



FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

<p>Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.</p>		<p>3. This Statement covers From: <u>10/22/12</u> to <u>11/26/12</u></p>																	
<p>1. Committee I.D. Number <u>138909</u></p>		<p>4. Candidate Last Name <u>Einenan</u> First Name <u>Zach</u> M. <u>M.</u></p>																	
<p>2. Committee Name <u>CTE Zach Einenan County Commissioner</u></p>		<p>4a. Office Sought Including District # or Community Served (if applicable) <u>Macomb County Commissioner District 10</u></p>																	
<p>5. Committee's Mailing Address <u>39765, Chart St. Harrison TWP. MI. 48045</u></p>		<p>4b. County of Residence <u>Macomb</u></p>																	
<p>Area Code and Phone <u>586-822-4947</u></p> <p>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.</p>		<p>6. Treasurer's Name & Residential Address <u>Zach Einenan</u> <u>Same as Committee</u></p>																	
<p>7. Treasurer's Business Address <u>Same</u></p>		<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>_____</u></p>																	
<p>Area Code and Phone <u>Same</u></p>		<p>Area Code & Phone <u>Same</u></p>																	
<p>9. TYPE OF STATEMENT</p> <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;"><p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p><p>Pre-Election or Post-Election Statement relates to:</p><table style="width: 100%;"><tr><td><input type="checkbox"/> Primary</td><td><input checked="" type="checkbox"/> General</td></tr><tr><td><input type="checkbox"/> Convention</td><td><input type="checkbox"/> School</td></tr><tr><td><input type="checkbox"/> Special</td><td><input type="checkbox"/> Caucus</td></tr></table><p>Date of Election, Convention or Caucus <u>11/6/12</u></p></td><td style="width: 50%; vertical-align: top;"><p>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</p><p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p><p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p><p>Effective Date of Dissolution _____</p><p>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.</p><p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p></td></tr></table>				<p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <table style="width: 100%;"><tr><td><input type="checkbox"/> Primary</td><td><input checked="" type="checkbox"/> General</td></tr><tr><td><input type="checkbox"/> Convention</td><td><input type="checkbox"/> School</td></tr><tr><td><input type="checkbox"/> Special</td><td><input type="checkbox"/> Caucus</td></tr></table> <p>Date of Election, Convention or Caucus <u>11/6/12</u></p>	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Convention	<input type="checkbox"/> School	<input type="checkbox"/> Special	<input type="checkbox"/> Caucus	<p>9c. <input type="checkbox"/> Annual Statement (_____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution _____</p> <p>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.</p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>								
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<input type="checkbox"/> Convention	<input type="checkbox"/> School																		
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus																		
<p>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.</p>																			
<p>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.</p>																			
<table style="width: 100%;"><tr><td style="width: 20%;">Current Treasurer or Designated Record keeper</td><td style="width: 30%;"><u>Zach Einenan</u></td><td style="width: 30%;">Signature <u>Zach Einenan</u></td><td style="width: 20%;">Date <u>11/26/12</u></td></tr><tr><td></td><td>Type or Print Name</td><td>Signature</td><td>Date</td></tr><tr><td>Candidate</td><td><u>Zach Einenan</u></td><td>Signature <u>Zach Einenan</u></td><td>Date <u>11/26/12</u></td></tr><tr><td></td><td>Type or Print Name</td><td>Signature</td><td>Date</td></tr></table>				Current Treasurer or Designated Record keeper	<u>Zach Einenan</u>	Signature <u>Zach Einenan</u>	Date <u>11/26/12</u>		Type or Print Name	Signature	Date	Candidate	<u>Zach Einenan</u>	Signature <u>Zach Einenan</u>	Date <u>11/26/12</u>		Type or Print Name	Signature	Date
Current Treasurer or Designated Record keeper	<u>Zach Einenan</u>	Signature <u>Zach Einenan</u>	Date <u>11/26/12</u>																
	Type or Print Name	Signature	Date																
Candidate	<u>Zach Einenan</u>	Signature <u>Zach Einenan</u>	Date <u>11/26/12</u>																
	Type or Print Name	Signature	Date																
<p>Authority granted under P.A. 388 of 1976</p>																			



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138909

2. Committee Name

CJE Zach Ertman county
commissioner

RECEIPTS

3. Contributions

Column I
This Period

Column II
Cumulative this election cycle

a. Itemized (Schedule 1A - Column 6)

(3a.) \$

1280

b. Unitemized (less than \$20.01 each - no Schedule)

(3b.) \$

NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$

1280

(18.) \$

3,910

4. Other Receipts (Schedule 1A -1, Column 6)

(4.) \$

—

(19.) \$

—

5. **TOTAL CONTRIBUTIONS AND OTHER RECEIPTS**
(Add Line 3c + Line 4)

