



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: <u>07/21/08</u> to <u>08/25/08</u>	
1. Committee I.D. Number C2006-090	4. Candidate Last Name CLAYTON First Name JERRY M.I.
2. Committee Name Committee to Elect Jerry Clayton Sheriff	4a. Office Sought Including District # or Community Served (If applicable) SHERIFF
5. Committee's Mailing Address P O BOX 7976 ANN ARBOR, MI 48107	4b. County of Residence WASHTENAW
Area Code and Phone <u>(734) 320-4793</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.	6. Treasurer's Name & Residential Address LEON MACK 165 VALLEY DRIVE YPSILANTI, MI 48197
7. Treasurer's Business Address P O BOX 970294 YPSILANTI, MI 48197	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone _____	Area Code & Phone <u>(734) 484-0374</u>
Area Code and Phone _____	Area Code and Phone _____

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

9c. Annual Statement (_____ Coverage Year)

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. Dissolution of Candidate Committee

Pre-Election or Post-Election Statement relates to:

Primary General

Convention School

Special Caucus

Effective Date of Dissolution _____

Date of Election, Convention or Caucus
08/05/08

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.

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 LEON MACK Signature *Leon Mack* Date 09/04/08

Type or Print Name Signature Date

Candidate JERRY CLAYTON Signature *Jerry Clayton* Date 09/04/08

Type or Print Name Signature Date



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number C2006-090

2. Committee Name Committee to Elect Jerry Clayton Sheriff

**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>1,620.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>\$1,620.00</u>	(18.) \$ <u>\$17,905.00</u>
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) \$ <u> </u>	(19.) \$ <u> </u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>\$1,620.00</u>	(20.) \$ <u>\$17,905.00</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>\$2,351.83</u>	(21.) \$ <u>\$2,530.83</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 8)	(7.) \$ <u> </u>	(22.) \$ <u> </u>
EXPENDITURES		
B. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>\$6,770.40</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u> </u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u> </u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>\$6,770.40</u>	(23.) \$ <u>\$15,881.81</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>\$0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u> </u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>\$0.00</u>	(24.) \$ <u>\$0.00</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>\$0.00</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>\$0.00</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>\$7,173.59</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>\$1,620.00</u>	
	(15.) = \$ <u>\$8,793.59</u>	
15. SUBTOTAL Add lines 13 and 14		
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>\$6,770.40</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>\$2,023.19</u>	



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

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 all contributions 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>07/23/08</u>	
Name & Address: PERRY, PATTIE 638 IRONWOOD ANN ARBOR, MI 48103		\$ <u>100.00</u>	\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/23/08</u>	
Name & Address: WATERS, MARK 3956 HIGHLANDER WAY E. ANN ARBOR, MI 48108		\$ <u>100.00</u>	\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution #3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/23/08</u>	
Name & Address: CARLBERG, JEAN 1902 INDEPENDENCE ANN ARBOR, MI 48104		\$ <u>100.00</u>	\$ <u>100.00</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		Click Here for Memo Itemization	
3. Contribution #4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/23/08</u>	
Name & Address: JONES STEWART, KAREN 2390 S STATE STREET ANN ARBOR, MI 48104		\$ <u>20.00</u>	\$ <u>20.00</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		Click Here for Memo Itemization	

Page Subtotal **\$320.00**

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 C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

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 all contributions 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>07/26/08</u> Name & Address: FRANCIS, NANCY 1101 MIXTWOOD ROAD ANN ARBOR, MI 48103	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u> Name & Address: BROWN, JENNIFER 1545 HUEHNLE ANN ARBOR, MI 48103	\$ 25.00	\$ 25.00
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>07/26/08</u> Name & Address: SUTTON, BRENDA 14015 E AUSTIN ROAD MANCHESTER, MI 48158	\$ 500.00	\$ 800.00
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization Occupation <u>PAYROLL ANALYST</u> Employer <u>VISTEON</u> Business Address <u>7700 E. MICHIGAN AVENUE SALINE, MI 48167</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/08</u> Name & Address: DEREZINSKI, ANTHONY 1345 GLENDALOCH CIRCLE ANN ARBOR, MI 48104	\$ 100.00	\$ 100.00
5. If over \$100.00 cumulative, please provide: Click Here for Memo Itemization 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 \$725.00

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 C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

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 all contributions 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>08/01/08</u> Name & Address: SHACKMAN, STANLEY 515 SOULE BLVD ANN ARBOR, MI 48103 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	\$ <u>25.00</u>	\$ <u>25.00</u>
Click Here for Memo Itemization		
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/08</u> Name & Address: JUDGE, KRISTIN 6082 VINEYARD AVENUE ANN ARBOR, MI 48108 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	\$ <u>50.00</u>	\$ <u>50.00</u>
Click Here for Memo Itemization		
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/08</u> Name & Address: GREDEN, LEIGH 2860 GLADSTONE ANN ARBOR, MI 48104 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	\$ <u>25.00</u>	\$ <u>25.00</u>
Click Here for Memo Itemization		
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>08/01/08</u> Name & Address: SWAMSON, DEBBIE & MARK 2446 HARDING AVENUE YPSILANTI, MI 48197 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	\$ <u>25.00</u>	\$ <u>25.00</u>
Click Here for Memo Itemization		

