

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: 11/24/2020 To: 07/20/2021
 Mo Day Year Mo Day Year

1. Committee I.D. Number 97181	4. Candidate Last Name First Name M.I. McDonald Karen D 4a. Office Sought including District # or Community Served (If applicable) Prosecutor - Countywide 4b. County of Residence Oakland	
2. Committee Name Karen McDonald for Prosecutor	6. Treasurer's Name & Residential Address Susan Lichterman 26080 York Huntington Woods, MI 48070 Area Code & Phone <u>(248) 351-3000</u>	
5. Committee's Mailing Address PO Box 1750 Birmingham, MI 48009 Area Code and Phone <u>(248) 229-5339</u> 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.	8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper) Area Code & Phone _____	
7. Treasurer's Business Address 27777 Franklin Road Ste. 2500 Southfield, MI 48034 Area Code and Phone <u>(248) 351-3000</u>	8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> Special <input type="checkbox"/> Convention <input type="checkbox"/> General <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention, or Caucus _____	Required ONLY if candidate is not on the ballot for the current year: <input checked="" type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement _____ Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete item 9a, 9b, 9c or 9e to indicate which Statement is being amended)	9e. <input type="checkbox"/> 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 <u>Susan Lichterman</u> Date <u>07/26/2021</u> Type or Print Name Signature Candidate <u>Karen McDonald</u> Date <u>07/26/2021</u> Type or Print Name Signature		

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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 97181

2. Committee Name Karen McDonald for Prosecutor

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative for this Election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$7,600.00	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$7,600.00	(18.) \$7,775.00
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$0.00	(19.) \$0.00
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)	(5.) \$7,600.00	(20.) \$7,775.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$0.00	(21.) \$292.50
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$0.00	(22.) \$0.00
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$10,929.09	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$0.00	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$0.00	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$10,929.09	(23.) \$43,020.79
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$0.00	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$0.00	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$0.00	(24.) \$0.00
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$0.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$0.00	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.)	\$14,880.15
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	\$7,600.00
15. SUBTOTAL Add lines 13 and 14	(15.) =	\$22,480.15
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) -	\$10,929.09
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.)	\$11,551.06 *

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

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181
 2. Committee Name Karen McDonald for Prosecutor

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 (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3. PAC Receipt? YES 4. DATE OF RECEIPT 12/18/2020

Name & Address
 Craprotta, Anna
 1059 Autumnview Ct
 Rochester, MI 48307-6059

\$25.00 \$50.00

5. If over \$100.00 cumulative, please provide:
 Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 11/24/2020

Name & Address
 Miller Canfield PAC
 150 W Jefferson Ave
 Detroit, MI 48226-4416

\$1,500.00 \$1,500.00

5. If over \$100.00 cumulative, please provide:
 Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 12/18/2020

Name & Address
 Miller, Joshua
 416 W Marshall St
 Ferndale, MI 48220-2419

\$75.00 \$150.00

5. If over \$100.00 cumulative, please provide:
 Occupation Assistant Prosecuting Attorney Employer Oakland County Michigan
 Business Address 1200 N Telegraph Rd Pontiac, MI 48341-1032
 Type of Contribution: Direct Loan from a person Fund Raiser

3. PAC Receipt? YES 4. DATE OF RECEIPT 12/02/2020

Name & Address
 Pipefitters Local 636 PAC
 30100 Northwestern Hwy
 Farmington Hills, MI 48334-3249

\$5,000.00 \$5,000.00

5. If over \$100.00 cumulative, please provide:
 Occupation _____ Employer _____
 Business Address _____
 Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal	\$6,600.00
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 CONTRIBUTIONS
 SCHEDULE 1A
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181
 2. Committee Name Karen McDonald for Prosecutor

