

# INDEPENDENT/POLITICAL COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and by the treasurer or designated record keeper	signed	3. This Statement covers From: 01/01/2	24 To 04/20/24		
1. Committee I.D. Number		4. Committee's Mailing Address			
P-2023-001		502 Burson Pl			
		Ann Arbor, MI 48104			
2. Committee Name		S (ag)	Z. Ap Instante: U. Com-		
Ann Arbor for Everyone PAC		Area Code and Phone (734) 761-5248	3 or above the second of the second of		
		If the address in this box is different from the	e committee mailing address on the Statement of		
5. Treasurer's Name and Residential Address		Organization, mail may be sent to this addre	ess by the filing official.		
Joan Lowenstein					
502 Burson Pl			# 1		
Ann Arbor, MI 48104					
		Area Code and Phone (734	1) 761-5248		
3. Treasurer's Business Address	TIRAM		ailing Address (If the committee has a Designated		
		Record Keeper)	The committee has a Designated		
		10 and + 60			
		250 T			
Area Code and Bl	95				
Area Code and Phone . TYPE OF STATEMENT:			Area Code and Phone		
	A	PPLICABLE TO INDEPENDENT AND	APPLICABLE TO INDEPENDENT AND		
APPLICABLE TO INDEPENDENT AND POLITICAL COMMITTEES REGISTERED ON STATE LEVEL		LITICAL COMMITTEES REGISTERED	POLITICAL COMMITTEES REGISTERED ON		
a. QUARTERLY STATEMENTS		ON COUNTY LEVEL	STATE AND COUNTY LEVEL		
* QUARTERET STATEMENTS	86-	3.664	AMENDAGNIT TO CAMPAIGN		
00.100(0.2(20)	8c	ANNUAL STATEMENT ( Coverage Year) Local	8f. AMENDMENT TO CAMPAIGN STATEMENT		
January 31	04 [	Candidates Exempted	(Complete Item 8a, 8b, 8c 8d, 8e, 8f or 8h to indicate which Statement is being		
881188 200	8d.	PRE-ELECTION OR	amended)		
✓ April 25	8e. [	POST-ELECTION	WASHTENAW COUNTY; MI FILED 2024 APR 25 PM1:13		
July 25		Pre-Election or Post-Election	South Asia		
Suly 25	V P	Statement relates to:  RIMARY GENERAL			
October 25			On Change of the State of the S		
		ONVENTION SCHOOL	8g. DISSOLUTION OF COMMITTEE		
	SF	PECIAL CAUCUS	0.108		
SPECIAL ELECTION INDESCRIPTION			Effective Date of Dissolution		
P. SPECIAL ELECTION INDEPENDENT EXPENDITURE REPORT	Ь	ate of Election, Convention or Caucus:	By checking this item, I\We certify that the committee has no asset or outstanding		
	PO.S.	08/06/24	debts, including late filing fees. Further, I request that if the dissolution cannot be		
		July 25 Quarterly	granted, that this be considered a request for the Reporting Waiver.		
			Note: The disposition of residual funds must		
88.		October 25 Quarterly	be reported on Schedule 2B and the Summary Page.		
Verification: I certify that all reasonable diligence wa	s used in t	he preparation of this statement and attached			
owledge and belief the contents are true, accurate a	nd comple	te.	scriedules (II ally) and to the best of my		
rent Treasurer or Joan Lowenstein		May land	64/0-104		
signated Record Keeper Type or Print Name		, rock Kama	Date 04/25/24		
		Signature			



