



FILED

27 JUL 2026 PM 01:17

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: 01/01/2026 to 07/20/2026

1. Committee I.D. Number

**136802**

4. Candidate Last Name First Name M.I.

**MELTZER KIM**

2. Committee Name

**CTE KIM MELTZER**

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

**CLERK, CLINTON TWP**

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

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 (2026 )  
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

**07/27/2026**

Candidate \_\_\_\_\_  
Type or Print Name

Signature

Submitted electronically,  
signature on file

Date

**07/27/2026**



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<br>This Period        | Column II<br>Cumulative this election cycle |
|-------------------------------------------------------------------------------------------------|--------------------------------|---------------------------------------------|
| 3. Contributions                                                                                |                                |                                             |
| a. Itemized (Schedule 1A - Column 6)                                                            | (3a.) \$ <u>11,005.00</u>      |                                             |
| b. Unitemized (less than \$20.01 each - no Schedule)                                            | (3b.) \$ <u>NOT APPLICABLE</u> |                                             |
| c. Subtotal of "Contributions"                                                                  | (3c.) \$ <u>11,005.00</u>      | (18.) \$ <u>11,005.00</u>                   |
| 4. Other Receipts (Schedule 1A -1, Column 6)                                                    | (4.) \$ <u>0.00</u>            | (19.) \$ <u>0.00</u>                        |
| <b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b><br>(Add Line 3c + Line 4)                      | (5.) \$ <u>11,005.00</u>       | (20.) \$ <u>11,005.00</u>                   |
| <b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>                                                 |                                |                                             |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7)                                              | (6.) \$ <u>0.00</u>            | (21.) \$ <u>0.00</u>                        |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6)                                              | (7.) \$ <u>0.00</u>            | (22.) \$ <u>0.00</u>                        |
| <b>EXPENDITURES</b>                                                                             |                                |                                             |
| 8. Expenditures                                                                                 |                                |                                             |
| a. Itemized (Schedule 1B, Column 6)                                                             | (8a.) \$ <u>4,466.62</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>           |                                             |
| <b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)                                  | (9.) \$ <u>4,466.62</u>        | (23.) \$ <u>10,020.26</u>                   |
| <b>INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(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>          |                                             |
| <b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b><br>(Add Line 10a + Line 10b)                  | (11.) \$ <u>0.00</u>           | (24.) \$ <u>0.00</u>                        |
| <b>DEBTS AND OBLIGATIONS</b>                                                                    |                                |                                             |
| 12. Debts and Obligations                                                                       |                                |                                             |
| a. Owed <b>by</b> the Committee (Schedule 1E)                                                   | (12a.) \$ <u>20,584.25</u>     |                                             |
| b. Owed <b>to</b> 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>53.46</u>          |                                             |
| 14. Amount received during reporting period<br>(Line 5, Total Contributions & Other Receipts)   | (14.) + \$ <u>11,005.00</u>    |                                             |
| 15. SUBTOTAL Add lines 13 and 14                                                                | (15.) = \$ <u>11,058.46</u>    |                                             |
| 16. Amount expended during reporting period<br>(Add lines 9 and 11)                             | (16.) - \$ <u>4,466.62</u>     |                                             |
| 17. ENDING BALANCE<br>(Subtract line 16 from line 15)                                           | (17.) \$ <u>6,591.84</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? <input type="checkbox"/> YES      4. Date of Receipt <u>01/05/2026</u><br>Name & Address:<br><b>JAMES GEORGE</b><br><b>19634 WESTCHESTER DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                 |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DEVELOPER</u> Employer <u>DELTA MANAGEMENT</u><br>Business Address <u>45511 MARKET ST, SHELBY TOWNSHIP, MI 48315</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/06/2026</u><br>Name & Address:<br><b>HARVEY WEISS</b><br><b>32820 WOODWARD AVE</b><br><b>STE 200</b><br><b>ROYAL OAK, MI 48073</b>                                                                                                                    |  | \$ <u>260.00</u> | \$ <u>260.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PROPERTY INVESTMENTS</u> Employer <u>TDW PROPERTY TRUST</u><br>Business Address <u>32820 WOODWARD AVE, ROYAL OAK, MI 48073</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/07/2026</u><br>Name & Address:<br><b>JAMES SAGE</b><br><b>10 CABRI LN</b><br><b>DEARBORN HEIGHTS, MI 48127</b>                                                                                                                                       |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PROPERTY OWNER</u> Employer <u>SELF</u><br>Business Address <u>10 CABRI LN, DEARBORN HEIGHTS, MI 48127</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/13/2026</u><br>Name & Address:<br><b>PAUL ILLICH</b><br><b>34285 GROESBECK HWY</b><br><b>CLINTON TWP, MI 48035</b>                                                                                                                                   |  | \$ <u>500.00</u> | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>BUSINESS OWNER</u> Employer <u>CLINTON PARTS LLC</u><br>Business Address <u>34285 GROESBECK HWY, CLINTON TOWNSHIP, MI 48035</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |