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 (PAC) Report all contributions regardless of amount.	6. Amount	Cumulative for Election Cycle for Each Contributor (Through date of receipt)
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3.	PAC Receipt? <input checked="" type="checkbox"/> YES	4. DATE OF RECEIPT <u>11/24/2020</u>		
Name & Address Singh PAC 7125 Orchard Lake Rd Ste 200 West Bloomfield, MI 48322-5306			\$1,000.00	\$1,000.00
5. If over \$100.00 cumulative, please provide:				
Occupation _____		Employer _____		
Business Address _____				
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser				

Page Subtotal	\$1,000.00
Grand Total of all Schedules 1A (Complete on last page of Schedule)	\$7,600.00

Enter this total on line 3a of Summary Page.

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181

2. Committee Name Karen McDonald for Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Actblue Address PO Box 441146 West Somerville, MA 02144-0031 <input type="checkbox"/> Fund Raiser	Purpose: <u>credit card processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/03/2020</u> Date	<u>\$5.12</u>
Name Actblue Address PO Box 441146 West Somerville, MA 02144-0031 <input type="checkbox"/> Fund Raiser	Purpose: <u>credit card processing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/09/2020</u> Date	<u>\$15.00</u>
Name Change Media Group Address 1000 S Washington Ave Lansing, MI 48910-1661 <input type="checkbox"/> Fund Raiser	Purpose: <u>Invoice for 2021 Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/12/2021</u> Date	<u>\$4,500.00</u>
Name Cold Box Films Address 701 E South St Ste 216 Lansing, MI 48910-1679 <input type="checkbox"/> Fund Raiser	Purpose: <u>Video production</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/15/2020</u> Date	<u>\$815.00</u>
Name Devins, Molly Address 3550 Mount Hope Rd Apt 2 Grass Lake, MI 49240-9359 <input type="checkbox"/> Fund Raiser	Purpose: <u>Consulting Fee</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/30/2020</u> Date	<u>\$1,909.80</u>

Subtotal this page \$7,244.92

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

Enter this total on
 line 8a of Summary
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MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181

2. Committee Name Karen McDonald for Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Flywheel Address 1111 N 13th St Ste 208 Omaha, NE 68102-4251 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/01/2020</u> Date	<u>\$25.00</u>
Name Flywheel Address 1111 N 13th St Ste 208 Omaha, NE 68102-4251 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/04/2021</u> Date	<u>\$25.00</u>
Name Flywheel Address 1111 N 13th St Ste 208 Omaha, NE 68102-4251 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/01/2021</u> Date	<u>\$25.00</u>
Name Flywheel Address 1111 N 13th St Ste 208 Omaha, NE 68102-4251 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2021</u> Date	<u>\$25.00</u>
Name Flywheel Address 1111 N 13th St Ste 208 Omaha, NE 68102-4251 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/01/2021</u> Date	<u>\$25.00</u>

Subtotal this page \$125.00

Grand Total of All Schedules 1B
 (Complete on last page of Schedule) \$

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MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181
 2. Committee Name Karen McDonald for Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Flywheel Address 1111 N 13th St Ste 208 Omaha, NE 68102-4251 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/03/2021</u> Date	<u>\$25.00</u>
Name Flywheel Address 1111 N 13th St Ste 208 Omaha, NE 68102-4251 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2021</u> Date	<u>\$25.00</u>
Name Flywheel Address 1111 N 13th St Ste 208 Omaha, NE 68102-4251 <input type="checkbox"/> Fund Raiser	Purpose: <u>Web Hosting</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2021</u> Date	<u>\$25.00</u>
Name Google Address 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/01/2020</u> Date	<u>\$120.00</u>
Name Google Address 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/04/2021</u> Date	<u>\$120.00</u>

Subtotal this page \$315.00
 Grand Total of All Schedules 1B
 (Complete on last page of Schedule)

