



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.

1. Committee I.D. Number <u>150696</u>		3. This Statement covers From: <u>7/21/2014</u> to <u>8/25/2014</u>	
2. Committee Name <u>Ed Meylan for Road Comm.</u>		4. Candidate Last Name <u>Meylan, Ed</u> First Name M.I.	
5. Committee's Mailing Address <u>1161 S. Eight Mile Rd. Kawkawlin, MI 48631</u>		4a. Office Sought Including District # or Community Served (If applicable) <u>Road Commission</u>	
Area Code and Phone _____		4b. County of Residence _____	
7. Treasurer's Business Address		6. Treasurer's Name & Residential Address <u>same</u>	
Area Code and Phone _____		Area Code & Phone _____	
8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)		BY _____ 2014 SEP 10 A 10:51 MICHIGAN A. LOZAN	

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 _____

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 Ed Meylan Signature Ed Meylan Date 9-10-14

Candidate Ed Meylan Signature Ed Meylan Date 9-10-14



1. Committee I.D. Number 150696

2. Committee Name Ed Meylan for Road Commission

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>1,070.00</u>	(18.) \$ _____
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ _____
c. Subtotal of "Contributions"	(3c.) \$ _____	(20.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>1,070.00</u>	(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		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>1,070.00</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>1,070.00</u>	(23.) \$ _____
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.) \$ <u>2,070.00</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>950.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1,070.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2,020.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>1,070.00</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>950.00</u>	



ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150696
2. Committee Name Ed Meylan for Road Commission

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)
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3. Contribution # 1 Name & Address: <u>Ed Meylan</u> <u>11415. Eight Mile</u> <u>Kawkawlin, MI 48031</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/27/14</u>	6. Amount \$ <u>952.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

3. Contribution #2 Name & Address: <u>Ed Meylan</u> <u>1161 9. Eight Mile</u> <u>Kawkawlin, MI 48031</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/23/14</u>	6. Amount \$ <u>118.00</u>	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

3. Contribution # 3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	6. Amount \$ _____	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

3. Contribution # 4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	6. Amount \$ _____	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____			Click Here for Memo Itemization	
Business Address _____				
Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal 1070.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule) 1070.00

Enter this total on
line 3a of Summary
Page.

ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I. D. Number 150696
 2. Committee Name Ed Meylan for Road Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>A Advertising Supply</u> Address <u>7630 Cass Street</u> <u>Omaha, NE 68114</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Signs</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/27/14</u> Date	<u>\$ 952.00</u>
Expenditure #2 Name <u>Meijer</u> Address <u>Wilder Road</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Parade Items</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/23/14</u> Date	<u>\$ 118.00</u>
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 1070.00
 Grand Total of all Schedules 1B
 (Complete on last page of Schedule) 1070.00

Enter this total
 on line 8a of
 Summary Page



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

1. Committee I.D. Number 150696
2. Committee Name Ed Meylan for Road Commissioner

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: <u>Ed Meylan</u> <u>1161 S. Eight Mile</u> <u>Kawkawlin, MI 48031</u>	4. Type: <u>HOAN</u> 5. Date Debt Was Incurred: <u>8/27/14</u> 6. Original Amount of Debt: \$ <u>952.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>952.00</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: <u>Ed Meylan</u> <u>1161 S. Eight Mile</u> <u>Kawkawlin MI 48031</u>	4. Type: <u>HOAN</u> 5. Date Debt Was Incurred: <u>8/23/14</u> 6. Original Amount of Debt: \$ <u>118.00</u>	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____	\$ <u>118.00</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) 1070.00
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.



DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 150096
2. Committee Name Ed Meylan for Road Commission

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 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Ed Meylan</u> <u>1161 S-8 mile Rd</u> <u>Howt 48631</u>	4. Type: <u>loan</u> 5. Date Debt Was Incurred: <u>7-3-14</u> 6. Original Amount of Debt: <u>\$ 1000-</u>	<u>0</u> \$ <u>"</u> \$ <u>"</u> \$ <u>"</u> \$ <u>"</u> \$	\$ <u>0</u>	\$ <u>1000-</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
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) 1000-
Grand Total of all Schedules 1E 2070.00
(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.