



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED 2023 JAN 31 PM 3:56
MACOMB COUNTY CLERK

**INDEPENDENT/POLITICAL
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

3. This Statement covers From: 01/01/22 To 12/31/22

1. Committee I.D. Number

138765

4. Committee's Mailing Address

P.O.Box 706
Warren, MI 48090

Area Code and Phone (596) 493-7993

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.

2. Committee Name

*OFFICIAL DEMOCRATIC
Black Caucus of Macomb*

5. Treasurer's Name and Residential Address

Helen Springer
24647 Spring Lane
Harrison Twp. MI 48045

Area Code and Phone

6. Treasurer's Business Address

Same

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

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. QUARTERLY STATEMENTS

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8b. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8c. ☒ ANNUAL STATEMENT
(2,022.00 Coverage Year) Local
Candidates Exempted

8d. ☐ PRE-ELECTION OR

8e. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY ☐ GENERAL

☐ CONVENTION ☐ SCHOOL

☐ SPECIAL ☐ CAUCUS

Date of Election, Convention or Caucus:

☐ July 25 Quarterly

☐ October 25 Quarterly

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8f. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8g. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/we certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
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 2B and the
Summary Page.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Helen Springer

Type or Print Name

Signature

Date

Helen Springer
12-31-22



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

138765

2. Committee Name

OFFICIAL Democratic Black Caucus of
MACOMBA CITY

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS	Column I This Period	Column II Cumulative for Calendar Year
3. Contributions		
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)	(3a.) \$ 15000.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$ 15250.00	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$ 15250.00	(20.) \$
IN-KIND CONTRIBUTIONS		
6. In-Kind Contributions		
a. Itemized (Schedule 2-IK, Column 7)	(6a.) \$	
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)	(7.) \$	(21.) \$
EXPENDITURES		
8. Expenditures		
a. Itemized Direct (Schedule 2B, Column 7)	(8a.) \$ 4420.00	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) \$ 2250.00	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)	(8c.) \$	
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) \$	
e. Subtotal of Expenditures	(8e.) \$ 6670.00	(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)	(10.) \$ 6670.00	(24.) \$
IN-KIND EXPENDITURES		
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)	(11.) \$ 0	(25.) \$
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 2E)	(12a.) \$ 0	
b. Owed to the Committee (Schedule 2E)	(12b.) \$ 0	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ 625.00	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) + 15,250.00	
15. SUBTOTAL Add lines 13 and 14	(15.) = 11,056.00	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.) - 6,670.00	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ 4,194.00	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number _____

2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☒ YES

4. Date of Receipt 10-20-22

Name & Address:

Building Bridges PAC
101 E Washtenaw St, Lansing, MI 48933

\$ 15000.00 \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

[Click Here for Memo Itemization Type](#)

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

\$ _____ \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

15,000

15,000

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number ~~138765~~ 138765
2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

3. Contribution # 1
Is this contribution from a PAC? ☒ YES 4. Date of Receipt 11/14/2022
Name & Address: Paul Wojno
P.O. Box 30096
Lansing Mich 48909
5. If over \$100.00 cumulative, please provide:
Occupation Senator Employer State of Mich
Business Address _____
Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

6. Amount \$ 250.00 7. Cumulative for Calendar Year for Each Contributor (Through date of receipt) \$ _____

[Click Here for Memo Itemization Type](#)

3. Contribution # 2
Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____
Name & Address: _____
\$ _____ \$ _____
[Click Here for Memo Itemization Type](#)
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3
Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____
Name & Address: _____
\$ _____ \$ _____
[Click Here for Memo Itemization Type](#)
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4
Is this contribution from a PAC? ☐ YES 4. Date of Receipt _____
Name & Address: _____
\$ _____ \$ _____
[Click Here for Memo Itemization Type](#)
5. If over \$100.00 cumulative, please provide:
Occupation _____ Employer _____
Business Address _____
Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal 250.00

Grand Total of All Schedules 2A
(Complete on last page of Schedule) 250.00

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number **138765**
Official Democratic black Caucus
of Macomb County
2. Committee Name _____

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Carolines Catering 11521 Briarcliff Dr. Warren, Mi48093	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	11/06/22 Date	\$3450.00 \$ _____	\$ _____
4. Purpose: <u>GOTV Dinner</u>	☐ Fund Raiser	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address: Big Top Rentals 5749 Beebe Warren. mi 48092	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	11/06/20 Date	\$390.00 \$ _____	\$ _____
4. Purpose: <u>DINNER TTABLE</u>	☐ Fund Raiser	Click Here for Memo Itemization Type		
Expenditure #3 Name & Address: NGP VAN 48 GROVE ST.. SOMERVILLE,MA 02144	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	11/04/20 Date	\$273.00 \$ _____	\$ _____
4. Purpose: <u>Calls</u>	☐ Fund Raiser	Click Here for Memo Itemization Type		
Expenditure #4 Name & Address: Bean Bros. Trophy & Award 21521 Kelly Rd. Eastpoint, MI 48021	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	05/01/22 Date	\$307.00 \$ _____	\$ _____
4. Purpose: _____	☐ Fund Raiser	Click Here for Memo Itemization Type		