Page Subtotal **1,140.00**

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

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 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? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/13/2026</u> |                                                                                 |
| Name & Address:<br><b>CHRISTOPHER AIELLO</b><br>49432 COMPASS POINT DR<br>NEW BALTIMORE, MI 48047                                                                                                                                                                                                                                                          |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CHRISTOHPER AIELLO ATTORNEY AT LAW LLC</u><br>Business Address <u>32411 MOUND RD, WARREN, MI 48092</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser      |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                         | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/13/2026</u> |                                                                                 |
| Name & Address:<br><b>DAVID MORELLI</b><br>22756 MACOMB INDUSTRIAL DR<br>CLINTON TWP, MI 48036                                                                                                                                                                                                                                                             |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>G MORELLI &amp; SONS CONSTRUCTION</u><br>Business Address <u>22756 MACOMB INDUSTRIAL DR, CLINTON, MI 48036</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/13/2026</u> |                                                                                 |
| Name & Address:<br><b>TONY GALLO</b><br>6303 26 MILE RD<br>WASHINGTON, MI 48094                                                                                                                                                                                                                                                                            |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DEVELOPER</u> Employer <u>SELF</u><br>Business Address <u>6303 26 MILE RD, WASHINGTON, MI 48094</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                  |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                        | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/13/2026</u> |                                                                                 |
| Name & Address:<br><b>BRANDON FOURNIER</b><br>28311 OAKMONTE CIR W<br>NEW HUDSON, MI 48165                                                                                                                                                                                                                                                                 |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u><br>Business Address <u>31600 TELEGRAPH RD, 100, BINGHAM FARMS, MI 48025</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |                                           |                                      |                                                                                 |

Page Subtotal 890.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/14/2026</u> |                                                                                 |
| Name & Address:<br><b>PATRICIA CHAPTINI</b><br><b>37863 W HORSESHOE DR</b><br><b>CLINTON TWP, MI 48036</b>                                                                                                                                                                                                                                       |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/15/2026</u> |                                                                                 |
| Name & Address:<br><b>STEPHEN SAPH JR</b><br><b>68 CLINTON ST</b><br><b>MT CLEMENS, MI 48043</b>                                                                                                                                                                                                                                                 |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER / INS. AGENT</u> Employer <u>NICKEL &amp; SAPH INC</u><br>Business Address <u>44 MACOMB PL, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/15/2026</u> |                                                                                 |
| Name & Address:<br><b>JASON ARLOW</b><br><b>5709 ARNOLD RD</b><br><b>MARINE CITY, MI 48039</b>                                                                                                                                                                                                                                                   |                                           | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>AEW</u><br>Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                 |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/16/2026</u> |                                                                                 |
| Name & Address:<br><b>STEPHEN PANGORI</b><br><b>8106 ROSEBUD LN</b><br><b>CLARKSTON, MI 48348</b>                                                                                                                                                                                                                                                |                                           | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>AEW</u><br>Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                 |                                           |                                      |                                                                                 |

