



**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: 10-22-12 to 11-26-12

1. Committee I.D. Number
138663

2. Committee Name
Committee to Elect Anthony Wickersham

4. Candidate Last Name **Wickersham** First Name **Anthony** M.I. **M**

4a. Office Sought Including District # or Community Served (If applicable)
Sheriff of Macomb County

4b. County of Residence **Macomb**

5. Committee's Mailing Address
**PO Box 752
Mt. Clemens, MI 48046**

Area Code and Phone _____
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**Christina Miller
52012 Copper Creek Ct.
Chesterfield, MI 48047**

Area Code & Phone **(586) 524-4476**

7. Treasurer's Business Address
**43565 Elizabeth Road
Mt. Clemens, MI 48043**

Area Code and Phone **(586) 469-6671**

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

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 School
 Special Caucus

Date of Election, Convention or Caucus
11-06-12

9c. Annual Statement (_____ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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 Christina Miller Signature Date 12-3-12

Candidate Anthony M. Wickersham Signature Date 12-3-12



1. Committee I.D. Number 138663

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Committee to Elect Anthony Wickersham

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,250</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>-0-</u>	(18.) \$ <u>273,670.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u></u>	(19.) \$ <u>200.02</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>6,250</u>	(20.) \$ <u>273,870.02</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>-0-</u>	(21.) \$ <u>6,591.04</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-0-</u>	(22.) \$ <u>-0-</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>23,402.90</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>-0-</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>139.70</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>23,542.60</u>	(23.) \$ <u>253,645.17</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>227.32</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>-0-</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>227.32</u>	(24.) \$ <u>19,341.17</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>-0-</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>-0-</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>18,403.60</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6,250.00</u>	
	(15.) = \$ <u>24,653.60</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>23,769.92</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>883.68</u> *	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663

2. Committee Name CTE Anthony Wickersham

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 checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/22/12</u> Name & Address: <u>AT: T Michigan PAC</u> <u>221 N. Washington Square</u> <u>Lansing, MI 48933</u>		\$ <u>100.00</u>	\$ <u>200</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/22/12</u> Name & Address: <u>DPOA Political Action Committee</u> <u>1938 E. Jefferson</u> <u>Detroit, MI 48207</u>		\$ <u>200.00</u>	\$ <u>1,150</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>10/22/12</u> Name & Address: <u>Macomb County Chamber</u> <u>28 1st St. Ste B.</u> <u>Mt. Clemens, MI 48043</u>		\$ <u>100.00</u>	\$ <u>240</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #4 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/7/12</u> Name & Address: <u>Michigan Professional Fire Fighters Union</u> <u>1651 Kingsway Ct. Ste. E</u> <u>Trenton, MI 48183</u>		\$ <u>250.00</u>	\$ <u>250</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 650
 Grand Total of All Schedules 1A (Complete on last page of Schedule) 6,250
 Enter this total on line 3a of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE Anthony Wickersham

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	
Name & Address: <u>Regina Mitchell</u> <u>12464 Euline</u> <u>Rompo, MI 48065</u>		<u>11/1/12</u>	
5. If over \$100.00 cumulative, please provide:		Occupation _____	Employer _____
Business Address _____		Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	
		\$ <u>100.00</u>	\$ <u>100</u>
		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>UAW Michigan V-PAC</u> <u>8000 E. Jefferson</u> <u>Detroit, MI 48214</u>		<u>10/22/12</u>	
5. If over \$100.00 cumulative, please provide:		Occupation _____	Employer _____
Business Address _____		Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	
		\$ <u>5,000.00</u>	\$ <u>10,525</u>
		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address: <u>Wayne Webber</u> <u>49536 Goulette</u> <u>New Baltimore, MI 48047</u>		<u>11/1/12</u>	
5. If over \$100.00 cumulative, please provide:		Occupation <u>retired</u>	Employer _____
Business Address _____		Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	
		\$ <u>500.00</u>	\$ <u>2,300</u>
		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt	
Name & Address			
5. If over \$100.00 cumulative, please provide:		Occupation _____	Employer _____
Business Address _____		Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	
		\$ _____	\$ _____
		Click Here for Memo Itemization	

Page Subtotal 5,600
Grand Total of All Schedules 1A 6,250
(Complete on last page of Schedule)

Enter this total on line 3a of Summary Page.



ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK

1. Committee I. D. Number 138663

CANDIDATE COMMITTEE

2. Committee Name Committee to Elect Anthony Wickesham

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mark Oermann 46800 Ferguson Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Deputy Sheriff Employer Name & Business Address: Macomb County 10 N. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Cables & Ties</u> 5. Date Of Receipt: <u>11/05/12</u> 6. Vendor Name & Address: Home Depot 20777 Hall Road Macomb, MI 48044 Click Here for Memo Itemization	\$ 63.28	\$ 63.28
Contribution # 2 PAC Receipt? <input type="checkbox"/> Yes Name & Address: Mark Oermann 46800 Ferguson Macomb, MI 48044 If over \$100.00 cumulative, please provide: Occupation: Deputy Sheriff Employer Name & Address: Macomb County 10 N. Main Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description <u>Ties</u> 5. Date Of Receipt: <u>11/05/12</u> 6. Vendor Name & Address: Lowe's 15350 Hall Road Clinton Township, MI 48038 Click Here for Memo Itemization	\$ 31.99	\$ 31.99
Contribution #3 PAC Receipt? <input type="checkbox"/> Yes Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- LOAN Description _____ 5. Date Of Receipt: _____ 6. Vendor Name & Address: Click Here for Memo Itemization	\$ _____	\$ _____

