



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FILED
DEC 11 10 00 AM '00
COUNTY CLERK/REGISTRAR
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: 10 23 00 To: 12 07 00
Mo Day Year Mo Day Year

4. Candidate Last Name Landau First Name Richard M.I. J.

4a. Office Sought Including District # or Community Served (If applicable)
Board of Trustees of Washtenaw Community College

4b. County of Residence Washtenaw Driver License # (Optional) _____

5. Committee's Mailing Address
315 E. Eisenhower Parkway, Suite 100
Ann Arbor, MI 48108
Area Code and Phone (734) 214-7669

6. Treasurer's Name & Residential Address
Henry S. Landau
1355 Stark Strasse
Ann Arbor Township, MI 48105
Area Code & Phone (734) 662-3370
Driver License # (Optional) _____

7. Treasurer's Business Address
315 E. Eisenhower Parkway, Suite 100
Ann Arbor, MI 48108
Area Code and Phone (734) 214-7669

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone () - _____
Driver License # (Optional) _____

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

Primary General
 Convention School
 Special Caucus

Date of Election, Convention or Caucus
11 07 2000
Month Day Year

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
Effective Date of Dissolution
____ Month ____ Day ____ Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. 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 Henry S. Landau Signature Henry S. Landau Date 12 07 00
Type or Print Name Signature Mo Day Year

Candidate Richard J. Landau Signature Richard J. Landau Date 12 07 00
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2000-189
2. Committee Name Committee to Elect Richard J. Landau

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 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>10/22/00</u> Name: <u>Dr. Lloyd Straffon</u> Address: <u>3197 Heather Road</u> <u>Ann Arbor, MI 48108</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	\$20.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/25/00</u> Name: <u>Donald and Carol Weaver</u> Address: <u>5879 Fox Hollow Court</u> <u>Ann Arbor, MI 48105</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	\$25.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/00</u> Name: <u>Donald and Antoinette Walker</u> Address: <u>5951 Fox Hollow Court</u> <u>Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Executive</u> Employer <u>Venture Capital</u> Business Address <u>414 N. Jackson Street, Jackson, MI 49201</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/00</u> Name: <u>Jack and Rivka Rubinfeld</u> Address: <u>1129 Chestnut Road</u> <u>Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Builder-President</u> Employer <u>Elan Designs Custom Home Builders</u> Business Address <u>1129 Chestnut Road, Ann Arbor, MI 48104</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$245.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2000-189
2. Committee Name Committee to Elect Richard J. Landau

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 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>10/30/00</u> Name: <u>Christine Argersinger</u> Address: <u>3880 Tremont Place</u> <u>Ann Arbor, MI 48105</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	\$50.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/00</u> Name: <u>George and Beverly Jo Griffith</u> Address: <u>300 Barton Shore Drive</u> <u>Ann Arbor, MI 48105</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer <u>n/a</u> Business Address <u>n/a</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$100.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/00</u> Name: <u>Mary Jean Raab & John Boyer</u> Address: <u>2273 Delaware</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Vice President</u> Employer <u>Borders</u> Business Address <u>100 Phoenix, Ann Arbor, MI 48108</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$200.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/31/00</u> Name: <u>R. Griffith and Patricia McDonald</u> Address: <u>3906 Penberton Drive</u> <u>Ann Arbor, MI 48105</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	\$50.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$400.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2000-189
2. Committee Name Committee to Elect Richard J. Landau

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 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>10/31/00</u> Name: <u>Richard and Mary Burney</u> Address: <u>4319 Miller Road</u> <u>Ann Arbor, MI 48103-9428</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	\$10.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/07/00</u> Name: <u>Theodore and Susan Dushane</u> Address: <u>1205 Wynnstone</u> <u>Ann Arbor, MI 48105-2878</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Anesthesiologist</u> Employer <u>St. Joseph Mercy Hospital</u> Business Address <u>5301 E. Huron River Drive, Ann Arbor, MI 48105</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	\$150.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>11/27/00</u> Name: <u>David and Jamie Renken</u> Address: <u>3829 Waldenwood Drive</u> <u>Ann Arbor, MI 48105</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	\$20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/23/00</u> Name: <u>Paul L. and Patricia Carson</u> Address: <u>5903 Fox Hollow Court</u> <u>Ann Arbor, MI 48105</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	\$20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	\$200.00	