Page Subtotal **680.00**

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? <input type="checkbox"/> YES      4. Date of Receipt <u>01/16/2026</u><br>Name & Address:<br><b>SCOTT LOCKWOOD</b><br><b>950 SOUTHDOWN RD</b><br><b>BLOOMFIELD HILLS, MI 48304</b>                                                                                                                   |  | \$ <u>250.00</u> | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ENGINEER</u> Employer <u>AEW ENGINEERS</u><br>Business Address <u>51301 SCHOENHERR RD, SHELBY TOWNSHIP, MI 48315</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/16/2026</u><br>Name & Address:<br><b>MARIA VITALE</b><br><b>19883 EMERALD LN N</b><br><b>CLINTON TOWNSHIP, MI 48038</b>                                                                                                                    |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address <u>19883 EMERALD LN N, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/16/2026</u><br>Name & Address:<br><b>JOHN BECKER</b><br><b>20129 WINDHAM DR</b><br><b>MACOMB, MI 48044</b>                                                                                                                                |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                 |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/18/2026</u><br>Name & Address:<br><b>CARMELA TOCCO</b><br><b>18349 TARA DR</b><br><b>CLINTON TWP, MI 48036</b>                                                                                                                            |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                 |  |                  |                                                                                 |

Page Subtotal 750.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/20/2026</u> |                                                                                 |
| Name & Address:<br>HOWARD SHIFMAN<br>31600 TELEGRAPH RD<br>STE 100<br>BINGHAM FARMS, MI 48025                                                                                                                                                                                                                                                       |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SHIFMAN FOURNIER</u><br>Business Address <u>31600 TELEGRAPH RD, BINGHAM FARMS, MI 48025</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/21/2026</u> |                                                                                 |
| Name & Address:<br>DAVID BUDKA<br>20046 N RIVERHILL DR<br>CLINTON TWP, MI 48036                                                                                                                                                                                                                                                                     |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>SELF</u><br>Business Address <u>2 TOWN SQUARE, STE 275, Southfield, MI 48076</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                     |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/21/2026</u> |                                                                                 |
| Name & Address:<br>SALVATORE RANDAZZO<br>37180 WILLOW LN<br>CLINTON TWP, MI 48036                                                                                                                                                                                                                                                                   |                                           | \$ <u>300.00</u>                     | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>PRODUCE OWNER</u> Employer <u>RANDAZZO FRESH MARKET</u><br>Business Address <u>36800 GARFIELD RD, CLINTON TWP, MI 48035</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser   |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/21/2026</u> |                                                                                 |
| Name & Address:<br>ROBERT HUTH<br>19500 HALL RD<br>CLINTON TOWNSHIP, MI 48038                                                                                                                                                                                                                                                                       |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CENTRE COURT PROPERTIES LLC</u><br>Business Address <u>19500 HALL RD, CLINTON TOWNSHIP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal 690.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/21/2026</u> |                                                                                 |
| Name & Address:<br><b>ROBERT KIRK</b><br><b>18200 NARDY ST</b><br><b>CLINTON TWP, MI 48036</b>                                                                                                                                                                                                                                                      |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>KIRK &amp; HUTH PC</u><br>Business Address <u>19500 HALL RD, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser               |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                  | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/21/2026</u> |                                                                                 |
| Name & Address:<br><b>RAEHEL BADALEMENTI</b><br><b>19500 HALL RD</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                                                                                |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>CENTRE COURT PROPERTIES LLC</u><br>Business Address <u>19500 HALL RD, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                   |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/22/2026</u> |                                                                                 |
| Name & Address:<br><b>MARTHA MOCERI</b><br><b>17551 CRILLON DR</b><br><b>CLINTON, MI 48038</b>                                                                                                                                                                                                                                                      |                                           | \$ <u>260.00</u>                     | \$ <u>260.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DEVELOPER</u> Employer <u>MOCERI MANAGEMENT COMPANY</u><br>Business Address <u>3005 UNIVERSITY DR, AUBURN HILLS, MI 48326</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                 | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/22/2026</u> |                                                                                 |
| Name & Address:<br><b>GARY GENDERNALIK</b><br><b>52624 LAUREL OAK LN</b><br><b>NEW BALTIMORE, MI 48047</b>                                                                                                                                                                                                                                          |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                          |                                           |                                      |                                                                                 |

