



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FILED  
WASHTENAW COUNTY, MI

2003 JUL -9 P 2:47

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

PEGGY MEYER FOR OFFICIAL USE ONLY  
COUNTY DEPT. REG. 6/29/03

3. This Statement covers From: 5/25/03 to 6/29/03  
Mo Day Year to Mo Day Year

<p>1. Committee I.D. Number <u>C-2003-019</u></p> <p>2. Committee Name <u>THE COMMITTEE TO ELECT DEB MEXICOTTE</u></p>	<p>4. Candidate Last Name First Name M.I. <u>MEXICOTTE, DEBRA L.</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>ANN ARBOR BOARD OF EDUCATION</u></p> <p>4b. County of Residence <u>WASHTENAW</u> <u>MICHIGAN M 223-139-564-045</u></p>
<p>5. Committee's Mailing Address <u>2660 YOST BLVD.</u> <u>ANN ARBOR, MI 48104</u> Area Code and Phone <u>(734) 677-1587</u></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 &amp; Residential Address <u>DEBRA L. MEXICOTTE</u> <u>2660 YOST BLVD.</u> <u>ANN ARBOR, MI 48104</u> Area Code &amp; Phone <u>(734) 677-1587</u></p>
<p>7. Treasurer's Business Address <u>DEBRA L. MEXICOTTE</u> <u>2660 YOST BLVD.</u> <u>ANN ARBOR, MI 48104</u> Area Code and Phone <u>(734) 677-1587</u></p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>DEBRA L. MEXICOTTE</u> <u>2660 YOST, ANN ARBOR, MI 48104</u> Area Code and Phone <u>(734) 677-1587</u></p>

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  
6/9/03  
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. 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 DEBRA L. MEXICOTTE Signature [Signature] Date 7/9/03  
Type or Print Name Signature Mo Day Year

Candidate DEB MEXICOTTE Signature [Signature] Date 7/9/03  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

C-2003-0190003001



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOITE

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>5/29/03</u> Name: <u>MAYA SAVARINO</u> Address: <u>301 GOLFVIEW LN., 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	50.00	50.00	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/29/03</u> Name: <u>CHESTER CHAMBERS</u> Address: <u>2524 PARKWOOD, TOLEDO, OH 43610</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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/29/03</u> Name: <u>SUSAN WILSON</u> Address: <u>919 POMONA, 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	50.00	50.00	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/29/03</u> Name: <u>MARK HOLTER</u> Address: <u>209 GLENDALE 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	25.00	25.00	

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

175.00

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-2003-019

2. Committee Name

THE COMMITTEE TO ELECT DSB

MEXICO

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>5/29/03</u> Name: <u>BEVERLY WOOD</u> Address: <u>151 BARTON DR, 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	50.00	50.00	
3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/29/03</u> Name: <u>CYNTHIA MASINI</u> Address: <u>2950 HICKORY LN., 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 # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/29/03</u> Name: <u>KATHLEEN WRIGHT</u> Address: <u>3735 TANGLEWOOD 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	50.00	50.00	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/29/03</u> Name: <u>EILEEN KUNDRAT</u> Address: <u>107 KENWOOD, 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	50.00	50.00	

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

160.00

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-2003-019

2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTTE

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>5/31/03</u> Name: <u>JANE CAPIN</u> Address: <u>P.O. BOX 131218, ANN ARBOR, MI 48113-1218</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	25.00	
3. Contribution # 2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>5/31/02</u> Name: <u>SUSAN G. WICCHART</u> Address: <u>2670 APPLE WAY, 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	25.00	25.00	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/2/03</u> Name: <u>CHRISTA MEXICOTTE</u> Address: <u>2401 LAURELWOOD CIR. ANN ARBOR, MI 48108</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>6/3/03</u> Name: <u>KATHE MCPHAIL</u> Address: <u>1324 ALGONAC, 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	50.00	50.00	

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

150.00

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-2003-019

2. Committee Name

THE COMMITTEE TO ELECT DEB MEHLER

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>6/4/03</u> Name: <u>MARCIA FEDERBUSH</u> Address: <u>2000 ANDERSON CT., 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	20.00
3. Contribution # 2	PAC Receipt? <input checked="" type="checkbox"/> YES 4. Date of Receipt <u>6/4/03</u> Name: <u>MEA POLITICAL ACTION COMMITTEE (MICHIGAN EDUCATION ASSOCIATION)</u> Address: <u>1216 KENDALE BLVD., P.O. BOX 2573 EAST LANSING, MI 48826-2573</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	500.00	500.00
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/6/03</u> Name: <u>JIMMY HSIAO</u> Address: <u>1010 BELMONT, 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	80.00	80.00
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>6/11/03</u> Name: <u>ANN O'CONNELL</u> Address: <u>4233 MARJO CT., PLYMOUTH, MI 48170</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	50.00