(5.) \$

1280

(20.) \$

3,910

IN-KIND CONTRIBUTIONS & EXPENDITURES

6. In-Kind Contributions (Schedule 1-IK, Column 7)

(6.) \$

—

(21.) \$

129.86

7. In-Kind Expenditures (Schedule 1B-IK, Column 6)

(7.) \$

—

(22.) \$

—

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$

1439.56

b. Itemized Get-Out-the-Vote (Schedule 1B-G)

(8b.) \$

—

c. Unitemized (less than \$50.01 each - no Schedule)

(8c.) \$

—

9. **TOTAL EXPENDITURES** (Add Line 8a + Line 8b + Line 8c)

(9.) \$

1439.56

(23.) \$

3,771.81

INCIDENTAL EXPENSE DISBURSEMENTS
(Officeholders Only)

10. Disbursements

a. Itemized (Schedule 1C, Column 6)

(10a.) \$

—

b. Unitemized (less than \$50.01 each - no Schedule)

(10b.) \$

—

11. **TOTAL INCIDENTAL EXPENSE DISBURSEMENTS**
(Add Line 10a + Line 10b)

(11.) \$

—

(24.) \$

—

DEBTS AND OBLIGATIONS

12. Debts and Obligations

a. Owed by the Committee (Schedule 1E)

(12a.) \$

513

b. Owed to the Committee (Schedule 1E)

(12b.) \$

—

BALANCE STATEMENT

13. Ending Balance of last report filed
(Enter zero if no previous reports have been filed.)

(13.) \$

230.75

14. Amount received during reporting period
(Line 5, Total Contributions & Other Receipts)

(14.) + \$

1280

15. SUBTOTAL Add lines 13 and 14

(15.) = \$

1510.75

16. Amount expended during reporting period
(Add lines 9 and 11)

(16.) - \$

1439.56

17. **ENDING BALANCE**

(17.) \$

71.19

(Subtract line 16 from line 15)



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A

CANDIDATE COMMITTEE

1. Committee I.D. Number

138909

2. Committee Name

C9E Zach Eichen ^{early} ~~commissions~~

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt

10/22

Name & Address:

Steven Krabs

48046 Bochenburg Dr.

Clinton TWP MI 48038

\$ 200

\$ 525

5. If over \$100.00 cumulative, please provide:

Occupation Caregiver

Employer

Click Here for Memo Itemization

Business Address

Same

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address

Matt Eichen

34765, Chart St.

Harrison TWP MI 48045

\$ 250

\$ 575

5. If over \$100.00 cumulative, please provide:

Occupation Sales

Employer

The Allied Companies

Click Here for Memo Itemization

Business Address

1801 Howard St. Detroit MI 48216

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address:

Nate Raczmarek

~~22632 Lakeland St.~~

St. Clair Shores MI 48081

\$ 30

\$ 30

5. If over \$100.00 cumulative, please provide:

Occupation Attorney

Employer

Kitsch Druthers

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address

Roland Frascchetti

3679 Haynes Lt.

Lakeport MI 48059-1699

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation County Commissioner

Employer

Macomb County

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

505

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number

138909

2. Committee Name

C4E Zach Elmerh Party

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 all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution # 1

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address:

Cherry Morris
3873 Haynes Ct.
Lakeport MI, 48059-1619

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address:

James Serstok
31698 San Juan St.
Harrison TWP. MI, 48045

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 3

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address:

Judy Piater
38651 Charter St.
Harrison TWP. MI, 48045

\$ 75

\$ 75

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 4

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address:

Steven Krebs
48046 Eschenburg Dr.
Clinton TWP. MI, 48038

\$ 50

\$ 575

5. If over \$100.00 cumulative, please provide:

Occupation

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

200

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

138909

2. Committee Name

CTE Zach Einarson County Commissioner

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 all contributions regardless of amount.

6. Amount

7. Cumulative for
Election Cycle for Each
Contributor (Through
date of receipt)

3. Contribution #1

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address:

Rob Huth

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation Attorney

Employer

Kirk and Huth P.C.

Click Here for Memo Itemization

Business Address

19500 Hall Rd. Clinton TWP. MI. 48038

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #2

PAC Receipt? ☐ YES

4. Date of Receipt

10/25/12

Name & Address

Rob Kirk

\$ 50

\$ 50

5. If over \$100.00 cumulative, please provide:

Occupation Attorney

Employer

Kirk and Huth P.C.