Page Subtotal	95.27	95.27
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Grand Total of all Schedules 1-IK (Complete on last page of Schedule)	95.27	
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Enter this total
on line 6 of Summary
Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138663

2. Committee Name CTE Anthony Wickersham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Fernhill Country Club 17600 Clinton River Road Address Clinton Twp., MI 48038 <input type="checkbox"/> Fund Raiser	Purpose: <u>Spaghetti Dinner</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/12</u> Date	<u>\$ 1,236.67</u>
Expenditure #2 Name Clark Graphics 21914 Schmeman Address Warran, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing of Fliers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/16/12</u> Date	<u>\$ 478.96</u>
Expenditure #3 Name Michigan Democratic Party 606 Townsend Address Lansing, MI 48933 <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/23/12</u> Date	<u>\$ 11,500.00</u>
Expenditure #4 Name C&G News 13650 E. 11 Mile Road Address Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/12</u> Date	<u>\$ 2,890.00</u>
Expenditure #5 Name William Hart III 49926 Willowood Address Macomb, MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/26/12</u> Date	<u>\$ 400.00</u>

Subtotal this page

16,505.63

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 138663

2. Committee Name CTE Anthony Wickersham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name Dana Camphous-Peterson PO Box 46057 Address Mt. Clemens, MI 48046 <input type="checkbox"/> Fund Raiser	Purpose: <u>Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/12</u> Date	\$ <u>200.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name William Hart III 49926 Willowood Address Macomb, MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/12</u> Date	\$ <u>100.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name Mark Oermann 46800 Ferguson Address Macomb, MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>Purchase of Cables & Ties</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/12</u> Date	\$ <u>63.28</u> Click Here for Memo Itemization Type
Expenditure #4 Name Mark Oermann 46800 Ferguson Address Macomb, MI 48044 <input type="checkbox"/> Fund Raiser	Purpose: <u>Purchase of Cables & Ties</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/05/12</u> Date	\$ <u>31.99</u> Click Here for Memo Itemization Type
Expenditure #5 Name Ciccarelli's Bar 46793 Hayes Rd. Address Shelby Twp., MI 48317 <input type="checkbox"/> Fund Raiser	Purpose: <u>Victory Party Costs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/07/12</u> Date	\$ <u>500.00</u> Click Here for Memo Itemization Type
Subtotal this page			895.27
Grand Total of all Schedules 1B (Complete on last page of Schedule)			<input type="text"/>

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 138663

2. Committee Name CTE Anthony Wickersham

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PAW Graphics 214 Crocker Blvd. Address Mt. Clemens, MI 48043 <input type="checkbox"/> Fund Raiser	Purpose: <u>Literature Design</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/19/12</u> Date	\$ <u>2,502.00</u> Click Here for Memo Itemization Type
Expenditure #2 Name Campaign Professionals 26159 Regency Circle, #5 Address Warren, MI 48089 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/19/12</u> Date	\$ <u>3,500.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **6,002.00**

Grand Total of all Schedules 1B
(Complete on last page of Schedule) **23,402.90**

Enter this total
on line 8a of
Summary Page



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**

(For use by officeholders only)

1. Committee I. D. Number 138663
2. Committee Name CTE Anthony Wickersham

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: Verizon Wireless PO Box 15062 Albany, NY 12212-5062	Purpose Phone Service	10/22/12 Date	\$ 145.04
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code <u>BO</u> <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 2 Name & Address: Sam's Club 45600 Parkway Utica, MI 48315	Purpose Candy - Thanksgiving Parade	11/02/12 Date	\$ 82.28
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 3 Name & Address:	Purpose _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	
Disbursement # 4 Name & Address:	Purpose _____	_____ Date	\$ _____
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement Code _____ <input type="checkbox"/> Fund Raiser	Click for Memo Itemization Type	

Subtotal this page	227.32
Grand Total of all Schedules 1C (Complete on last page of Schedule)	227.32

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY



**DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE**

1. Committee I.D. Number 138663
2. Committee Name CTE Anthony Wickersham

This Schedule itemizes:

a Debts and obligations owed by or forgiven the committee OR b Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: Mark Oermann 46800 Ferguson Macomb, MI 48044 If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: <u>Purchase</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>63.28</u>	<u>11/5/12</u> \$ <u>63.28</u> _____ \$ _____ _____ \$ _____ _____	\$ _____ 63.28 \$ _____	-0- \$ _____ <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Mark Oermann 46800 Ferguson Macomb, MI 48044 If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: <u>Purchase</u> 5. <u>Date Debt Was Incurred:</u> <u>10/31/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>31.99</u>	<u>11/5/12</u> \$ <u>31.99</u> _____ \$ _____ _____ \$ _____ _____	\$ _____ 31.99 \$ _____	-0- \$ _____ <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ _____ \$ _____ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt) **-0-**

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) **-0-**

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.