



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
WASHTENAW COUNTY, MI

**CANDIDATE COMMITTEE
COVER PAGE**

2004 SEP -2 P 12:09

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: July 19, 2004 to August 23, 2004
Mo Day Year Mo Day Year

| | |
|--|--|
| <p>1. Committee I.D. Number C-2004-001</p> <p>2. Committee Name Lawrence Kestenbaum for Clerk Register</p> | <p>4. Candidate Last Name First Name M.I. Kestenbaum Lawrence</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Washtenaw County Clerk - Register of Deeds</p> <p>4b. County of Residence Washtenaw</p> |
|--|--|

| | |
|---|---|
| <p>5. Committee's Mailing Address P.O. Box 2563 Ann Arbor, MI 48106 Area Code and Phone 734-769-7388</p> <p>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.</p> | <p>6. Treasurer's Name & Residential Address PARMA YARKIN Ann Arbor, MI 48104 2330 Adare Rd, Area Code & Phone 734-332-0207</p> |
|---|---|

| | |
|---|--|
| <p>7. Treasurer's Business Address 2330 Adare Rd Ann Arbor, MI 48104 Area Code and Phone 734-332-0207</p> | <p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ()</p> |
|---|--|

| | |
|---|---|
| <p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus August 3, 2004 Month Day Year</p> | <p>9c. <input type="checkbox"/> Annual Statement (Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution Month Day Year</p> <p>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.</p> |
|---|---|

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 | PARMA YARKIN Type or Print Name | <i>[Signature]</i> Signature | Date 9/1/2004 Mo Day Year |
| Candidate | LAURENCE KESTENBAUM Type or Print Name | <i>[Signature]</i> Signature | Date 9 1 2004 Mo Day Year |

Authority granted under P.A. 388 of 1976



C-2004-0010003



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C-2004-001
2. Committee Name Kestenbaum for Clerk Registrar

**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>508.00</u> | |
| b. Unitemized (less than \$20.01 each - no Schedule) | (3b.) \$ <u>NOT APPLICABLE</u> | |
| c. Subtotal of "Contributions" | (3c.) \$ <u>508.00</u> | (18.) \$ <u>7845.00</u> |
| 4. Other Receipts (Schedule 1A -1, Column 6) | (4.) \$ <u>64.00</u> | (19.) \$ <u>89.20</u> |
| 5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4) | (5.) \$ <u>572.00</u> | (20.) \$ <u>7934.20</u> |
| IN-KIND CONTRIBUTIONS & EXPENDITURES | | |
| 6. In-Kind Contributions (Schedule 1-IK, Column 7) | (6.) \$ <u>0</u> | (21.) \$ <u>0</u> |
| 7. In-Kind Expenditures (Schedule 1B-IK, Column 6) | (7.) \$ <u>0</u> | (22.) \$ <u>0</u> |
| EXPENDITURES | | |
| 8. Expenditures | | |
| a. Itemized (Schedule 1B, Column 6) | (8a.) \$ <u>1151.71</u> | |
| b. Itemized Get-Out-the-Vote (Schedule 1B-G) | (8b.) \$ <u>0</u> | |
| c. Unitemized (less than \$50.01 each - no Schedule) | (8c.) \$ <u>0</u> | |
| 9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c) | (9.) \$ <u>1151.71</u> | (23.) \$ <u>4787.08</u> |
| INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only) | | |
| 10. Disbursements | | |
| a. Itemized (Schedule 1C, Column 6) | (10a.) \$ <u>0</u> | |
| b. Unitemized (less than \$50.01 each - no Schedule) | (10b.) \$ <u>0</u> | |
| 11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b) | (11.) \$ <u>0</u> | (24.) \$ <u>0</u> |
| DEBTS AND OBLIGATIONS | | |
| 12. Debts and Obligations | | |
| a. Owed by the Committee (Schedule 1E) | (12a.) \$ <u>1739.00</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>3726.83</u> | |
| 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) | (14.) + \$ <u>572.00</u> | |
| | (15.) = \$ <u>4298.83</u> | |
| 15. SUBTOTAL Add lines 13 and 14 | | |
| 16. Amount expended during reporting period (Add lines 9 and 11) | (16.) - \$ <u>1151.71</u> | |
| 17. ENDING BALANCE (Subtract line 16 from line 15) | (17.) \$ <u>3147.12</u> | |