Subtotal this page **\$4,420.00**

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



**ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE**

1. Committee I.D. Number **138765**
Official Democratic black Caucus
of Macomb County
2. Committee Name _____

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Georges Flowers 15961 15 Mile Rd. Clinton, Twp. MI 48035	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	10/26/22 Date	\$74.00 \$ _____	
4. Purpose: <u>Dinner</u>	☐ Fund Raiser	Click Here for Memo Itemization Type v		
Expenditure #2 Name & Address: Office max Clinton Twp,48035	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	10/25/22 Date	\$304.00 \$ _____	
4. Purpose: <u>GOTV Flyers</u>	☐ Fund Raiser	Click Here for Memo Itemization Type v		
Expenditure #3 Name & Address: Staples 51362 Gratiot Chesterfield, MI 48051	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	10/20/22 Date	\$81.00 \$ _____	
4. Purpose: <u>Flyers</u>	☐ Fund Raiser	Click Here for Memo Itemization Type v		
Expenditure #4 Name & Address: Meijer 25225 Schoenherr Rd. Warren,MI 48089	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	12/13/22 Date	\$550.00 \$ _____	
4. Purpose: <u>GOTV event</u>	☐ Fund Raiser	Click Here for Memo Itemization Type v		

Subtotal this page **\$1,009.00**

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number **138765**
Official Democratic black Caucus
of Macomb County

2. Committee Name

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: Meijer 34835 Utica Rd Fraser, MI 48026	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	11/04/22 Date	3500.00 \$	\$
4. Purpose: _____ ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #2 Name & Address: Meijer 36600 Van Dyke Sterling Heights, MI 48312	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	11/03/22 Date	2127.00 \$	\$
4. Purpose: _____ ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #3 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	Date	\$	\$
4. Purpose: _____ ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		
Expenditure #4 Name & Address:	5. _____ Name of Candidate _____ Office Sought & District # or Jurisdiction _____ County	Date	\$	\$
4. Purpose: _____ ☐ Fund Raiser	☐ Ballot Proposal ☐ Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here for Memo Itemization Type		

Subtotal this page **\$5,627.00**

Grand Total of all Schedules 2B
(Complete on last page of Schedule) **\$11,056.00**

Enter this total
on line 8a of the
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES

SCHEDULE B - G

POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES

1. Committee I.D. Number 138765

2. Committee Name OFFICIAL Democratic Black
CONUS

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

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: <u>Robert Roscoe</u> <u>8 mile</u> <u>DEARBORN, MI</u> For Activity Type b - f, check one: ☐ In-Kind ☒ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☒ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	<u>11/8/22</u> Date Click for Memo Itemization Type	\$ <u>650.00</u>
Expenditure #2 Name & Address: <u>Jackie Kelley</u> <u>1524 Chalk Farm</u> <u>WARREN, MI 48091</u> For Activity Type b - f, check one: ☐ In-Kind ☒ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. ☐ Election Day Busing of Voters To The Polls b. ☒ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☒ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	<u>11/8/22</u> Date Click for Memo Itemization Type	\$ <u>900.00</u>
Expenditure #3 Name & Address: <u>Helen Springer</u> <u>24647 Spring Ln</u> <u>Harrison Twp 48045</u> For Activity Type b - f, check one: ☐ In-Kind ☒ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☐ Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	<u>11/8/22</u> Date Click for Memo Itemization Type	\$ <u>400.00</u>

Subtotal this page

1950.00

Grand Total of all Schedules B-G
(Complete on last page of Schedule)
Enter this total on Line Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

EXPENDITURES FOR GET-OUT-THE VOTE ACTIVITIES
SCHEDULE B - G

1. Committee I.D. Number 138765

POLITICAL PARTY, POLITICAL OR INDEPENDENT COMMITTEES

2. Committee Name _____

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

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: <i>Birdie Nash</i> <i>29484 ASHLAND AVE #103</i> <i>HARRISON TWP 48045</i> For Activity Type b - f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. ☐ Election Day Busing of Voters To The Polls b. ☒ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☒ Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	<i>11/3/22</i> Date Click for Memo Itemization Type	\$ <i>100.00</i>
Expenditure #2 Name & Address: <i>Vonda Simpson</i> <i>New Haven, MI 48045</i> For Activity Type b - f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☒ Poll Workers f. ☒ Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	<i>11/3/22</i> Date Click for Memo Itemization Type	\$ <i>100.00</i>
Expenditure #3 Name & Address: <i>Joel Rutherford</i> <i>5683 STORROW CT</i> <i>WARREN, MI 48092</i> For Activity Type b - f, check one: ☐ In-Kind ☐ Independent If in support of, or in opposition to, a ballot proposal or candidate, check one: ☐ Support ☐ Oppose ☐ Check box if expenditure is payment on debt or obligation reported on previous statement Candidate Name _____ Office Sought & District # or Jurisdiction _____ Candidate's County _____ Statewide Proposal Name _____ Local Proposal Name _____ Indicate County _____	a. ☐ Election Day Busing of Voters To The Polls b. ☐ Slate Cards c. ☐ Challengers d. ☐ Poll Watchers e. ☐ Poll Workers f. ☒ Get-Out-The Vote Activity (Specify): _____ Cumulative for Candidate or Ballot Proposal \$ _____	<i>11/4/22</i> Date Click for Memo Itemization Type	\$ <i>200.00</i>

Subtotal this page

Grand Total of all Schedules B-G
(Complete on last page of Schedule)
Enter this total on Line Summary Page

400.00
400.00
2250.00