Page Subtotal **\$125.00**

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 C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

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 all contributions 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>07/23/08</u>	
Name & Address: PERRY, SAMUEL P O BOX 7222 ANN ARBOR, MI 48107		\$ <u>150.00</u>	\$ <u>150.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/30/08</u>	
Name & Address: KRIENKE, JOHN 3131 PITTSVIEW DRIVE ANN ARBOR, MI 48108		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/30/08</u>	
Name & Address: MOORE, JIMMY 4065 TESS LANE YPSILANTI, MI 48197		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/26/08</u>	
Name & Address: RESNIK, MOLLY ANN ARBOR, MI		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____		Click Here for Memo Itemization	
Business Address _____			
Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal \$450.00

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

\$1,620.00

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS

SCHEDULE 1-IK

1. Committee I. D. Number C2006090

2. Committee Name Committee to Elect Jerry Clayton Sheriff

CANDIDATE COMMITTEE

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report all in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
	5. Date of Receipt		

Contribution #1 PAC Receipt? Yes

Name & Address:
ROSE MARTIN
1111 N MAPLE ROAD
ANN ARBOR, MI 48103

If over \$100.00 cumulative, please provide:
Occupation: **RETIRED**

Employer Name & Business Address:

4. Endorsement or Guarantee of Bank Loan
- Goods Donated or Loaned Services Donated
- Goods or Services Purchased by Candidate or Others
- Goods or Services Purchased by Candidate or Others- LOAN

\$ 219.00 \$ 219.00

Description CAMPAIGN BALLOONS

5. Date Of Receipt: 07/21/08

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution #2 PAC Receipt? Yes

Name & Address:
WASHTENAW LEADERSHIP
1308 E STADIUM BLVD
ANN ARBOR, MI 48104

If over \$100.00 cumulative, please provide:
Occupation:

Employer Name & Address:

4. Endorsement or Guarantee of Bank Loan
- Goods Donated or Loaned Services Donated
- Goods or Services Purchased by Candidate or Others
- Goods or Services Purchased by Candidate or Others- LOAN

\$ 2132.83 \$ 2132.83

Description CAMPAIGN LITERATURE

5. Date Of Receipt: 08/23/08

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Contribution #3 PAC Receipt? Yes

Name & Address:

If over \$100.00 cumulative, please provide:

Occupation:

Employer Name & Address:

4. Endorsement or Guarantee of Bank Loan
- Goods Donated or Loaned Services Donated
- Goods or Services Purchased by Candidate or Others
- Goods or Services Purchased by Candidate or Others- LOAN

\$ _____ \$ _____

Description _____

5. Date Of Receipt: _____

6. Vendor Name & Address:

[Click Here for Memo Itemization](#)

Fund Raiser Contribution

Page Subtotal **\$2,351.83**

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule) **\$2,351.53**

Enter this total
on line 6 of Summary
Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name PARTNERS PRESS Address 1958 S INDUSTRIAL SUITE C ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN LITERATURE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/29/08</u> Date	<u>\$ 1826.38</u>
Expenditure #2 Name HDL Address 118 S WASHINGTON YPSILANTI, MI 48197 <input type="checkbox"/> Fund Raiser	Purpose: <u>DESIGN SERVICES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/25/08</u> Date	<u>\$ 425.00</u>
Expenditure #3 Name HERITAGE NEWSPAPER Address 106 W MICHIGAN AVENUE SALINE, MI 48176 <input type="checkbox"/> Fund Raiser	Purpose: <u>DISPLAY ADVERTISEMENT</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/08</u> Date	<u>\$ 1111.00</u>
Expenditure #4 Name SAWICKI & SON Address 1521 W LAFAYETTE DETROIT, MI 48216 <input type="checkbox"/> Fund Raiser	Purpose: <u>YARD SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/30/08</u> Date	<u>\$ 797.65</u>
Expenditure #5 Name PRIDE SOURCE MEDIA GROUP Address 11920 FARMINGTON ROAD LIVONIA, MI 48150 <input type="checkbox"/> Fund Raiser	Purpose: <u>AD DISPLAY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/31/08</u> Date	<u>\$ 375.00</u>

Subtotal this page **\$4,535.03**

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 C2006-090
2. Committee Name Committee to Elect Jerry Clayton Sheriff

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name THE ANN ARBOR NEWS Address 340 E HURON STREET ANN ARBOR, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>ADVERTISEMENTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/08</u> Date	<u>\$ 1511.37</u> Click Here for Memo Itemization Type
Expenditure #2 Name BISTRO BAR & GRILL Address 4735 WASHTENAW ANN ARBOR, MI 48108 <input type="checkbox"/> Fund Raiser	Purpose: <u>FOOD & BEVERAGES</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/05/08</u> Date	<u>\$ 374.00</u> Click Here for Memo Itemization Type
Expenditure #3 Name 1ST CLASS EMBROIDERY Address 11205 MORNINGVIEW SOUTHGATE, MI 48195 <input type="checkbox"/> Fund Raiser	Purpose: <u>T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/11/08</u> Date	<u>\$ 350.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____ Click Here for Memo Itemization Type

Subtotal this page **\$2,235.37**
Grand Total of all Schedules 1B
(Complete on last page of Schedule) **\$6,770.40**
Enter this total on line Ba of Summary Page