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2004-001
2. Committee Name Kestelbaum for Clerk Register

| 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/1/2004</u> Name: <u>Jean M. Converse</u> Address: <u>9 Haverhill Ct, Ann Arbor MI 48105</u> 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 | 25.00 | 50.00 |
| 3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/3/2004</u> Name: <u>Robin T. Sedman</u> Address: <u>700 Soule Blvd, Ann Arbor, MI 48103</u> 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 | 20.00 | 20.00 |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/6/2004</u> Name: <u>Jonathan Trobe</u> Address: <u>502 Burson Place, Ann Arbor, MI 48104</u> 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 | 50.00 | 50.00 |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>8/14/2004</u> Name: <u>Scott W & Mc Donna Street</u> Address: <u>1446 Whittier, Ypsilanti, MI 48197</u> 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 | 50.00 | 200.00 |
| Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule) | 145.00 | |

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2004-001

2. Committee Name Kostenbaum For Clerk Register

| 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|---|-----------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/30/2004</u> Name: <u>Scott & McDonna Street</u> Address: <u>1448 Whittier, Ypsilanti, MI 48197</u> 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 | 50.00 | 250.00 |
| 3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/30/2004</u> Name: <u>Richard C. May</u> Address: <u>1915 Collegewood, Ypsilanti, MI 48197</u> 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 | 5.00 | 15.00 |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/30/2004</u> Name: <u>Alfred F. Hegerich</u> Address: <u>5105 Pontiac Trl, Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 100.00 | 150.00 |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/30/2004</u> Name: <u>Emily S. Wachsberger</u> Address: <u>1434 Pine Valley Rd, Ann Arbor MI 48104</u> 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 | 10.00 | 10.00 |

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

165.00

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 C-2004-001

2. Committee Name Kostenbaum For Clerk Registrar

| 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 from committees regardless of amount. | 6. Amount | 7. Cumulative for Election Cycle for Each Contributor (Through date of receipt) |
|--|-----------|---|
| 3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/30/2004</u> Name: <u>Jean Carlberg</u> Address: <u>1902 Independence, Ann Arbor MI 48104</u> 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 | 50.00 | 50.00 |
| 3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/19/2004</u> Name: <u>Susan Dundas</u> Address: <u>535 Little Lake Dr., Ann Arbor MI 48103</u> 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 | 30.00 | 30.00 |
| 3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>7/24/2004</u> Name: <u>Michael Macmillan</u> Address: <u>94-555 Alapoi St #145, Mililani, HI 96789</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | 9.00 | 9.00 |
| 3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser | | |

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

89.00
508.00

Enter this total on line 3a of Summary Page



**ITEMIZED OTHER RECEIPTS
SCHEDULE 1A-1
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2004-001
2. Committee Name Kesterbarn for Clark Register

