

# 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:	om 08/25/20	to 10/18	/20
1. Committee I.D. Number		Candidate Last Name		irst Name	M.I.
200400-1		Kestenbaum	Lawre	nce	
L		4a. Office Sought Including District # or Community Served (If applicable)			
2. Committee Name		Clerk-Register Washtenaw County			
Lawrence Kestenbaum for Clerk-Register		4b. County of Residence WA	SHTENAW		
5. Committee's Mailing Address		6. Treasurer's Name & Reside	ential Address		
P.O. Box 2563		Denise W. Baker			
Ann Arbor, MI 48106		8125 Lake Crest Dr.			
		Ypsilanti, Ml 48197			
/734) 760-7388					
Area Code and Phone (734) 769-7388  If the address in this box is different from the committee.	ee e				
mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		Area Code & Phone (734) 219-7117			
7. Treasurer's Business Address		8. Designated Record Keeper's Name and Mailing Address (If the committee has a			
152 Main St., Suite 2		Designated Record Keeper)			
Belleville, MI 48111		Denise W. Baker 8125 Lake Crest Dr.			
		Ypsilanti, MI 48197		<b>*</b>	
		i ponanti, ivii 10101			
		,			
Area Code and Phone		Area Code and Phone (734	) 219-7117		
9. TYPE OF STATEMENT	Described Ob	II V if non-distanta	9e. Dissolution	of Candidate Co	ommittee
9a. Pre-Flection OR 9h. Post-Election	is not on the current year:		by the committee	to the candidate	rtify any outstanding debt or his or her spouse is here
Pre-Election or Post-Election Statement relates to:	July Quart	orke	the committee.	In torgivercano no	o longer collectible from is no utstanding assets,
Primary	Jusy Quare	city	lowes no lates fee	es or has any outs	targging debig
General	October Q	uarterly	Further, if the dis	solution cannot b	e gr <del>ant</del> ed, th <b>e</b> ll-this be
Convention			considered a requ	uest for the Repo	rting Waiver ≟=
Special 9	lc. 🗀 🐧			₹S	S CC
	Annua	I Statement () Coverage Year	Effectiv	ve date of disadilu	tion U
School	d. Amen	dment to Campaign Statement		<u> </u>	
Caucus 9	(Comp	plete Item 9a, 9b, 9c or 9e to the which Statement is being	Note: The dispos	— ⊂ sition of residual⁄i	unds must be reported on
	amend		Schedule 1B and	d the Summary Pa	ige.
Date of Election, Convention or Caucus					
11/03/20					
10. Verification: I/We certify that all reasonable diligen my/our knowledge and belief the contents are true, ac	ce was used i curate and co	in the preparation of this statement implete.	ent and attached s	chedules (if any)	and to the best of
Current Treasurer or Designated Record Keeper Denise W. Bak	er	Dan W 10	32.	<b>.</b>	10/23/20
Type or Print Name		Signature	<b>//</b>	Date	,
Candidate Lawrence Kestenbaum		, Leuren Co	7k]	Date	0/23/20
Type or Print Name		Signature		Date	<del>-//</del>

### 1. Committee I.D. Number 200400-1

## SUMMARY PAGE CANDIDATE COMMITTEE

### 2. Committee Name Lawrence Kestenbaum for Clerk-Register

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		Gundianve this election cycle
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>50.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) \$_\$50.00	(18.) \$ \$16,396.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ \$50.00	(20.) \$ \$16,396.00
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ \$0.00	(21.) \$ \$10,395.14
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	(22.) \$ 0
EXPENDITURES		
8. Expenditures <sup>6</sup>	•	
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ _\$2,440.00	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>\$2.00</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ \$2,442.00	(23.) \$ \$17,421.84
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)	•	
10. Disbursements a. Itemized (Schedule 1C, Column 6)	(10a.) \$	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)		
DEBTS AND OBLIGATIONS 12. Debts and Obligations	(11.) \$	(24.) \$
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _\$0.00	
b. Owed to the Committee (Schedule 1E)	(40h.) @	
	(12b.) \$ BALANCE STATEMENT	
13. Ending Balance of last report filed	(13.) \$ \$3,586.93	-
(Enter zero if no previous reports have been filed.)  14. Amount received during reporting period  15. Table Contring reporting period	(14.) + \$ \$50.00	······
(Line 5, Total Contributions & Other Receipts) 15. SUBTOTAL Add lines 13 and 14	(15.) = \$_\$3,636.93	-
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ \$2,442.00	_
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ \$1,194.93	*

### **CONTRIBUTIONS (1A) CANDIDATE COMMITTEE**

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· Committee ID	200400-1
· Committee Name	Lawrence Kestenbaum for Clerk Register
1	A STATE OF THE PROPERTY OF THE
	Pre-Election General

# 4900- -Add

PAC Receipt?:

**Date of Receipt:** 09/15/2020

Amt: 25.00

Cumul: 100.00

Name: Ralph Keith

Address: 424 Little Lake Dr. Apt. 9

Occupation:

Employer:

**Business Address:** 

City: State:

Zip:

City: Ann Arbor State: MI Zip: 48103

Type of Contribution: Direct

# 4901- -Add

PAC Receipt?:

Date of Receipt: 10/15/2020

Amt: 25.00

Cumul: 125.00

Name: Ralph Keith

Address: 424 Little Lake Dr. Apt. 9

Occupation: Psychologist

Employer: Self Employed **Business Address:** 

City: Ann Arbor State: MI

City: State:

**Zip:** 48103

Type of Contribution: Direct

Zip:

Schedule Total

\$ 50.00

#### **DIRECT EXPENDITURES (1B) CANDIDATE COMMITTEE**

- Committee ID	200400-1
· Committee Name	Lawrence Kestenbaum for Clerk Register
	Pre-Election General

# 4898- -Add

Date: 08/25/2020

Name: ActBlue

Address: P.O. Box 441146 City: Somerville State: MA

**Zip:** 02144-0031

**Amt:** 337.71

Purpose: Credit Card Fee

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

# 4899- -Add

Date: 08/25/2020

Name: ActBlue

Address: P.O. Box 441146 City: Somerville State: MA

Zip: 02144-0031

Amt: 39.36

Purpose: Credit Card Fee

**Fund Raiser:** 

Payment on Debt/Obligation

reported on

previous statement:

# 4902- -Add

Date: 08/25/2020

Name: ActBlue

Address: P.O. Box 441146 City: Somerville State: MA

**Zip:** 02144-0031

Amt: 2.67

Purpose: Credit Card Fees

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

# 4894- -Add

Date: 08/25/2020

Name: Glick

Address: 1663 Snowberry Ridge Rd.

City: Ann Arbor State: MI

**Zip:** 48103

Amt: 2,000.00

Purpose: Campaign Manager

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

# 4896- -Add

Date: 09/09/2020

Name: ActBlue Address: P.O. Box 441146 City: Somerville State: MA

**Zip:** 02144-0031

Amt: 60.26

Purpose: Credit Card Fee Pa

Fund Raiser:

Payment on Debt/Obligation

reported on

previous statement:

Schedule Total

\$ 2,440.00