



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: MAY 24 12 to JULY 22 12

1. Committee I.D. Number

4. Candidate Last Name ZINK First Name Jeffery M.I. P.

2. Committee Name

COMMITTEE TO ELECT  
Jeffery ZINK

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

BEDFORD TOWNSHIP TRUSTEE

4b. County of Residence

MONROE

5. Committee's Mailing Address

10445 JACKMAN RD  
TEMPERANCE MI 48182

6. Treasurer's Name & Residential Address

HOLLY S ZINK  
10445 JACKMAN RD  
TEMPERANCE MI 48182

Area Code and Phone 734 856 3804

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 734 856 3804

7. Treasurer's Business Address

N/A

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

N/A

Area Code and Phone \_\_\_\_\_

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

9a. ☒ Pre-Election

OR

9b. ☐ Post-Election

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.

Pre-Election or Post-Election Statement relates to:

☒ Primary

☐ General

☐ Convention

☐ School

☐ Special

☐ Caucus

Date of Election, Convention or Caucus \_\_\_\_\_

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 Holly S. Zink  
Type or Print Name

Holly S. Zink  
Signature

Date

7-26-12

Candidate

Jeffery P Zink  
Type or Print Name

Jeffery P Zink  
Signature

Date

7-26-12



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

SUMMARY PAGE  
CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_  
2. Committee Name Committee To Elect Jeffery Zink

RECEIPTS

3. Contributions

a. Itemized (Schedule 1A - Column 6)

(3a.) \$ N/A

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

(3b.) \$ NOT APPLICABLE

c. Subtotal of "Contributions"

(3c.) \$ \_\_\_\_\_

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

(4.) \$ \_\_\_\_\_

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

(5.) \$ \_\_\_\_\_

Column II  
Cumulative this election cycle

(18.) \$ \_\_\_\_\_

(19.) \$ \_\_\_\_\_

(20.) \$ \_\_\_\_\_

IN-KIND CONTRIBUTIONS & EXPENDITURES

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

(6.) \$ \_\_\_\_\_

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

(7.) \$ \_\_\_\_\_

(21.) \$ \_\_\_\_\_

(22.) \$ \_\_\_\_\_

EXPENDITURES

8. Expenditures

a. Itemized (Schedule 1B, Column 6)

(8a.) \$ 1499.99

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.) \$ \_\_\_\_\_

(23.) \$ 1499.99

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.) \$ 1

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

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

(13.) \$ 0

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

(14.) + \$ 0

(15.) = \$ 0

15. SUBTOTAL Add lines 13 and 14

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

(16.) - \$ 1499.99

17. ENDING BALANCE

(17.) \$ 1499.99

(Subtract line 16 from line 15)





ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name Committee to Elect Jeffery

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>1</u>	\$ <u>1</u>
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	
3. Contribution #2	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	
3. Contribution # 3	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	
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

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

Enter this total on  
line 3a of Summary  
Page.



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED OTHER RECEIPTS  
SCHEDULE 1A-1

CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name Committee to Elect Terry Link

3. Name & Address From Whom Received	4. Date of Receipt	5. Type of Receipt	6. Amount
Receipt #1 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #2 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #3 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #4 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #5 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #6 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		
Receipt #7 Name & Address:	Date of Receipt _____	<input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____	\$ _____ Click for Memo Itemization Type
	<input type="checkbox"/> Fund Raiser		

Page Subtotal

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

Enter this total on  
line 4 of Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

CANDIDATE COMMITTEE

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name

Committee To Elect Jeffrey Zink

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? ☐ Yes  
Name & Address: \_\_\_\_\_

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If over \$100.00 cumulative, please provide:  
Occupation: \_\_\_\_\_

Employer Name & Business Address: \_\_\_\_\_

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address: \_\_\_\_\_

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #2 PAC Receipt? ☐ Yes  
Name & Address: \_\_\_\_\_

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If over \$100.00 cumulative, please provide:  
Occupation: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address: \_\_\_\_\_

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Contribution #3 PAC Receipt? ☐ Yes  
Name & Address: \_\_\_\_\_

4. ☐ Endorsement or Guarantee of Bank Loan

☐ Goods Donated or Loaned ☐ Services Donated

☐ Goods or Services Purchased by Candidate or Others

☐ Goods or Services Purchased by Candidate or Others- LOAN

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If over \$100.00 cumulative, please provide:  
Occupation: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Description \_\_\_\_\_

5. Date Of Receipt: \_\_\_\_\_

6. Vendor Name & Address: \_\_\_\_\_

[Click Here for Memo Itemization](#)

☐ Fund Raiser Contribution

Page Subtotal

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

Enter this total  
on line 6 of Summary  
Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name Committee To Elect Jeffery Link

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>ONE DAY SIGN</u> Address <u>SECOR Rd</u> <u>TOLEDO OH</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SIGN</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>JUNE 26/12</u> Date	<u>196.42</u>
Expenditure #2 Name <u>HELP PRINTERS</u> Address <u>LEWIS AVE</u> <u>TEMPERANCE MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CARDS &amp; SIGNS</u> <input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>JULY 2, 12</u> Date	<u>\$ 565.58</u>
Expenditure #3 Name <u>BEDFORD Press</u> Address <u>LAMBERVILLE MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NEWS AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>JUNE JULY</u> Date	<u>\$ 480.00</u>
Expenditure #4 Name <u>BEDFORD NOW</u> Address <u>MONROE MI</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>NEWS AD</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>JULY</u> Date	<u>\$ 207.90</u>
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