1. Committee I.D. Number P-2023-001

SUMMARY PAGE 2. Committee Name Ann Arbor for Everyone PAC

SUMMARY PAGE INDEPENDENT OR POLITICAL COMMITTEE	2. Committee r	Name Ann Arbor for E	veryone PAC
RECEIPTS  3. Contributions a. Itemized Contributions	•	Column I This Period	Column II Cumulative for Calendar Yea
(Schedule 2A, Column 6 + Schedule 2A-2, Column 8 b. Unitemized (less than \$20.01 each - no Schedule)	(3a.) S2	,075.00	
c. Subtotal of "Contributions"		,075.00	(18.) s 2,075.00
4. Other Receipts (Schedule 2A-1, Column 6)			(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS  (Add line 3c + Line 4)  IN-KIND CONTRIBUTIONS	(5.) \$2		(19.) s
6. In-Kind Contributions a. Itemized (Schedule 2-IK, Column 7)			
b. Unitemized (less than \$20.01 each - no Schedule)	(6b.) \$NOT	Γ APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b) EXPENDITURES	(7.) S		(21.) \$
Expenditures     a. Itemized Direct (Schedule 2B, Column 7)	(8a.) S3,	661.58	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)	(8b.) S		
<ul> <li>c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)</li> </ul>	(8c.) S		
d. Unitemized (less than \$50.01 each - no Schedule)	(8d.) S		
e. Subtotal of Expenditures	(8c.) S3,	661.58	(22.) s _ 3,661.58
. Independent Expenditures (Schedule 2B-1, Column 7)	(9.) \$		(23.) S
0. TOTAL EXPENDITURES (Add Line 8e + Line 9) N-KIND EXPENDITURES	(10.) s3,	661.58	(24.) \$ 3,661.58
1.In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8) EBTS AND OBLIGATIONS	(11.)\$		(25.) S
<ol><li>Debts and Obligations</li><li>Owed by the Committee (Schedule 2E)</li></ol>	(12a.) S		
b. Owed to the Committee (Schedule 2E)	(12b.) S		
BALANCE STATEMENT  B. Ending Balance of last report filed  (Enter zero if no previous reports have been filed.)	(13.) \$	19,709.82	•
. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)	(14.) +	2,075.00	
s. SUBTOTAL Add lines 13 and 14	(15.) =	21,784.82	
. Amount expended during reporting period (Line 10, Total Expenditures - Column I)	(16.)	3,661.58	Programme and the second
. ENDING BALANCE (Subtract line 16 from line 15) our ending balance is negative, please recheck your math.	(17.) \$	18,123.24	



#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

## ITEMIZED CONTRIBUTIONS SCHEDULE 2A

1. Committee I.D. Number P-2023-001

# INDEPENDENT OR POLITICAL COMMITTEE

INDEFENDENT OR POLITICAL COMMITTEE 2. Committee Name Al	nn Arbor for Eve	rvone PAC
Please enter contributor's name and address. If contribution is from an individual, enter last name, first r and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).	name, 6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution #1 Is this contribution from a PAC?  YES  4. Date of Receipt 01/05/26		date of receipt)
Name & Address: Barbara McMullen	25	0.5
703 Duncan St	<sub>\$</sub> 35	<u>\$</u> 35
Ann Arbor, MI 48103		
5. If over \$100.00 cumulative, please provide:	Click Here to	or Memo Itemization Type
OccupationEmployer	Ollok Hele IO	i wemo nemization Type
Business Address	<del></del>	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution # 2 Is this contribution from a PAC?  YES  4. Date of Receipt 01/12/26		
Name & Address: William Lockwood	10	10
564 Galen Circle	<sub>\$</sub> 10	<u>\$</u> 10
Ann Arbor, MI 48103		
	Click Here for	Memo Itemization Type
5. If over \$100.00 cumulative, please provide:		
OccupationEmployer		
Business Address	<del></del>	
Type of Contribution:	Total Control of the	
3. Contribution # 3		
Is this contribution from a PAC?		
Name & Address:	0000	
Drew Hutton	<sub>\$</sub> 2000	<sub>\$</sub> 2000
3861 Lake Pointe Lane		
Ann Arbor, MI 48108	Click Here for N	Memo Itemization Type
. If over \$100.00 cumulative, please provide:		
Occupation Owner Employer Intropation Entropy		
Business Address 3935 Research Park Drive, Ann Arbor, MI 48108		
Type of Contribution: 🖂 🖂		
Fund Raiser		
s this contribution from a PAC?  YES  4. Date of Receipt 02/12/29		
Name & Address:	<sub>\$</sub> 30	65
Barbara McMullen	\$_50	<sub>\$</sub> 65
'03 Duncan St Ann Arbor, MI 48103	Click Here for M	lemo 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 Sub	total \$2.075.00	1
· · · · · · · · · · · · · · · · · · ·	ΨΞ,070.00	_
Grand Total of All Schedule (Complete on last page of Schedule		
,,	Enter this total	<b>→</b>
	on line 3a of Summary Page	
A '1	- and age	



## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

# ITEMIZED CONTRIBUTIONS SCHEDUI F 24

P-2023-001

INDEPENDENT OR POLITICAL COMMITTEE  2. Committee Name Ar	n Arhar for	Everyone PAC
Please enter contributor's name and address. If contribution is from an individual, enter last name, first n Committee (Both are commonly called PACs).  3. Contribution # 1	ame, 6. Am	ount 7. Cumulative for Calendar Year for Eac Contributor (Through
Is this contribution from a PAC? YES 4 Date of Receipt 02/11/2	I	date of receipt)
Name & Address: Michael Wellman 427 Riverview Dr	<sub>\$</sub> 100	<sub>\$</sub> 100
Ann Arbor, MI 48104		
5. If over \$100.00 cumulative, please provide:		_
OccupationEmployer_	Click H	ere for Memo Itemization Type
Business Address	_	
Type of Contribution: Direct Loan from a person Fund Raiser		
3. Contribution #2 Is this contribution from a PAC?  VES  4. Date of Receipt  02/10/26  Name & Address:	****	
Richard Wade 1838 Joseph St	<u>\$ 100</u>	<sub>\$</sub> 100
Ann Arbor, MI 48104	Click He	re for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	3.107(110)	re for Memo Itemization Type
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 02/10/20		
Name & Address: Leah Gunn	100	400
4733 Surfwood Dr	<sub>\$</sub> 100	<u>\$100</u>
Commerce Charter Twp, MI 48382	Click Hors	San Marrier W
i. If over \$100.00 cumulative, please provide:	Ollow Field	for Memo Itemization Type
OccupationEmployer		
Business Address		
Type of Contribution:		
8. Contribution # 4 s this contribution from a PAC? YES 4. Date of Receipt 02/10/24 Name & Address:		
Steve Dobson	<sub>\$</sub> 250	<sub>\$</sub> 250
3350 Geddes Rd	*	
Ann Arbor, MI 48105	Click Here	for Memo Itemization Type
5. If over \$100.00 cumulative, please provide:	•	
Occupation Not employed Employer		
Business Address ———————————————————————————————————	_	
ype of Contribution: Direct Loan from a person Fund Raiser		
Page Subto	otal \$550.0	00
Grand Total of All Schedules	2A	
(Complete on last page of Sched		
2 2	Enter this to on line 3a o Summary P	f

2 of 3



#### MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

#### ITEMIZED CONTRIBUTIONS **SCHEDULE 2A**

1. Committee I.D. Number P-2023-001

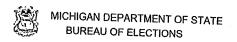
## INDEPENDENT OR POLITICAL COMMITTEE

ZII ZII ZIII OILI OIL	THOAL COMMITTEE	2. Committee Name AIIII	AIDOLIOI EVEL	yone PAC
Please enter contributor's name and add and middle initial. Check box to indicate Committee (Both are commonly called P.	"Il CODITIONION IS FROM a Political Com	dual, enter last name, first name mittee or an Independent	6. Amount	7. Cumulative for Calendar Year for Each Contributor (Through
3. Contribution # 1 Is this contribution from a PAC?	ES 4. Date of Receipt 02/10/2	90F		date of receipt)
Name & Address:	4. Date of Receipt 527 1072			
Debbie Tirico			<sub>\$</sub> 250	<sub>s</sub> 250
2320 Tall Oaks Dr			Ψ	<b>a</b>
Ann Arbor, MI 48103				
5. If over \$100.00 cumulative, please	provide:		Click Hara for I	Mama Itaminatian Tura
Occupation Not employed	Employer		Olick Here for I	Memo Itemization Type
Business Address	Linployes			
Type of Contribution: Direct	Loan from a person	Fund Ralser		
	/ES 4. Date of Receipt 02/12/2			
Name & Address: William Lockwood			<sub>\$</sub> 10	<sub>\$</sub> 20
564 Galen Circle			\$_10	<u>\$20</u>
Ann Arbor, MI 48103			Oliale I I a a fee a M	
·			Click Here for M	emo Itemization Type
5. If over \$100.00 cumulative, please pr				
Occupation	Employer			
Business Address				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
3. Contribution # 3	S 4. Date of Receipt 03/12/2	<b>L</b>		
is this contribution from a PAC?	4. Date of Receipt 00/12/2	<u> </u>		
Name & Address:			<sub>\$</sub> 10	20
William Lockwood		;	\$_10	<sub>\$</sub> 30
564 Galen Circle				
Ann Arbor, MI 48103			Click Here for Me	mo Itemization Type
. If over \$100.00 cumulative, please pro	vide:			
Occupation	_Employer			
Business Address				
Type of Contribution: Direct	Thom from a news			
Contribution # 4	Loan from a person	Fund Raiser		
s this contribution from a PAC?	4. Date of Receipt 04/12/2	THE COLUMN TWO IS NOT		
Name & Address:			10	40
William Lockwood		\$	10	<u>\$40</u>
664 Galen Circle			Click Here for Mer	no Itemization Type
Ann Arbor, MI 48103				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5. If over \$100.00 cumulative, please pr	ovide:			
Occupation	Employer			
Business Address ————————				
Type of Contribution: Direct	Loan from a person	Fund Raiser		
	Install and the policies	Page Subtotal	\$290.00	
		raye Subtotal	\$280.00	

