



FILED

24 OCT 2024 PM 05:51

MACOMB COUNTY CLERK
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**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: 05/10/2024 to 10/20/2024

1. Committee I.D. Number

140487

4. Candidate Last Name First Name M.I.

MILES III LEWIS A

2. Committee Name

CTE LEW MILES

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

TRUSTEE, CHIPPEWA VALLEY SD

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

5. Committee's Mailing Address

**19441 NORWAY PINE DR
MACOMB, MI 48044**

6. Treasurer's Name & Residential Address

**LEWIS A MILES III
19441 NORWAY PINE DR
MACOMB, MI 48044**

Area Code and Phone (586) 747-1946
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) 747-1946

7. Treasurer's Business Address

**19441 NORWAY PINE DR
MACOMB, MI 48044**

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

Area Code and Phone (586) 747-1946

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 ()
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

11/05/2024

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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

10/24/2024

Candidate _____
Type or Print Name

Signature

Submitted electronically,
signature on file

Date

10/24/2024



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 140487

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name CTE LEW MILES

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>3,805.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>3,805.00</u>	(18.) \$ <u>3,805.00</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>3,805.00</u>	(20.) \$ <u>3,805.00</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>1,741.48</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>1,741.48</u>	(23.) \$ <u>1,741.48</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>100.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>0.00</u>	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>3,805.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>3,805.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1,741.48</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>2,063.52</u>	*



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 140487
2. Committee Name CTE LEW MILES

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>05/21/2024</u>	
Name & Address: LEWIS A MILES III 19441 NORWAY PINE 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			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>07/06/2024</u>	
Name & Address: MARY LAMBERT 49746 CRYSTALLINE DR MACOMB, MI 48044		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HOMEMAKER</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>08/21/2024</u>	
Name & Address: SHERYL L MILES 19441 NORWAY PINE 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			
3. Contribution # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>08/21/2024</u>	
Name & Address: FREDERICK NIENSTEDT 41362 JUSTIN DR CLINTON TOWNSHIP, 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 **550.00**

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 140487
2. Committee Name CTE LEW MILES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: MELODY PERRIN 39632 TUNSTALL DR CLINTON TOWNSHIP, 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			
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt <u>09/09/2024</u> Name & Address: MICHIGAN 9TH CONGRESSIONAL DISTRICT 4800 JOSLYN RD LAKE ORION, MI 48359		\$ <u>400.00</u>	\$ <u>400.00</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>09/19/2024</u> Name & Address: 10TH CONGRESSIONAL DISTRICT 13326 YVONNE DR WARREN, MI 48088		\$ <u>480.00</u>	\$ <u>480.00</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>09/21/2024</u> Name & Address: CATHERINE JEHL 14844 SUGAR MAPLE DR 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			

Page Subtotal **1,180.00**

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 140487
2. Committee Name CTE LEW MILES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/25/2024</u>	
Name & Address: KRISTIN BATTAGLIA 51736 EVA DR MACOMB, MI 48042		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser			
3. Contribution #2	PAC Receipt? ☐ YES	4. Date of Receipt <u>09/27/2024</u>	
Name & Address: SHEILA GOLDSTEIN 38135 S JULIAN ST CLINTON TOWNSHIP, MI 48036		\$ <u>500.00</u>	\$ <u>500.00</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>10/13/2024</u>	
Name & Address: MARK HEMMERLING 16393 GLENFIELD 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 # 4	PAC Receipt? ☐ YES	4. Date of Receipt <u>10/14/2024</u>	
Name & Address: 10TH CONGRESSIONAL DISTRICT 13326 YVONNE DR WARREN, MI 48088		\$ <u>500.00</u>	\$ <u>980.00</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 1,075.00

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 140487
2. Committee Name CTE LEW MILES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt <u>10/15/2024</u> Name & Address: MACOMB COUNTY REPUBLICAN COMMITTEE P.O. BOX 380962 CLINTON TOWNSHIP, MI 48038		\$ <u>1,000.00</u>	\$ <u>1,000.00</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 _____ Name & Address _____		\$ _____	\$ _____
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 _____ Name & Address _____		\$ _____	\$ _____
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 _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser			