1449.99

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

1449.99

Enter this total  
on line 8a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED IN-KIND EXPENDITURES

SCHEDULE 1B - IK  
CANDIDATE COMMITTEE

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name Committee To Elect Jeffery Zink

3. Name and Address of person to whom goods or services were donated or transferred.	4. Type of In-Kind Expenditure (Check appropriate box and fill in description)	5. Date:	6. Fair Market Value
Expenditure #1 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date Click here for Memo Itemization Type	\$ _____
Expenditure #2 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date Click here for Memo Itemization Type	\$ _____
Expenditure #3 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date Click here for Memo Itemization Type	\$ _____
Expenditure #4 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date Click here for Memo Itemization Type	\$ _____
Expenditure #5 Name & Address:	4. <input type="checkbox"/> Donation of goods or services to a Ballot Question Committee <input type="checkbox"/> Donation of assets to tax exempt charitable Institution <input type="checkbox"/> Donation of assets to Political Party Committee <input type="checkbox"/> Other Description: _____	_____ Date Click here for Memo Itemization Type	\$ _____

Page Subtotal

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

Enter this total  
on line 7 of  
the Summary  
Page





**CANDIDATE COMMITTEE**

1. Committee I.D. Number

2. Committee Name

COMMITTEE TO ELECT Jeffery Link  
 GO TO THE POLLS FOR SLATE CARDS

USE THIS FORM TO REPORT EXPENDITURES MADE FOR ELECTION DAY BUSING OF VOTERS TO THE POLLS, FOR SLATE CARDS, CHALLENGERS, POLL WATCHERS, POLL WORKERS, AND GET-OUT-THE VOTE ACTIVITY. Describe the specific Get-Out-The -Vote activity in Item 4f. ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

ALL EXPENDITURES ARE REQUIRED TO BE ITEMIZED

3. Name and address of person or vendor to whom the expenditure was made	4. Type of Activity	5. Date	6. Amount
Expenditure #1 Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls  b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers  d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers  f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____	_____ Date	\$ _____
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent		<a href="#">Click Here for Memo Itemization Type</a>	
If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #2 Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls  b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers  d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers  f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____	_____ Date	\$ _____
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent		<a href="#">Click Here for Memo Itemization Type</a>	
If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
Expenditure #3 Name & Address:	a. <input type="checkbox"/> Election Day Busing of Voters To The Polls  b. <input type="checkbox"/> Slate Cards      c. <input type="checkbox"/> Challengers  d. <input type="checkbox"/> Poll Watchers      e. <input type="checkbox"/> Poll Workers  f. <input type="checkbox"/> Get-Out-The Vote Activity (Specify): _____	_____ Date	\$ _____
For Activity Type b-f, check one: <input type="checkbox"/> In-Kind <input type="checkbox"/> Independent		<a href="#">Click Here for Memo Itemization Type</a>	
If in support of, or in opposition to, a ballot proposal, check one: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____			
		Subtotal this page	
		Grand Total of all Schedules 1B-G) (Complete on last page of Schedule	

Page 1 of 1

Enter total  
on Line 8b  
Summary Page





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

INCIDENTAL OFFICE EXPENSE  
DISBURSEMENTS  
SCHEDULE 1C  
CANDIDATE COMMITTEE

(For use by officeholders only)

1. Committee I. D. Number \_\_\_\_\_

2. Committee Name COMMITTEE TO ELECT JEFFERY ZWICK

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:	Purpose _____	_____	\$ _____
Click for Memo Itemization Type			
<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		
Disbursement # 2 Name & Address:	Purpose _____	_____	\$ _____
Click for Memo Itemization Type			
<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		
Disbursement # 3 Name & Address:	Purpose _____	_____	\$ _____
Click for Memo Itemization Type			
<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		
Disbursement # 4 Name & Address:	Purpose _____	_____	\$ _____
Click for Memo Itemization Type			
<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		
Subtotal this page			<u>                    </u>
Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>                    </u>

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



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS  
SCHEDULE 1E  
CANDIDATE COMMITTEE

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name Committee To Elect Jeffery Zink

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:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</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. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ _____ <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____		Amount Endorsed: \$ _____		

Page Subtotal (Outstanding debt) \_\_\_\_\_

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.





**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number \_\_\_\_\_

2. Committee Name COMMITTEE TO ELECT Jeffery Zink

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

3. Date Event Was Held  _____	4. Number of Individuals Attending or Participating (whichever is greater) _____	5. Type of Fund Raising Activity  _____	6. Address and Name (If any) of the place where the activity was held.  <input type="checkbox"/> Private Residence
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7. Total Contributions \_\_\_\_\_

8. Other Receipts \_\_\_\_\_

9. Gross Receipts (Add lines 7 and 8) \_\_\_\_\_

10. Total Cost of Event \_\_\_\_\_

(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  
(%)

Expenditure Split  
(%)

\_\_\_\_\_  
\_\_\_\_\_  
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- 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.