Grand Total of All Schedules 2A (Complete on last page of Schedule) \$2,905.00

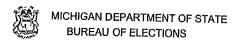
Enter this total on line 3a of Summary Page





1. Committee I.D. Number P-2023-001
Ann Arbor for Everyone PAC

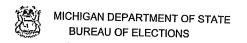
3. Name and address of person or vendor to whom	1			
trie expenditure was made	5. Candidate or Ballot Question Information	6. Date	7 Amount	8. Cumulative for Election or
Expenditure #1 Name & Address: Committee to Elect Travis Radina 2060 Champagne Dr Ann Arbor, MI 48108	5. Travis Radina  Name of Candidate  City Council Ward 3  Office Sought & District # or Jurisdiction  Washtenaw	04/08/24 Date	\$1000	\$\frac{1000}{\squares}
4. Purpose: Contribution	County	Click He	ere for Memo Item	ization Type  ▼
Fund Raiser Expenditure #2	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Name & Address: Jon Mallek for City Council 1755 Brian Ct Ann Arbor, MI 48104	5. Jon Mallek  Name of Candidate  City Council Ward 2  Office Sought & District # or Jurisdiction  Washtenaw	04/09/24  Date  Click Here	\$ 1000 for Memo Itemiza	\$1000
4. Purpose: Contribution  Fund Raiser  Expenditure #3	County  Ballot Proposal  Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Christopher Taylor for Mayor 502 Burson Pl Ann Arbor, MI 48104	5. Christopher Taylor  Name of Candidate  Mayor  Office Sought & District # or Jurisdiction  Washtenaw  County	04/12/24  Date  Click Here	\$500 for Memo Itemiza	\$500ation Type
4. Purpose: Contribution  Fund Raiser  Expenditure #4	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Name & Address: 1837 Partners, LLC 2075 W Stadium Ann Arbor, MI 48108	Name of Candidate  Office Sought & District # or Jurisdiction	01/08/24 Date	<sub>\$</sub> 500	<sub>\$</sub> 500
4. Purpose: PAC Consulting Fund Raiser	County  Ballot Proposal  Check box if expenditure is payment of Debt or Obligation reported on previous statement	Click Here	e for Memo Itemiza	ation Type
<b>1</b> /		otal this page Schedules 2B e of Schedule)	\$3,000.00	
Page of			on line 8a of the Summary Page	



1. Committee I.D. Number P-2023-001
Ann Arbor for Everyone PAC

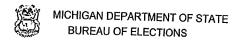
2. Committee Name

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 Cycle	
Expenditure #1 Name & Address:					
Intuit Mailchimp	5	04100104			
	Name of Candidate	01/03/24	\$26.50	<sub>s</sub> 26.50	
405 N Angier Ave NE		Date			
Atlanta, GA 30308	Office Sought & District # or Jurisdiction				
4. Purpose: Email services	County	Click He	ere for Memo Iter	mization Type	
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt				
Expenditure #2	or Obligation reported on previous statement				
Name & Address:	5.				
Intuit Mailchimp	Name of Candidate	02/05/24	<sub>\$</sub> 26.50	<sub>\$</sub> 53.00	
405 N Angier Ave NE		Date	Ψ	<b>D</b>	
Atlanta, GA 30308	Office Sought & District # or Jurisdiction				
		Click Here	Click Here for Memo Itemization Type		
	County			70.	
4. Purpose: Email services	Ballot Proposal				
Fund Raiser	Check box if expenditure is payment of Debt				
Expenditure #3	or Obligation reported on previous statement				
Name & Address:	5.				
Intuit Mailchimp	Name of Candidate	03/04/24	26.50	70.50	
405 N Angier Ave NE	, and of Garianata		<sub>\$</sub> 26.50	<sub>\$</sub> 79.50	
Atlanta, GA 30308	Office Sought & District # or Jurisdiction	Date			
	Simo Sought & District # Of Surisdiction	Click Here	e for Memo Itemi:	zation Type	
	County				
4. Purpose: Email services	Ballot Proposal				
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement				
Expenditure #4 Name & Address:	5.	······································		· ·	
837 Partners, LLC	Name of Candidate				
2075 W Stadium	Name of Candidate	04/03/24	<sub>e</sub> 500	<sub>\$</sub> 500	
Ann Arbor, MI 48108	Office Sought & District # or Jurisdiction	Date	\$000	\$ JOO	
	County	Click Her	e for Memo Itemi	Ization Type	
PAC Consulting					
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement				
		total this page	\$579.50		
	Grand Total of all	Schedules 2B	<u> </u>		
	(Complete on last pag	e of Schedule)	<u>'</u>		
0 1			Enter this total		
2 4			on line 8a of the Summary Page		
Page of			uy		