Page Subtotal **650.00**

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? <input type="checkbox"/> YES      4. Date of Receipt <u>01/23/2026</u><br>Name & Address:<br><b>LINDA MCGRAIL</b><br><b>22600 HALL RD</b><br><b>CLINTON TWP, MI 48036</b>                                                                                                                               |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>YORK DOLAN &amp; TOMLINSON</u><br>Business Address <u>22600 HALL RD, CLINTON TWP, MI 48036</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/26/2026</u><br>Name & Address:<br><b>KEN MARCHETTI</b><br><b>188 RIDGEMONT RD</b><br><b>GROSSE POINTE FARMS, MI 48236</b>                                                                                                                     |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                    |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>VINCENT SORRENTINO</b><br><b>14113 HIBISCUS DR</b><br><b>SHELBY TWP, MI 48315</b>                                                                                                                       |  | \$ <u>400.00</u> | \$ <u>400.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>DEVELOPER</u> Employer <u>ICON</u><br>Business Address <u>35520 FORTON CT, CLINTON TWP, MI 48035</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                    |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>CTE AUDREY BROWN</b><br><b>7009 BOULDER POINTE DR</b><br><b>WASHINGTON, MI 48094</b>                                                                                                                    |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 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 checked="" type="checkbox"/> Fund Raiser                                                                        |  |                  |                                                                                 |

Page Subtotal **790.00**

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? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>GROZDA SWETECH</b><br><b>43868 SCOTER LN</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                  |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ADMINISTRATOR</u> Employer <u>SWETECH MEDICAL CENTER</u><br>Business Address <u>43600 GARFIELD RD, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser  |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>GREGORY BUSS</b><br><b>12900 HALL RD</b><br><b>STE 322</b><br><b>STERLING HEIGHTS, MI 48313</b>                                                                                                                |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>BUSS &amp; BUSS PC</u><br>Business Address <u>12900 HALL RD, STE 322, STERLING HEIGHTS, MI 48313</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>FIRE FIGHTER ASSOCIATION CLINTON TOWNSHIP FIRE FIGHTERS PAC</b><br><b>42601 ROMEO PLANK RD</b><br><b>CLINTON TWP, MI 48038</b>                                                                     |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 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 checked="" type="checkbox"/> Fund Raiser                                                                              |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>LUCIDO FOR A BRIGHTER TOMMOROW</b><br><b>6303 26 MILE RD</b><br><b>WASHINGTON, MI 48094</b>                                                                                                        |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 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 checked="" type="checkbox"/> Fund Raiser                                                                              |  |                  |                                                                                 |

Page Subtotal 590.00

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? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>SHELLEY CARR</b><br><b>61 FLORENTINE DR</b><br><b>HOLLAND, OH 43528</b>                                                                                                                                          |  | \$ <u>260.00</u> | \$ <u>260.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>MARIOS BODY SHOP</u><br>Business Address <u>34607 GRATIOT AVE, CLINTON TWP, MI 48035</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                   |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>LISA NOWC</b><br><b>20761 MARVINDALE ST</b><br><b>CLINTON TWP, MI 48035</b>                                                                                                                                       |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>LIBRARIAN</u> Employer <u>DETROIT PUBLIC LIBRARY</u><br>Business Address <u>3666 GRAND RIVER AVE, DETROIT, MI 48208</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser          |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>WILLIAM ELLIOTT</b><br><b>27442 CLARK CIR</b><br><b>NEW BALTIMORE, MI 48051</b>                                                                                                                                  |  | \$ <u>100.00</u> | \$ <u>100.00</u>                                                                |
| 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 checked="" type="checkbox"/> Fund Raiser                                                                                 |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>JILLIAN CHERGET</b><br><b>51425 FOX HILL TRAIL</b><br><b>CHESTERFIELD, MI 48047</b>                                                                                                                              |  | \$ <u>260.00</u> | \$ <u>260.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OFFICE MANAGER</u> Employer <u>GARFIELD CANAL SERVICES</u><br>Business Address <u>16933 CANAL RD, CLINTON TOWNSHIP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |

