



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

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: 10/21/13 to 11/25/13

1. Committee I.D. Number
95910
2. Committee Name
DEIRDRE WATERMAN FOR MAYOR

4. Candidate Last Name WATERMAN First Name DEIRDRE M.I. H
4a. Office Sought Including District # or Community Served (If applicable)
MAYOR - PONTIAC
4b. County of Residence OAKLAND

5. Committee's Mailing Address
91 N SAGINAW #101
PONTIAC, MI 48342
Area Code and Phone 248 332 1579
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
DEIRDRE H WATERMAN
312 OTTAWA DRIVE
PONTIAC, MI 48341
Area Code & Phone 248 568 5613

RECEIVED FOR FILING
OAKLAND COUNTY CLERK
2013 DEC -5 PM 2:05
BY: D.S.
DEPUTY COUNTY CLERK

7. Treasurer's Business Address
91 N SAGINAW
PONTIAC MI 48342
Area Code and Phone 248 568 5613

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
DEIRDRE H WATERMAN
312 OTTAWA DRIVE
PONTIAC MI 48341
Area Code and Phone 248 568 5613

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

11/5/13

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 DEIRDRE WATERMAN, Deirdre Waterman Date 12/5/13
Type or Print Name Signature

Candidate DEIRDRE WATERMAN, Deirdre Waterman Date 12/5/13
Type or Print Name Signature



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 95910

2. Committee Name DEEDRE WATERMAN FOR MAYOR

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
RECEIPTS		
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6500.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>6500.00</u>	(16.) \$ <u>47460.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>6500.00</u>	(20.) \$ <u>47460.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 6)	(6.) \$ _____	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ _____	(22.) \$ _____
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>11501.21</u>	
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.) \$ <u>11501.21</u>	(23.) \$ <u>46813.41</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officers/holders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column B)	(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.) \$ <u>22500.00</u>	
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.) \$ <u>5647.80</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>6500.00</u>	
	(15.) = \$ <u>12147.80</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11501.21</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>646.59</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 45910

2. Committee Name DELORE WATERMAN FOR MAYOR

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? <input type="checkbox"/> YES 4. Date of Receipt <u>11/6/13</u> Name & Address: <u>DELORE WATERMAN</u> <u>312 OTTAWA DR</u> <u>PONTIAC MI 48341</u>		\$ <u>8500.00</u>	\$ <u>22500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation: <u>ERE SURGEON</u> Employer: <u>OLLOWAY EYE CARE</u> Click Here for Memo Itemization Business Address: <u>91 N SAGINAW, PONTIAC MI 48341</u> Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/6/13</u> Name & Address: <u>AFSCM 2</u> <u>1625 L STREET NW</u> <u>WASHINGTON DC 20036</u>		\$ <u>1000.00</u>	\$ <u>1000.00</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			
3. Contribution #3 PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>11/6/13</u> Name & Address: <u>UAW REGION 1</u> <u>27800 GEORGE MERRELL DRIVE</u> <u>WARREN MI 48092</u>		\$ <u>2500.00</u>	\$ <u>2500.00</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			
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/8/13</u> Name & Address: <u>DENISE LEWIS</u> <u>208 DEBRA LANE</u> <u>NORTHVILLE MI 48167</u>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation: <u>LAWYER</u> Employer: <u>HONIGMAN MILLER</u> Click Here for Memo Itemization Business Address: <u>2290 FIRST NATL BLDG 660 WOODWARD AVE DETROIT MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 6500.00

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

6500.00

Enter this total on line 3a of Summary Page.

DEC-5-2013 14:23 FROM:OLLOWAY EYECARE

12485696211

TO:2488581533

P.5/11



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 95910
2. Committee Name Waterman for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Lawson Printers</u> Address <u>685 W Columbia</u> <u>Battle Creek MI 49015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign literature</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/13</u> Date	<u>\$646.60</u>
Expenditure #2 Name <u>Loretta Coleman</u> Address <u>1347 Ridgeway Blvd</u> <u>Pontiac MI 48340</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>food for event</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/13</u> Date	<u>\$ 700.00</u>
Expenditure #3 Name <u>American Legion</u> Address <u>96 Churchill Rd</u> <u>Auburn Hills MI 48321</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ticket for event</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/13</u> Date	<u>\$ 15.00</u>
Expenditure #4 Name <u>The Pontiac News</u> Address <u>201 WHITTEMARE ST</u> <u>PONTIAC MI 48342</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>advertisement</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/30/13</u> Date	<u>\$ 850.00</u>
Expenditure #6 Name <u>Yvette Carson</u> Address <u>542 Wyoming</u> <u>Pontiac MI 48341</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/13</u> Date	<u>\$ 300.00</u>

Subtotal this page 2511.60

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

Enter this total on line 6a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 95910

2. Committee Name Widerman for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>Christie Jensen</u> Address <u>21515 Meadow Lane</u> <u>Beverly Hills MI 48025</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/13</u> Date	\$ <u>500.00</u>
Expenditure #2 Name <u>Lawson Printers</u> Address <u>685 W Columbia</u> <u>Battle Creek MI 49015</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing Campaign Lit</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/24/13</u> Date	\$ <u>572.90</u>
Expenditure #3 Name <u>Renee Beckley</u> Address <u>95 Crescent Dr</u> <u>Pontiac MI 48342</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/13</u> Date	\$ <u>150.00</u>
Expenditure #4 Name <u>Yvette Carson</u> Address <u>542 Wyoming Ave</u> <u>Pontiac MI 48341</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/13</u> Date	\$ <u>300.00</u>
Expenditure #5 Name <u>Carla Meier</u> Address <u>2449 London Drive</u> <u>Troy MI 48065</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>consulting</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/25/13</u> Date	\$ <u>175.00</u>