1. Committee I.D. Number P-2023-001
Ann Arbor for Everyone PAC

3. Name and address of person or vendor to whom	2. Sommittee Name			
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:				7
Intuit Mailchimp	5	04/00/04	00.50	400
405 N Angier Ave NE	Name of Candidate	04/03/24	<sub>\$</sub> 26.50	<sub>\$</sub> 106
		Date	· ·	
Atlanta, GA 30308	Office Sought & District # or Jurisdiction			
4. Purpose: Email services	County	Click He	re for Memo Item	nization Type
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt or Obligation reported on previous statement			
Expenditure #2				
Name & Address:	5	04104104	40.45	
ActBlue	Name of Candidate	01/01/24	<sub>\$</sub> 12.15	<sub>\$</sub> 12.15
PO Box 441146		Date		
Somerville, MA 02144	Office Sought & District # or Jurisdiction			<del></del> 3
		Click Here	for Memo Itemiza	ation Type  ▼
	County			
4. Purpose: Service fee	Dellas Deserved			
Fund Raiser	Ballot Proposal Check box if expenditure is payment of Debt			
Expenditure #3	or Obligation reported on previous statement			
Name & Address:	5.			
ActBlue	Name of Candidate	02/01/24	20.60	40.00
PO Box 441146	, and a candidate		<sub>\$</sub> 30.68	<sub>\$</sub> 42.83_
Somerville, MA 02144	Office Sought & District # or Jurisdiction	Date		
	G. W. W. E. W. W. G. V. E. HOSTING	Click Here	for Memo Itemiz	ation Type
	County			السما
4. Purpose: Service fee				
	Ballot Proposal Check box if expenditure is payment of Debt			
Fund Raiser	or Obligation reported on previous statement			
Expenditure #4 Name & Address:	5.			
ActBlue	Name of Candidate		<i>i</i>	
PO Box 441146		03/01/24	,12.60	<sub>\$</sub> 55.43
Somerville, MA 02144	Office Sought & District # or Jurisdiction	Date	\$	\$
,			_	<u></u>
	County	Click Here	for Memo Itemiz	zation Type
4. Purpose: Service fee	Ballot Proposal			j
Fund Raiser	Check box if expenditure is payment of Debt			
	or Obligation reported on previous statement		·	
	Subt	total this page	\$81.93	
	Grand Total of all	Schedules 2R		
	(Complete on last pag	e of Schedule)		
			Enter this total	
_ 3 4			on line 8a of the Summary Page	<b>)</b>
Page of "			unitary raye	



1. Committee I.D. Number P-2023-001
Ann Arbor for Everyone PAC

Summary Page

3 Name and address of	2. Committee Name			
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:	5			
ActBlue	Name of Candidate	04/01/24	<sub>s</sub> 0.15	<sub>\$</sub> 55.58
PO Box 441146		Date	- \$ <u></u>	\$50.00
Somerville, MA 02144	Office Sought & District # or Jurisdiction	Date		
	,			· ·
4. Purpose: Service fee	County	Click He	re for Memo Item	ization Type
	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt			
	or Obligation reported on previous statement			
Expenditure #2 Name & Address:	5.			
Name & Address:				
	Name of Candidate		\$	\$
		Date	-	·
	Office Sought & District # or Jurisdiction			
		Click Here	for Memo Itemiza	ition Type
	County			
4. Purpose:	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt			
Expenditure #3	or Obligation reported on previous statement		4	
Name & Address:	5.			
	Name of Candidate			
	Name of Candidate		\$	\$
	05-0-110-0-110	Date		
	Office Sought & District # or Jurisdiction	Click Here	for Memo Itemiza	ation Type
		Ollok 11070	TOT INCITIO (CEITIZA	ation type
	County			
4. Purpose:				
	Ballot Proposal Check box if expenditure is payment of Debt			ľ
Fund Raiser	or Obligation reported on previous statement			
Expenditure #4				
Name & Address:	5.			
	Name of Candidate			
			\$	œ
	Office Sought & District # or Jurisdiction	Date	Ψ	1
	·			
	County	Click Here	for Memo Itemiza	ation Type
. Purpose:	Ballot Proposal			
Fund Raiser	Check box if expenditure is payment of Debt or Obligation reported on previous statement			
The second secon		tal this		
	Subto	tal this page	\$0.15	
	Grand Total of all S	Schedules 2B		
	(Complete on last page	of Schedule)	\$3,661.58	
•		ı	Enter this total	
ΛΛ			on line 8a of the	