Page Subtotal

1,000.00

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

3,805.00

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140487
2. Committee Name CTE LEW MILES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CAMPAIGN PARTNER Address P.O. BOX 118 STILL RIVER, MA 01467 ☐ Fund Raiser	Purpose: <u>WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/30/2024</u> Date	\$ <u>29.00</u>
Expenditure #2 Name CAMPAIGN PARTNER Address P.O. BOX 118 STILL RIVER, MA 01467 ☐ Fund Raiser	Purpose: <u>WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/30/2024</u> Date	\$ <u>29.00</u>
Expenditure #3 Name CAMPAIGN PARTNER Address P.O. BOX 118 STILL RIVER, MA 01467 ☐ Fund Raiser	Purpose: <u>WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/2024</u> Date	\$ <u>29.00</u>
Expenditure #4 Name PRISM PRINTING Address 51168 MILANO DR MACOMB, MI 48042 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/22/2024</u> Date	\$ <u>72.80</u>
Expenditure #5 Name STRIPE Address 920 5TH AVE SEATTLE, WA 98104 ☐ Fund Raiser	Purpose: <u>PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/23/2024</u> Date	\$ <u>3.20</u>

Subtotal this page

163.00

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140487
2. Committee Name CTE LEW MILES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name STRIPE Address 920 5TH AVE SEATTLE, WA 98104 ☐ Fund Raiser	Purpose: <u>PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/26/2024</u> Date	\$ <u>6.10</u>
Expenditure #2 Name YOUNIQUECARDS.COM INC. Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>BUSINESS CARDS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2024</u> Date	\$ <u>55.00</u>
Expenditure #3 Name CAMPAIGN PARTNER Address P.O. BOX 118 STILL RIVER, MA 01467 ☐ Fund Raiser	Purpose: <u>WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/30/2024</u> Date	\$ <u>29.00</u>
Expenditure #4 Name AMAZON MARKETPLACE Address 50500 MOUND RD SHELBY TOWNSHIP, MI 48317 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2024</u> Date	\$ <u>34.97</u>
Expenditure #5 Name YOUNIQUECARDS.COM INC. Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/16/2024</u> Date	\$ <u>307.40</u>

Subtotal this page **432.47**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140487
2. Committee Name CTE LEW MILES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name YOUNIQUECARDS.COM INC. Address 42816 WILLSHARON ST STERLING HEIGHTS, MI 48314 ☐ Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2024</u> Date	\$ <u>515.50</u>
Expenditure #2 Name STRIPE Address 920 5TH AVE SEATTLE, WA 98104 ☐ Fund Raiser	Purpose: <u>PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/21/2024</u> Date	\$ <u>3.20</u>
Expenditure #3 Name ULINE Address P.O. BOX 88741 CHICAGO, IL 60680 ☐ Fund Raiser	Purpose: <u>CAMPAIGN MATERIALS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2024</u> Date	\$ <u>48.30</u>
Expenditure #4 Name ROBIN BRANT Address 8221 BAYWOOD VISTA DR ORLANDO, FL 32810 ☐ Fund Raiser	Purpose: <u>SHIRTS</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/26/2024</u> Date	\$ <u>400.00</u>
Expenditure #5 Name CAMPAIGN PARTNER Address P.O. BOX 118 STILL RIVER, MA 01467 ☐ Fund Raiser	Purpose: <u>WEBSITE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>09/30/2024</u> Date	\$ <u>29.00</u>

Subtotal this page **996.00**

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

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 140487
2. Committee Name CTE LEW MILES

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name CANTEEN GOLF & BILLIARDS Address 41701 GARFIELD RD CLINTON TOWNSHIP, MI 48038 ☐ Fund Raiser	Purpose: <u>MEET & GREET EVENT</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/08/2024</u> Date	\$ <u>148.26</u>
Expenditure #2 Name STRIPE Address 920 5TH AVE SEATTLE, WA 98104 ☐ Fund Raiser	Purpose: <u>PROCESSING FEE</u> ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/13/2024</u> Date	\$ <u>1.75</u>
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page	150.01
Grand Total of all Schedules 1B (Complete on last page of Schedule)	1,741.48

Enter this total
on line 8a of
Summary Page



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 140487
2. Committee Name CTE LEW MILES

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: LEWIS A MILES III 19441 NORWAY PINE DR MACOMB, MI 48044	4. Type: <u>LOAN TO COMMITTEE FROM CAME</u> 5. <u>Date Debt Was Incurred:</u> <u>05/21/2024</u> 6. <u>Original Amount of Debt:</u> <u>\$ 100.00</u>	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$ 0.00</u>	<u>\$ 100.00</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	<u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u> <u>\$</u>	<u>\$</u>	<u>\$</u> ☐ FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

100.00

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

100.00

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.