



**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: 07/17/19 to 10/21/19

1. Committee I.D. Number
37837

2. Committee Name
Amy Shamroe for Traverse City

4. Candidate Last Name **Shamroe** First Name **Amy** M.I. **M**

4a. Office Sought Including District # or Community Served (If applicable)
CITY COMMISSION - TRAVERSE CITY

4b. County of Residence **GRAND TRAVERSE**

5. Committee's Mailing Address
**PO Box 6221
Traverse City MI 49696**

Area Code and Phone (517) 930-9999
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
**Louise Shamroe
619 June Court
Traverse City MI 49685**

Area Code & Phone (231) 943-9887

**RECEIVED AND FILED
COUNTY OF GRAND TRAVERSE
OCT 25 2019
COUNTY CLERK**

7. Treasurer's Business Address
Retired - N/A

Area Code and Phone _____

8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)
N/A

Area Code and Phone _____

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
11/05/19

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

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

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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 Louise Shamroe, Louise Shamroe Signature Date 10/25/19
Type or Print Name

Candidate Amy M Shamroe, Amy M Shamroe Signature Date 10/25/19
Type or Print Name



1. Committee I.D. Number 37837

**SUMMARY PAGE
CANDIDATE COMMITTEE**

2. Committee Name Amy Shamroe for Traverse City

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>6,215.19</u>	(18.) \$ <u>6,215.19</u> <i>low</i>
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	(19.) \$ <u>φ</u> <i>low</i>
c. Subtotal of "Contributions"	(3c.) \$ <u>\$6,215.19</u>	(20.) \$ <u>6,215.19</u> <i>low</i>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>\$0.00</u>	(19.) \$ <u>φ</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$6,215.19</u>	(20.) \$ <u>6,215.19</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$961.28</u>	(21.) \$ <u>961.28</u> <i>low</i>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>\$0.00</u>	(22.) \$ <u>φ</u> <i>low</i>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$2,872.76</u>	(23.) \$ <u>2,872.76</u> <i>low</i>
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>\$0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$0.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$2,872.76</u>	
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	(24.) \$ <u>φ</u> <i>low</i>
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>\$0.00</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$836.28</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u></u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$6,215.19</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>\$6,215.19</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$2,872.76</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$3,342.43</u> *	