Page Subtotal 820.00

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? <input type="checkbox"/> YES            | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>ANDREA IRONS</b><br>18656 CRANBROOK DR<br>CLINTON TWP, MI 48038                                                                                                                                                                                                                                                                  |                                                      | \$ <u>150.00</u>                     | \$ <u>150.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>MACOMB PROSECUTORS OFFICE</u><br>Business Address <u>1 S MAIN ST, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser              |                                                      |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>TRI-COUNTY CHAMBER OF COMMERCE</b><br>22600 HALL RD<br>STE 200<br>CLINTON TWP, MI 48036                                                                                                                                                                                                                                          |                                                      | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 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 checked="" type="checkbox"/> Fund Raiser                                                                                      |                                                      |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>CHARLES TOWNER</b><br>39757 BRYLOR CT<br>CLINTON TWP, MI 48038                                                                                                                                                                                                                                                                   |                                                      | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>TOWNER &amp; TOWNER PC</u><br>Business Address <u>38770 GARFIELD RD, STE 100, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                                      |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>JAMES BOWDEN</b><br>43833 COLUMBIA DR<br>CLINTON TWP, MI 48038                                                                                                                                                                                                                                                                   |                                                      | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>BOWDEN LAW PLLC</u><br>Business Address <u>126 S MAIN ST, MT CLEMENS, MI 48043</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                      |                                                      |                                      |                                                                                 |

Page Subtotal 780.00

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? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>KATHLEEN GOICH</b><br><b>43932 ROBINSON RIDGE</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                  |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                               |  |                  |                                                                                 |
| 3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>ELIZABETH WADE</b><br><b>43438 WELLAND DR</b><br><b>CLINTON TOWNSHIP, MI 48038</b>                                                                                                  |  | \$ <u>130.00</u> | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>NURSE</u> Employer <u>HENRY FORD</u><br>Business Address <u>22101 MOROSS RD, DETROIT, MI 48236</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |  |                  |                                                                                 |
| 3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>CHRISTINE WYSONG</b><br><b>23431 LAKEWOOD ST</b><br><b>CLINTON TWP, MI 48035</b>                                                                                                   |  | \$ <u>200.00</u> | \$ <u>200.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                               |  |                  |                                                                                 |
| 3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/29/2026</u><br>Name & Address:<br><b>JOHN DIGIUSEPPE</b><br><b>40707 RUGGERO ST</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                     |  | \$ <u>300.00</u> | \$ <u>300.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                               |  |                  |                                                                                 |

Page Subtotal 760.00

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? <input type="checkbox"/> YES            | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>RICHARD SALLOUM</b><br><b>39300 DONAHUE DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                                                                   |                                                      | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>MINISTER</u> Employer <u>ST. SHARBEL CHURCH</u><br>Business Address <u>43888 HAYES RD, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                                      |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                     | PAC Receipt? <input checked="" type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>CANDICE PAC 519174</b><br><b>PO BOX 7036</b><br><b>NOVI, MI 48376</b>                                                                                                                                                                                                                                            |                                                      | \$ <u>100.00</u>                     | \$ <u>100.00</u>                                                                |
| 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 checked="" type="checkbox"/> Fund Raiser                                                                      |                                                      |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>PHIL RODE</b><br><b>36097 ACTON ST</b><br><b>CLINTON TOWNSHIP, MI 48035</b>                                                                                                                                                                                                                                      |                                                      | \$ <u>50.00</u>                      | \$ <u>50.00</u>                                                                 |
| 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 checked="" type="checkbox"/> Fund Raiser                                                                      |                                                      |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                    | PAC Receipt? <input type="checkbox"/> YES            | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>JOSEPH VICARI</b><br><b>37523 HIDDEN VALLEY CT</b><br><b>CLINTON TOWNSHIP, MI 48036</b>                                                                                                                                                                                                                          |                                                      | \$ <u>250.00</u>                     | \$ <u>250.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>VICARI GROUP</u><br>Business Address <u>7096 E 14 MILE RD, WARREN, MI 48092</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser            |                                                      |                                      |                                                                                 |

