

CANDIDATE COMMITTEE COVER PAGE

FILED WASHTENAW COUNTY. MI

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: 2.52 to Mo Day Year			
1. Committee I.D. Number	4 Constitution as	NaMAINES First Name M.I. RK/REGISTER		
2. Committee Name	4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name Lawrence Kestenbaum for Clerk Register	4b. County of Residence			
5. Committee's Mailing Address	6. Treasurer's Name & Residential Address			
Area Code and Phone	Area Code & Phone (
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.				
7. Treasurer's Business Address	Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)			
Area Code and Phone ()	Area Code and Phone ()			
9. TYPE OF STATEMENT		9c. Annual Statement (Coverage Year)		
9a. Pre-Election OR 9b. Post-Election		9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)		
Pre-Election or Post-Election Statement relates to:		9e. ☐ Dissolution of Candidate Committee		
Primary				
☐ Convention ☐ School		Effective Date of Dissolution		
☐ Special ☐ Caucus		Month Day Year		
Date of Election, Convention or Caucus		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		
August 5, 2004		the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.		
Monda Say (.cs.		Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.		
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: IVWe certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of mylour knowledge and belief the contents are true, accurate and complete.				
Current Treasurer or Designated Record keeper PARNA YARKN Signature Date 10/22/04 Mo' Day Year				
Candidate LAWRENCE KESTENBAM CAURANTESTET Date 10 22 2004 Type or Print Name Signature Date 10 22 2004 Mo Day Year				

Authority granted under P.A. 388 of 1976





1. Committee I.D. Number <u>C - 2004 - 001</u>
2. Committee Name <u>Kestenbaum for</u>

SUMMARY PAGE CANDIDATE COMMITTEE

RECEIPTS	Column I	Column II
3. Contributions	This Period	Cumulative this election cycle
	(3a.) \$ 508.00	
a. Itemized (Schedule 1A - Column 6)		
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE (3c.) \$ 508.@0	(18.)\$ 7845.00
c. Subtotal of "Contributions"	(00.) \$	~ • • •
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$64.00	(101) 4
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ 572.00	(20.) \$ 7934. 20
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$
EXPENDITURES		
8. Expenditures	— —	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ [151. 71	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	1717 70
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	(23.) \$ 4717.08
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.)\$	
b. Unitemized (less than \$50.01 each - no Schedule)	(405.) 6	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(10b.) \$	(24.)\$
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) Ф
a. Owed by the Committee (Schedule 1E)	(12a.)\$ 739.00	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.) 14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14 16. Amount expended during reporting period (Add lines 9 and 11) 17. ENDING BALANCE (Subtract line 16 from line 15)	BALANCE STATEMENT (13.) \$ 3796.83 (14.) + \$ 572.00 (15.) = \$ 4368.83 (16.) - \$ 151.71 (17.) \$ 3217.12	