Subtotal this page 6197.90

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

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 95910

2. Committee Name Wadsworth for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>VAW LOCAL #53</u> Address <u>670 E WALTON BLVD PONTIAC MI 48341</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ROOM RENTAL</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/13</u> Date	<u>\$ 250.00</u>
Expenditure #2 Name <u>RENEE BECKLEY</u> Address <u>95 Crescent Dr Pontiac MI 48342</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/13</u> Date	<u>\$ 150.00</u>
Expenditure #3 Name <u>CHARLES ANTHONY</u> Address <u>900 MLK BLVD F223 PONTIAC MI 48341</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MUSIC FOR EVENT</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/1/13</u> Date	<u>\$ 150.00</u>
Expenditure #4 Name <u>NEW HOPE MBC</u> Address <u>394 HOWLAND AVE PONTIAC MI 48341</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TICKET FOR EVENT</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/1/13</u> Date	<u>\$ 75.00</u>
Expenditure #5 Name <u>MASS MAILING</u> Address <u>35468 Mound Rd Sterling Heights MI 48310</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTAGE + HANDLING</u> Click Here for Memo Itemization Type <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/3/13</u> Date	<u>\$ 936.71</u>

Subtotal this page

1561.71

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 95910
2. Committee Name Waterman for Mayor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>UNIQUE FOODS</u> Address <u>248 S TELEGRAPH PONTIAC MI 48341</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/13</u> Date	<u>\$ 700.00</u>
Expenditure #2 Name <u>Johannes Balds</u> Address <u>42 E Fairmount Ave Pontiac MI 48340</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>GAS MONEY / TRANSPORTATION</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/5/13</u> Date	<u>\$ 85.00</u>
Expenditure #3 Name <u>MATTIE HATCHETT</u> Address <u>135 Perkins St Pontiac MI 48341</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR POLL WORKERS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/13</u> Date	<u>\$ 200.00</u>
Expenditure #4 Name <u>LORETTA COLEMAN</u> Address <u>1347 Ridgeway Blvd Pontiac MI 48340</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD FOR EVENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/13</u> Date	<u>\$ 125.00</u>
Expenditure #5 Name <u>EDNA CRIGSBY</u> Address <u>392 GOING ST PONTIAC MI 48340</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>DECORATIONS FOR ZUMBA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/13</u> Date	<u>\$ 20.00</u>

Subtotal this page 1130.00

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

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 959/0
2. Committee Name WATERMAN FOR MAYOR

3. Name and address of person or vendor to whom paid	4. Purpose (Required information)	5. Date	6. Amount
Expenditure #1 Name <u>RENEE BECKLEY</u> Address <u>95 Crescent Dr Pontiac MI 48342</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CONSULTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15/13</u> Date	<u>\$ 100.00</u>
Expenditure #2 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 _____	\$ _____
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 _____	\$ _____
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 _____	\$ _____
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 _____	\$ _____

Subtotal this page

100.00

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

11501.21

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 95910

2. Committee Name Waterman for Mayor

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 endorsers 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 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Deirdre H Waterman 312 Ottawa St Pontiac MI 48341	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>5-23-13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 6000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>6000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Deirdre H Waterman 312 Ottawa St Pontiac MI 48341	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>6-27-13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 9000.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>9000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Owed to or by: <input type="checkbox"/> Corp? <input type="checkbox"/> Yes Deirdre H Waterman 312 Ottawa St Pontiac MI 48341	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>8-12-13</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1500.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ <u>0</u>	\$ <u>1500.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt) 16500.00

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 95910
2. Committee Name Watermen for Mayor

This Schedule itemizes:

Debts and obligations owed by or forgiven the committee OR 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: Deirdre H Waterman 312 Ottawa St Pontiac MI 48341	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>9.4.13</u> 6. Original Amount of Debt: <u>\$ 3500.00</u>	\$ \$ \$ \$	\$ <u>0</u>	\$ <u>3500.00</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: Deirdre H Waterman 312 Ottawa St Pontiac MI 48341	4. Type: <u>LOAN</u> 5. Date Debt Was Incurred: <u>11.6.13</u> 6. Original Amount of Debt: <u>\$ 2500.00</u>	\$ \$ \$ \$	\$ <u>0</u>	\$ <u>2500.00</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:	4. Type: _____ 5. Date Debt Was Incurred: _____ 6. Original Amount of Debt: _____	\$ \$ \$ \$	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
--------------------------------------------------------------	-----------------------------------------------------------------------------------------	----------------------	----------	-----------------------------------------------

If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____

Page Subtotal (Outstanding debt) 6000.00
Grand Total of all Schedules 1E 82500.00

(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.

**Holloway Eye Care, P.C.
Deirdre Holloway, M.D.**

Waterman Center
91 N. Saginaw, Suite 101
Pontiac, MI 48342
Phone: 248-858-8330
Fax: 248-858-7026
Email: Hollowayeyecare@gmail.com

Northland Medical Building
20905 Greenfield, Suite 301
Southfield, MI 48075
Phone: 248-569-5577
Fax: 248-569-6211
Email: Hollowayeyecare301@yahoo.com

FAX

TO: _____ FROM: _____

FAX: 248-858-1533 PAGES: 11

PHONE: _____ DATE: 12/5/13

RE: Candidate Committee CC: _____

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY

• COMMENT

Confidentiality Statement of Facsimile Transmissions

The documents in this facsimile transmission may contain confidential health information that is privileged and legally protected from disclosure by the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that reading, dissemination, disclosure, distributing, copying acting upon or otherwise using the information contained in this facsimile is strictly prohibited. If you have received this information in error, please notify the sender immediately at 248-858-8330 and destroy this facsimile. Thank You.