Page Subtotal 530.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>RENEE MICHAELS</b><br><b>26299 TUCKER ST</b><br><b>HARRISON TOWNSHIP, MI 48045</b>                                                                                                                                                                                                                                                     |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>UNI DIG INC</u><br>Business Address <u>21600 QUINN RD, CLINTON TOWNSHIP, MI 48035</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                            |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>JOE MUNEM</b><br><b>36327 GREGORY DR</b><br><b>STERLING HEIGHTS, MI 48312</b>                                                                                                                                                                                                                                                          |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CONSULTANT</u> Employer <u>SELF</u><br>Business Address <u>36327 GREGORY DR, STERLING HEIGHTS, MI 48312</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                            |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>BIGELOW JOSHUA</b><br><b>36611 GRATIOT AVE</b><br><b>CLINTON TWP, MI 48035</b>                                                                                                                                                                                                                                                         |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>GREAT DANE HEATING AND COOLING</u><br>Business Address <u>36611 GRATIOT AVE, CLINTON TWP, MI 48035</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser           |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                          | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>CHARLES KADADO</b><br><b>43079 POINTE DR</b><br><b>CLINTON TWP, MI 48038</b>                                                                                                                                                                                                                                                           |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>WARNER NORCROSS &amp; JUDD LLP</u><br>Business Address <u>2715 WOODWARD AVE, SUITE 300, DETROIT, MI 48201</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |

Page Subtotal **890.00**

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>BERT COPPLE</b><br>41701 GARFIELD RD<br>CLINTON TWP, MI 48038                                                                                                                                                                                                                                                              |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER</u> Employer <u>CANTEEN GOLF &amp; BILLIARDS</u><br>Business Address <u>41701 GARFIELD RD, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                               | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>TRUDENCE MARCHETTI</b><br>15182 GRANADA PLAZA<br>WARREN, MI 48088                                                                                                                                                                                                                                                          |                                           | \$ <u>25.00</u>                      | \$ <u>25.00</u>                                                                 |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                       |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>01/29/2026</u> |                                                                                 |
| Name & Address:<br><b>KOLBY MILLER</b><br>1919 HARTLAND WOODS DR<br>HOWELL, MI 48843                                                                                                                                                                                                                                                             |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>CEO</u> Employer <u>MEDSTAR AMBULANCE</u><br>Business Address <u>380 GRATIOT AVE, CLINTON TOWNSHIP, MI 48036</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser           |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                              | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>02/02/2026</u> |                                                                                 |
| Name & Address:<br><b>KHODER ABDALLAH</b><br>38229 PINEBROOK DR<br>STERLING HEIGHTS, MI 48310                                                                                                                                                                                                                                                    |                                           | \$ <u>500.00</u>                     | \$ <u>500.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>OWNER DRIVER</u> Employer <u>JUAN MIGUELS</u><br>Business Address <u>21342 HALL RD, CLINTON TWP, MI 48038</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser              |                                           |                                      |                                                                                 |