Click Here for Memo Itemization

Business Address

19500 Hall Rd. Clinton TWP. MI. 48038

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #3

PAC Receipt? ☐ YES

4. Date of Receipt

10/30/12

Name & Address:

Harry Andey

74035 Tietz St.

Armada MI. 48005

\$ 25

\$ 25

5. If over \$100.00 cumulative, please provide:

Occupation Account Executive

Employer

Duncan Insurance Agency

Click Here for Memo Itemization

Business Address

74265 N. Fulton, Armada MI. 48005

Type of Contribution:

☐ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution #4

PAC Receipt? ☐ YES

4. Date of Receipt

11/1/12

Name & Address

Jack Krebs

48046 Eschenburg Dr.

Clinton TWP. MI. 48038

\$ 200

\$ 400

5. If over \$100.00 cumulative, please provide:

Occupation Retired

Employer

Click Here for Memo Itemization

Business Address

Type of Contribution:

☒ Direct

☐ Loan from a person

☐ Fund Raiser

Page Subtotal

325

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



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number

138909

2. Committee Name

C9E Zach Einarson County Commissioner

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 all contributions regardless of amount.

6. Amount

7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? ☐ YES

4. Date of Receipt

11/5/12

Name & Address:

Matt Einarson
39765 Chart St.
Harrison Twp. MI. 48045

\$ 250

\$ 825

5. If over \$100.00 cumulative, please provide:

Occupation Sales Employer The Allied Companies

[Click Here for Memo Itemization](#)

Business Address 1801 Howard St. Detroit MI. 48216

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #2 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #3 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address:

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution #4 PAC Receipt? ☐ YES

4. Date of Receipt

Name & Address

\$ _____ \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

250

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

1280

Enter this total on
line 3a of Summary
Page.



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number

138904

2. Committee Name

CTE Zach Eineman Cnty. Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: Facebook Address: 1601 S. California Ave. Palo Alto, California 94304 <input type="checkbox"/> Fund Raiser	Purpose: Online Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25 Date	\$ 4.20
Expenditure #2 Name: Triangle Printing Address: 30520 Graft Ave. Roseville MI. 48066 <input type="checkbox"/> Fund Raiser	Purpose: literature <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26 Date	\$ 203.52
Expenditure #3 Name: Lakeshore Lanes Address: 31025 Jefferson Ave. St. Clair Shores MI. <input checked="" type="checkbox"/> Fund Raiser	Purpose: fundraiser <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/30 Date	\$ 162
Expenditure #4 Name: Cond G News Address: 13650 11 Mile Rd. Warren MI. 48089 <input type="checkbox"/> Fund Raiser	Purpose: Ad <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31 Date	\$ 439
Expenditure #5 Name: Sign-A-Rama Address: 36896 Harper Ave. Clinton TWP. MI. 48035 <input type="checkbox"/> Fund Raiser	Purpose: signs <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/31 Date	\$ 318

Subtotal this page

1,126.72

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 138909
2. Committee Name CTE Zach Eichen County Commissioners

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name: <u>Facebook</u> Address: <u>1601 S. California Ave.</u> <u>Palo Alto, California 94304</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/31</u> Date	\$ <u>2.72</u>
Expenditure #2 Name: <u>Huntington Bank</u> Address: <u>39840 Bridgview St.</u> <u>Harrison Twp. MI. 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1</u> Date	\$ <u>36</u>
Expenditure #3 Name: <u>Facebook</u> Address: <u>1601 S. California Ave.</u> <u>Palo Alto, California 94304</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Online Ad</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/6</u> Date	\$ <u>2.62</u>
Expenditure #4 Name: <u>Total Sports</u> Address: <u>40501 Production Dr.</u> <u>Harrison Twp. MI 48045</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>victory party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/7</u> Date	\$ <u>59.50</u>
Expenditure #5 Name: <u>Triangle Printing</u> Address: <u>30520 Gratiot Ave.</u> <u>Roseville MI. 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/9</u> Date	\$ <u>212</u>

Subtotal this page 312.84

Grand Total of all Schedules 1B
(Complete on last page of Schedule) 1,439.58

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

138909

2. Committee Name

CTE Zach Eichenan county commissioner

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: Sharon Eichenan 39765 Chart St. Harrison TWP. MI. 48065	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8/6/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>300</u>	\$ \$ \$ \$ \$	\$ <u>57</u>	\$ <u>233</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: Zach Eichenan 39765 Chart St. Harrison TWP. MI. 48065	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/6/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>80</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>80</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: Zach Eichenan 39765 Chart St. Harrison TWP. MI. 48065	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>9/27/12</u> 6. <u>Original Amount of Debt:</u> \$ <u>100</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>100</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

413

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

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

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



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number

138909

2. Committee Name

CLE Zach Einarson county commissioner

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) <input type="checkbox"/> FORGIVEN
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Zach Einarson</u> <u>39765 Chart St.</u> <u>Harrison TWP, MI 48445</u>	4. Type: <u>Loan</u> 5. Date Debt Was Incurred: <u>10/11/12</u> 6. Original Amount of Debt: <u>\$ 100</u>	\$ \$ \$ \$ \$	\$ <u>0</u>	\$ <u>100</u> <input type="checkbox"/> FORGIVEN

If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____ \$ _____	\$ \$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
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If bank loan, name of endorser or guarantor: _____

Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt)

100

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

513

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

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