| 3. Name & Address From Whom Received | 4. Date of Receipt | 5. Type of Receipt | 6. Amount |
|--|----------------------------------|--|--------------|
| Receipt #1 Name: <u>Natalie Maynor</u> Address: <u>P.O. Box 31 39762</u> <u>Mississippi State, MS</u> <input type="checkbox"/> Fund Raiser | Date of Receipt <u>7/30/2004</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>tee shirt</u> | <u>16.00</u> |
| Receipt #2 Name: <u>Tushar Samant</u> Address: <u>4554 Maplewood Ave #1 D</u> <u>Chicopee MA 60625</u> <input type="checkbox"/> Fund Raiser | Date of Receipt <u>7/30/2009</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>t-shirt</u> | <u>16.00</u> |
| Receipt #3 Name: <u>Michael S. Macmillan</u> Address: <u>94-555 Alapoi St. #145</u> <u>Mililani HI 96789</u> <input type="checkbox"/> Fund Raiser | Date of Receipt <u>7/24/2009</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>t-shirt</u> | <u>16.00</u> |
| Receipt #4 Name: <u>Betty Clark</u> Address: <u>375 Summit</u> <u>Pineole, CA 94569</u> <input type="checkbox"/> Fund Raiser | Date of Receipt <u>7/27/2009</u> | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input checked="" type="checkbox"/> Other (Specify) <u>t-shirt</u> | <u>16.00</u> |
| Receipt #5 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ | |
| Receipt #6 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ | |
| Receipt #7 Name: _____ Address: _____ <input type="checkbox"/> Fund Raiser | Date of Receipt _____ | <input type="checkbox"/> Loan from a Lending Institution <input type="checkbox"/> Interest <input type="checkbox"/> Refund \Rebate <input type="checkbox"/> Other (Specify) _____ | |
| Page Subtotal | | | <u>64.00</u> |
| Grand Total of All Schedules 1A -1 (Complete on last page of Schedule) | | | <u>64.00</u> |

Enter this total on
line 4 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2004-001
2. Committee Name Kostenbaum For Clerk Register

| 3. Name and address of person or vendor to whom paid | 4. Purpose (Describe specific purpose and you may assign an Expenditure Code) | 5. Date | 6. Amount |
|---|--|--|----------------|
| Expenditure #1 Name <u>Pay Pal</u> Address <u>303 Bryant St. Mountain View CA 94039</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>transfer fees</u> Expenditure Code* <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>7/19</u> <u>+</u> <u>7/27</u> | <u>2.96</u> |
| Expenditure #2 Name <u>MARCO BRUSCHTEIN</u> Address <u>3100 ISR 426 THOMPSON ST. ANN ARBOR MI 48109</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>web site work</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/17</u> | <u>148.75</u> |
| Expenditure #3 Name <u>SAWICKI & SON</u> Address <u>1521 W. Lafayette Detroit MI 48216</u> <input type="checkbox"/> Fund Raiser | Purpose: <u>YARD SIGNS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>8/17</u> | <u>1000.00</u> |
| Expenditure #4 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | |
| Expenditure #5 Name _____ Address _____ <input type="checkbox"/> Fund Raiser | Purpose: _____ Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | | |

Subtotal this page
Grand Total of all Schedules 1B
(Complete on last page of Schedule)

1151.71
1151.71

Enter this total on line 8a of Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2004-001
2. Committee Name Kestenbaum for Clerk Register

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 (Indicate type and you may assign an expenditure code) 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>Practical Political Consulting</u> <u>P.O. Box 6249</u> <u>East Lansing, MI 48826</u> | 4. Type: <u>mailing list</u> Code* _____ 5. Date Debt Was Incurred: <u>3/08/04</u> 6. Original Amount of Debt: <u>\$ 439.00</u> | _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ | \$ _____ | \$ <u>439.00</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>Laurence Kestenbaum</u> <u>1726 W. Stadium</u> <u>Ann Arbor MI 48103</u> | 4. Type: <u>LOAN</u> Code* _____ 5. Date Debt Was Incurred: <u>4/30/04</u> 6. Original Amount of Debt: <u>\$ 300.00</u> | _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ | \$ _____ | \$ <u>300.00</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: <u>Laurence Kestenbaum</u> <u>1726 W. Stadium</u> <u>Ann Arbor MI 48103</u> | 4. Type: <u>LOAN</u> Code* _____ 5. Date Debt Was Incurred: <u>7/17/04</u> 6. Original Amount of Debt: <u>\$ 1000.00</u> | _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ _____/_____/_____ \$ _____ | \$ _____ | \$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN |
| If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____ | | | | |

Page Subtotal (Outstanding debt)

1739.00

Grand Total of all Schedules 1E

1739.00

(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

*OPTIONAL ITEM: PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

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.