Page Subtotal 785.00

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? <input type="checkbox"/> YES | 4. Date of Receipt <u>02/09/2026</u> |                                                                                 |
| Name & Address:<br><b>JAMES WISE</b><br>15120 VINCENT DR<br>STERLING HEIGHTS, MI 48313                                                                                                                                                                                                                                                                        |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>RETIRED</u> Employer _____<br>Business Address _____<br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser                                                                                    |                                           |                                      |                                                                                 |
| 3. Contribution #2                                                                                                                                                                                                                                                                                                                                            | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt <u>02/16/2026</u> |                                                                                 |
| Name & Address:<br><b>PHILIP RUGGERI</b><br>55764 ST REGIS DR<br>SHELBY TWP, MI 48315                                                                                                                                                                                                                                                                         |                                           | \$ <u>130.00</u>                     | \$ <u>130.00</u>                                                                |
| 5. If over \$100.00 cumulative, please provide:<br>Occupation <u>ATTORNEY</u> Employer <u>PHILIP RUGGERI &amp; ASSOCIATES</u><br>Business Address <u>43231 SCHOENHERR RD, STERLING HEIGHTS, MI 48313</u><br>Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser |                                           |                                      |                                                                                 |
| 3. Contribution # 3                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address:                                                                                                                                                                                                                                                                                                                                               |                                           | \$ _____                             | \$ _____                                                                        |
| 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                                                                                                        |                                           |                                      |                                                                                 |
| 3. Contribution # 4                                                                                                                                                                                                                                                                                                                                           | PAC Receipt? <input type="checkbox"/> YES | 4. Date of Receipt _____             |                                                                                 |
| Name & Address:                                                                                                                                                                                                                                                                                                                                               |                                           | \$ _____                             | \$ _____                                                                        |
| 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                                                                                                        |                                           |                                      |                                                                                 |

Page Subtotal **260.00**

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

**11,005.00**

Enter this total on  
line 3a of Summary  
Page.



**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<br>Name <b>ERNIES RESTAURANT</b><br><br>Address<br>16655 19 MILE RD<br>CLINTON TWP, MI 48038<br><br><input type="checkbox"/> Fund Raiser                  | Purpose: <b>FUNDRAISER</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | <u>01/29/2026</u><br>Date | \$ <u>2,000.56</u> |
| Expenditure #2<br>Name <b>MEMORY TIME LLC</b><br><br>Address<br>2280 CUMBERLAND RD<br>ROCHESTER HILLS, MI 48307<br><br><input type="checkbox"/> Fund Raiser              | Purpose: <b>DATA BUILD</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                 | <u>01/29/2026</u><br>Date | \$ <u>1,456.50</u> |
| Expenditure #3<br>Name <b>TURNING POINT INC.</b><br><br>Address<br>76 S MAIN ST<br>MT CLEMENS, MI 48043<br><br><input type="checkbox"/> Fund Raiser                      | Purpose: <b>TICKETS TO MONOLGUE</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement        | <u>02/12/2026</u><br>Date | \$ <u>280.00</u>   |
| Expenditure #4<br>Name <b>CLINTON TOWNSHIP SENIOR CENTER</b><br><br>Address<br>40730 ROMEO PLANK RD<br>CLINTON TWP, MI 48038<br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>ICE CREAM SOCIAL</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement           | <u>03/10/2026</u><br>Date | \$ <u>100.00</u>   |
| Expenditure #5<br>Name <b>LUCIANOS ITALIAN RESTAURANT</b><br><br>Address<br>39091 GARFIELD RD<br>CLINTON TWP, MI 48038<br><br><input type="checkbox"/> Fund Raiser       | Purpose: <b>LUNCH FOR CAMPAIGN WORKERS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>03/13/2026</u><br>Date | \$ <u>85.81</u>    |

Subtotal this page **3,922.87**

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 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<br>Name <b>MACOMB COUNTY REPUBLICAN COMMITTEE</b><br><br>Address<br><b>PO BOX 380962</b><br><b>CLINTON TWP, MI 48038</b><br><br><input type="checkbox"/> Fund Raiser   | Purpose: <b>DONATION</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     | <u>03/19/2026</u><br>Date | \$ <u>100.00</u> |
| Expenditure #2<br>Name <b>CLINTON RIVER WATERSHED COUNCIL</b><br><br>Address<br><b>1115 W AVON RD</b><br><b>ROCHESTER HILLS, MI 48309</b><br><br><input type="checkbox"/> Fund Raiser | Purpose: <b>TICKETS</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                      | <u>03/20/2026</u><br>Date | \$ <u>143.75</u> |
| Expenditure #3<br>Name <b>MAPERS PAC</b><br><br>Address<br><b>525 E MICHIGAN AVE</b><br><b>#409</b><br><b>SALINE, MI 48176</b><br><br><input type="checkbox"/> Fund Raiser            | Purpose: <b>DONATION</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     | <u>05/19/2026</u><br>Date | \$ <u>100.00</u> |
| Expenditure #4<br>Name <b>WARREN MICHIGAN SUPREME COURT</b><br><br>Address<br><b>12345 E 9 MILE RD</b><br><b>WARREN, MI 48089</b><br><br><input type="checkbox"/> Fund Raiser         | Purpose: <b>DONATION</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                     | <u>05/28/2026</u><br>Date | \$ <u>100.00</u> |
| Expenditure #5<br>Name <b>JARED MAYNARD</b><br><br>Address<br><b>35956 VAUGHN ST</b><br><b>CLINTON TWP, MI 48035</b><br><br><input type="checkbox"/> Fund Raiser                      | Purpose: <b>TICKETS FOR CLINTONDALE PLAY</b><br><br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>06/12/2026</u><br>Date | \$ <u>100.00</u> |

