## CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

COVER PAGE					
Report must be legible, typed or printed in ink and s the treasurer (or designated record keeper) and car	signed by ndidate.	3. This Statement covers From:			
1. Committee I.D. Number		4. Candidate Last Name	First Name	M.I.	
96499		SLOTT DA			
70771		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		CHARTER TOWNSHIP OF COMMERCE SUPERVISOR			
DAVID E. SCOTT FOR COMMERCE	NE TWI		DAKLAND		
5. Committee's Mailing Address		6. Treasurer's Name & Residential Address			
5545 PARADISE STREET		DAVID E. SUOT			
COMMERCE POWNSHIP MI		BYS PARADISE STREET			
48382		COMMENT POWNSHIP MI 4836Z			
Area Code and Phone 246 396 2966					
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may		240 204 2011			
be sent to this address by the filing official.		Area Code & Phone 2483862966 =			
7. Treasurer's Business Address		Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)			
GRADISE STREET		N/A		A GIO	
Commence TWP 141				OR FILING AM IO: 55	
48	382			S S E	
				75 75 75 75 75 75 75 75 75 75 75 75 75 7	
Area Code and Phone <u>146 396 2966</u>		Area Code and Phone			
	_		9e. Dissolution of Cano	didate Committee	
9. TYPE OF STATEMENT	Required ONLY if candidate is not on the ballot for the		By checking this item	n I/We certify any outstanding debt	
9a. Pre-Election OR 9b. Post-Election	current year		by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from		
Pre-Election or Post-Election Statement relates to:	July Quar	terhy	the committee. The com-	mittee has no oustanding assets,	
Primary	L_July Quan	icity	owes no lates fees or has	any oustanding debt.	
General	October Quarterly		Further, if the dissolution considered a request for the considered and the considered are sequest for the considered are sequent for the considered are se	cannot be granted, that this be	
Convention			Considered a request for t	the reporting vvalver.	
Special	9c. 🗖 🔭	al Statement (2019)			
	a	Coverage Year	Effective date of	of dissolution	
∐School	9d. Amer	ndment to Campaign Statement			
Caucus	(Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being		Note: The disposition of residual funds must be reported on		
	amen		Schedule 1B and the Sui	mmary Page.	
Date of Election, Convention or Caucus					
			1		
		11.00			
		No of d	X		
10. Verification: INWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of raylour knowledge and belief the contents are true, accurate and complete.					
Current Treasurer or Designated Record keeper  Type or Print Name  Signature  11/20/2020					
Type or Print Name Signature					
12 1000 6 1000 1/2 1/2 1/2 1/10 91091000					
Candidate					
, JPO D. T. M. CHAING					



SUMMARY PAGE
CANDIDATE COMMITTEE

2. Committee Name

CANDIDATE COMMITTEE	Columni	Column II
RECEIPTS	Column I This Period	Cumulative this election cycle
3. Contributions	O	
a. Itemized (Schedule 1A - Column 6)		. Two Naving and the second of the
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$	(18.)\$
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	(20.) \$
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	2	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Uniternized (less than \$50.01 each - no Schedule)	(8c.) \$	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Uniternized (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.) \$	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
	BALANCE STATEMENT	<u></u>
13. Ending Balance of last report filed	(13.) \$	
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period	(14.) + \$	
(Line 5, Total Contributions & Other Receipts)  15. SUBFOTAL Add lines 13 and 14	(15.) = \$	
16. Amount expended during reporting period		
(Add lines 9 and 11) 17. ENDING BALANCE	<u> </u>	
(Subtract fine 14 from line 15)	(17.) \$	*