b>	\$ 94.34		
	ş <u>84.34</u>			FORGIVEN		
If benk loan, name of andoner or guarantor:		Amo	uni Endorsed; S			
Debt #2 Corp? Yes Owed to or by:	4. Type	1				
	5. Date Debt Was Incurred:					
	6. Original Amount of Dabi:		3	•		
	8			FORGIVEN		
If bank tean, name of encoraer or guaranter:			ount Endorsed: \$	- [		
Debt #3 Cop7 Yas	4, Type:	, in	Adii Elizoi 160; 4—			
Owed to or by:	5. Date Debt Was Incurred:					
		1				
•	8. <u>Original Amount of Debi</u> :	•	ş	\$		
	· · · · · · · · · · · · · · · · · · ·			FORGIVEN		
If bank loan, name of endoner or guaranton		Am	ount Endorsed: 1_			
		Page Subtotal (	Outstanding debt)	\$94.34		
Grand Total of all Schedules of Schedules showing amounts owed by or to the committee)						
A debt or obligation must be abown on this Schedule If there was an outstanding amount owed on it attire closing data of this Campeign Statement or it was forgiven during the period covered by this Campeign Statement.				Enter this total on tice 12a "awed by" or tire 12b "awed to" of the Summary Page		

Page 5 d 5