Enter this total on
line 3a of
Summary Page



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2000-189

2. Committee Name Committee to Elect Richard J. Landau

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 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>10/19/00</u> Name: <u>E. Edward and Jana Lee Hood</u> Address: <u>180 Underdown</u> <u>Ann Arbor, MI 48103</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Attorney</u> Employer <u>Dykema Gossett PLLC</u> Business Address <u>315 E. Eisenhower Parkway, Suite 100, Ann Arbor, MI</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser <u>48108</u>	\$100.00	
3. Contribution #2 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		
3. Contribution # 3 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		
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)	\$100.00 \$945.00	

Enter this total on
line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2000-189

2. Committee Name Committee to Elect Richard J. Landau

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 Ann Arbor Public Schools Educational Foundation Address 2555 S. State Street Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Contribution</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/19/00	\$ 75.00
Expenditure #2 Name Parkman Printing Address 157 E. Hoover Street Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Advertising</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/24/00	\$ 95.05
Expenditure #3 Name Ann Arbor News Address 340 E. Huron Road Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Advertising</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/00	\$1,515.66
Expenditure #4 Name Mail Shoppe Address 317 S. Division Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing, postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/26/00	\$2,075.70
Expenditure #5 Name Ann Arbor News Address 340 E. Huron Road Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Advertising</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/00	\$ 655.38

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

\$4,416.79

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2000-189

2. Committee Name Committee to Elect Richard J. Landau

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>Heritage Newspaper</u> Address <u>109 E. Main Manchester, MI 48158</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Print Advertising</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/00	\$ 354.75
Expenditure #2 Name <u>The Mail Shoppe</u> Address <u>317 S. Division Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Mailing, postage</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/00	\$ 33.00
Expenditure #3 Name <u>Cash Disbursement Performance Network</u> Address <u>120 E. Huron Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Contribution</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/25/00	\$ 150.00
Expenditure #4 Name <u>ExpresSign Design</u> Address <u>2261 W. Liberty Ann Arbor, MI 48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Sign Advertising</u> Expenditure Code <u>SA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	10/27/00	\$ 204.93
Expenditure #5 Name <u>Cash Disbursement</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Food expenses</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	11/06/00	\$ 102.68
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ 845.36

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2000-189

2. Committee Name Committee to Elect Richard J. Landau

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 Kinko's Address 530 E. Liberty Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Stationary</u> Expenditure Code <u>OE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/04/00	\$ 88.25
Expenditure #2 Name Bank of Ann Arbor Address 125 S. 5th Avenue Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Checks</u> Expenditure Code <u>BK</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/04/00	\$ 18.50
Expenditure #3 Name Address Student Advocacy Center 2301 Platt Road Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Contribution</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/07/00	\$ 500.00
Expenditure #4 Name Washtenaw Community College Foundation Address 4800 E. Huron River Drive Ann Arbor Township, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Contribution</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/07/00	\$1,000.00
Expenditure #5 Name Performance Network Address 120 E. Huron Ann Arbor, MI 48104 <input type="checkbox"/> Fund Raiser	Purpose: <u>Charitable Contribution</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	12/07/00	\$ 439.39
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$2,046.14 \$7,308.29

Enter this total
on line 8a of
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

SUMMARY PAGE
CANDIDATE COMMITTEE

1. Committee I.D. Number C 2000-189

2. Committee Name _____

Committee to Elect Richard J. Landau

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>945.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ _____	
c. Subtotal of "Contributions"	(3c.) \$ <u>945.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ _____	(19.) \$ _____
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>945.00</u>	(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.) \$ <u>7,308.29</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ _____	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>7,308.29</u>	(23.) \$ _____
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)	(11.) \$ _____	(24.) \$ _____
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ _____	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ _____	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>6,363.29</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + <u>945.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = <u>7,308.29</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - <u>7,308.29</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>0.00</u>	

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.