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MICHIGAN DEPARTMENT OF STATE
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 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181
 2. Committee Name Karen McDonald for Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Google Address 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>02/01/2021</u> Date	<u>\$120.00</u>
Name Google Address 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2021</u> Date	<u>\$120.00</u>
Name Google Address 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/05/2021</u> Date	<u>\$120.00</u>
Name Google Address 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>05/05/2021</u> Date	<u>\$120.00</u>
Name Google Address 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/02/2021</u> Date	<u>\$120.00</u>

Subtotal this page	\$600.00
Grand Total of All Schedules 1B (Complete on last page of Schedule)	\$

Enter this total on line 8a of Summary Page

MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
 ITEMIZED EXPENDITURES
 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181

2. Committee Name Karen McDonald for Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Google Address 1600 Amphitheatre Pkwy Mountain View, CA 94043-1351 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email Services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/06/2021</u> Date	<u>\$120.00</u>
Name Mailchimp Address 675 Ponce De Leon Ave NE Ste 5000 Atlanta, GA 30308-2172 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/30/2020</u> Date	<u>\$94.98</u>
Name Mailchimp Address 675 Ponce De Leon Ave NE Ste 5000 Atlanta, GA 30308-2172 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/29/2020</u> Date	<u>\$109.97</u>
Name Mailchimp Address 675 Ponce De Leon Ave NE Ste 5000 Atlanta, GA 30308-2172 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>01/29/2021</u> Date	<u>\$109.97</u>
Name Mailchimp Address 675 Ponce De Leon Ave NE Ste 5000 Atlanta, GA 30308-2172 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/01/2021</u> Date	<u>\$109.97</u>

Subtotal this page \$544.89

Grand Total of All Schedules 1B
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MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
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 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181
 2. Committee Name Karen McDonald for Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Mailchimp Address 675 Ponce De Leon Ave NE Ste 5000 Atlanta, GA 30308-2172 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>03/29/2021</u> Date	<u>\$109.97</u>
Name Mailchimp Address 675 Ponce De Leon Ave NE Ste 5000 Atlanta, GA 30308-2172 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>04/29/2021</u> Date	<u>\$109.97</u>
Name Mailchimp Address 675 Ponce De Leon Ave NE Ste 5000 Atlanta, GA 30308-2172 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/01/2021</u> Date	<u>\$109.97</u>
Name Mailchimp Address 675 Ponce De Leon Ave NE Ste 5000 Atlanta, GA 30308-2172 <input type="checkbox"/> Fund Raiser	Purpose: <u>Email</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/29/2021</u> Date	<u>\$109.97</u>
Name NGP VAN, Inc Address 1445 New York Ave NW Ste 200 Washington, DC 20005-2158 <input type="checkbox"/> Fund Raiser	Purpose: <u>Database services</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/03/2020</u> Date	<u>\$960.00</u>

Subtotal this page \$1,399.88
 Grand Total of All Schedules 1B
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MICHIGAN DEPARTMENT OF STATE
 BUREAU OF ELECTIONS
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 SCHEDULE 1B
 CANDIDATE COMMITTEE

1. Committee I.D. Number 97181

2. Committee Name Karen McDonald for Prosecutor

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Name Zoom, Inc Address 55 Almaden Blvd San Jose, CA 95113-1608 <input type="checkbox"/> Fund Raiser	Purpose: <u>Video Conferencing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/10/2020</u> Date	<u>\$156.17</u>
Name Zoom, Inc Address 55 Almaden Blvd San Jose, CA 95113-1608 <input type="checkbox"/> Fund Raiser	Purpose: <u>Video Conferencing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/18/2020</u> Date	<u>\$2.65</u>
Name Zoom, Inc Address 55 Almaden Blvd San Jose, CA 95113-1608 <input type="checkbox"/> Fund Raiser	Purpose: <u>Video Conferencing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>12/23/2020</u> Date	<u>\$540.58</u>

Subtotal this page \$699.40

Grand Total of All Schedules 1B
 (Complete on last page of Schedule) \$10,929.09

Enter this total on
 line 8a of Summary
 Page