Subtotal this page **543.75**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **4,466.62**

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.<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><b>KIM MELTZER</b><br>20585 LEELANAU TRAIL<br>CLINTON TWP, MI 48038                                                                                                                                          | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>07/30/2004</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 15,622.93</u> | 11/25/24 \$ 3,500.00<br>12/23/24 \$ 1,500.00<br>04/24/25 \$ 600.00<br>05/27/25 \$ 140.00<br>09/19/25 \$ 270.74 | \$ 6,010.74                           | \$ 9,612.19<br><input type="checkbox"/> FORGIVEN                     |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                             |                                                                                                                |                                       |                                                                      |
| Debt #2 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>CLARENCE MELTZER</b><br>20585 LEELANAU TRAIL<br>CLINTON TWP, MI 48038                                                                                                                                     | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/05/2004</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 10,472.06</u> | 04/28/25 \$ 500.00<br>_____<br>\$ _____<br>_____<br>\$ _____<br>_____<br>\$ _____                              | \$ 500.00                             | \$ 9,972.06<br><input type="checkbox"/> FORGIVEN                     |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                             |                                                                                                                |                                       |                                                                      |
| Debt #3 Corp? <input type="checkbox"/> Yes<br>Owed to or by:<br><b>ROSALIE MILLS</b><br>5653 N LAKE DR.<br>KIMBALL TWP, MI 48074                                                                                                                                             | 4. Type: <u>LOAN</u><br>5. <u>Date Debt Was Incurred:</u><br><u>10/23/2016</u><br>6. <u>Original Amount of Debt:</u><br><u>\$ 1,000.00</u>  | _____<br>\$ _____<br>_____<br>\$ _____<br>_____<br>\$ _____                                                    | \$ 0.00                               | \$ 1,000.00<br><input type="checkbox"/> FORGIVEN                     |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ <u>0</u>                                                                                                                                                                                              |                                                                                                                                             |                                                                                                                |                                       |                                                                      |

Page Subtotal (Outstanding debt)

**20,584.25**

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

**20,584.25**

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.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

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

**- USE A SEPARATE SHEET FOR EACH EVENT -**

|                                                 |                                                                                                   |                                                                  |                                                                                                                                                                                                                 |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3. Date Event Was Held<br><br><b>01/29/2026</b> | 4. Number of Individuals Attending<br>or Participating (whichever is<br>greater)<br><br><b>55</b> | 5. Type of Fund Raising Activity<br><br><b>ANNUAL FUNDRAISER</b> | 6. Address and Name (If any) of the<br>place where the activity was held.<br><b>ERNIE'S RESTAURANT</b><br><b>16555 19 MILE RD</b><br><b>CLINTON TWP, MI 48038</b><br><input type="checkbox"/> Private Residence |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

7. Total Contributions **10,745.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **10,745.00**  
10. Total Cost of Event **3,456.50**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

| Co-Sponsor(s) | Contribution Split<br>(%) | Expenditure Split<br>(%) |
|---------------|---------------------------|--------------------------|
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |
| _____         | _____                     | _____                    |

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.