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

650.00  
1135.00

Enter this total on line 3a of Summary Page



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2003-019  
2. Committee Name THE COMMITTEE TO ELECT DUB MEXICOTTE

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>UNIVERSITY OF MICHIGAN</u> Address <u>300 S. STATE ST. ANN ARBOR, MI 48109</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN BUTTONS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/27/03</u>	<u>60.00</u>
Expenditure #2 Name <u>COPY MAX</u> Address <u>3765 WASHTEAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPYING</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/29/03</u>	<u>4.20</u>
Expenditure #3 Name <u>COPY MAX</u> Address <u>3765 WASHTEAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>COPYING</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/1/03</u>	<u>42.39</u>
Expenditure #4 Name <u>COPY MAX</u> Address <u>3765 WASHTEAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BROCHURES/POSTCARDS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/2/03</u>	<u>146.84</u>
Expenditure #5 Name <u>KINKO'S</u> Address <u>3800 S. STATE ST. ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED LABELS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/2/03</u>	<u>77.38</u>

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

330.81

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 C-2003-019  
2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOITE

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>COPY MAX</u> Address <u>3765 WASHTEENAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>POSTCARDS</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/3/03</u>	<u>109.43</u>
Expenditure #2 Name <u>COPY MAX</u> Address <u>3765 WASHTEENAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTED BROCHURES</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/3/03</u>	<u>11.64</u>
Expenditure #3 Name <u>COPY MAX</u> Address <u>3765 WASHTEENAW ANN ARBOR, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>BROCHURES, SUPPLIES</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		<u>106.74</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)

277.81

558.62

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 \_\_\_\_\_

2. Committee Name \_\_\_\_\_

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 endorser 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 <input checked="" type="checkbox"/> to or by: <u>DEBRA L. MEXICOTTE</u> <u>2660 YOST BLVD.</u> <u>ANN ARBOR, MI 48104</u>	4. Type: <u>LOAN</u> Code* _____ 5. <u>Date Debt Was Incurred:</u> <u>5/6/03</u> 6. <u>Original Amount of Debt:</u> <u>\$ 1000.00</u>	_____ \$ _____ \$ _____ \$ _____ \$ _____ \$	\$ <u>0.00</u>	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #2 Corp? <input type="checkbox"/> Yes Owed <input checked="" type="checkbox"/> to or by: <u>DEB MEXICOTTE</u> <u>2660 YOST BLVD.</u> <u>ANN ARBOR, MI 48104</u>	4. Type: <u>LOAN</u> Code* _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ \$ _____ \$ _____ \$ _____ \$	\$ <u>0.00</u>	<u>1100.00</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				
Debt #3 Corp? <input type="checkbox"/> Yes Owed <input checked="" type="checkbox"/> to or by: <u>DEBRA L. MEXICOTTE</u> <u>2660 YOST BLVD.</u> <u>ANN ARBOR, MI 48104</u>	4. Type: <u>LOAN</u> Code* _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	_____ \$ _____ \$ _____ \$ _____ \$ _____ \$	<u>0.00</u>	<u>48.23</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: \$ _____				

Page Subtotal (Outstanding debt)

2148.23

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

2148.23

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.





1. Committee I.D. Number C-2003-019  
 2. Committee Name THE COMMITTEE TO ELECT DEB MEXICOTE

**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>1135.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>1135.00</u>	(18.) \$ <u>1135.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>      </u>	
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>1135.00</u>	(19.) \$ <u>0.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>      </u>	(20.) \$ <u>1135.00</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>      </u>	
<b>EXPENDITURES</b>		
8. Expenditures		(21.) \$ <u>0.00</u>
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>558.62</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>	(22.) \$ <u>0.00</u>
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>558.62</u>	
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>      </u>	(23.) \$ <u>558.62</u>
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>      </u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>      </u>	
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>2148.23</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>      </u>	(24.) \$ <u>2148.23</u>
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>1634.34</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>1135.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2769.34</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>558.62</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>2210.72</u>	

\*If your ending balance is negative, please recheck your math.