



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE COVER PAGE
WASHTENAW COUNTY, MI

FILED

FOR OFFICIAL USE ONLY

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

NOV 30 A 11:50

3. This Statement covers From: October 18, 2004 Nov 22, 2004
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number C - 2004 - 001</p> <p>2. Committee Name Lawrence Kestenbaum for Clerk Register</p>	<p>4. Candidate Name PEGGY M. HAINES County Clerk Register First Name Restenbaum M.I. Lawrence</p> <p>4a. Office Sought Including District # or Community Served (If applicable) Washtenaw County Clerk Register of Deeds</p> <p>4b. County of Residence</p>
<p>5. Committee's Mailing Address P.O. Box 2563 Ann Arbor, MI 48106 Area Code and Phone 734-769-7388</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 & Residential Address Parma Yarkin 2330 Adare, Ann Arbor MI 48104 Area Code & Phone (734) 332-0207</p>
<p>7. Treasurer's Business Address 2330 Adare Ann Arbor, MI Area Code and Phone 734 332-0207</p>	<p>8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)</p> <p>Area Code and Phone ()</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
November 2, 2004
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 **PARMA YARKIN** Signature _____ Date 11/30/04
Type of Print Name Signature Mo Day Year

Candidate **LAWRENCE KESTENBAUM** Signature _____ Date 11/30/04
Type of Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



C-2004-001007



1. Committee I.D. Number C-2004-001
2. Committee Name Kestlenbaum For Clerk Register

**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>11402.14</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>11402.14</u>	(18.) \$ <u>24,717.14</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>189.20</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>11402.14</u>	(20.) \$ <u>24906.34</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>-</u>	(21.) \$ <u>398.62</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>-</u>	(22.) \$ <u>-</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>11802.57</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>11802.57</u>	(23.) \$ <u>24629.05</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>-</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>-</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>13561.14</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>677.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>11402.14</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>12079.86</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>11802.57</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>277.29</u>	



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2004-001
2. Committee Name Kesterbaum for Clerk Register

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 Name: <u>C. F. Gray</u> Address: <u>6095 Lake Drive, Ypsilanti, MI 48197</u> 4. Date of Receipt <u>10/28/2004</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>David Bonior</u> Address: <u>52 Bellview St Mt Clemens, MI 48043</u> 4. Date of Receipt <u>10/28/2004</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 checked="" type="checkbox"/> Fund Raiser	150.00	150.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Anthony A. Dereziński</u> Address: <u>1345 Glendaloch Cir, Ann Arbor, MI 48104</u> 4. Date of Receipt <u>10/28/2004</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 checked="" type="checkbox"/> Fund Raiser	50.00	50.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Nancy C. Francis</u> Address: <u>1101 Mixtwood, Ann Arbor MI 48103</u> 4. Date of Receipt <u>10/28/2004</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 checked="" type="checkbox"/> Fund Raiser	100.00	100.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		350.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2004-001
2. Committee Name Rostenbawm for Clerk-Register

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 Name: <u>Graham Teale</u> Address: <u>1208 Brooklyn Ave, Ann Arbor, MI 48104</u> 4. Date of Receipt <u>10/28/2004</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Asst US Atty</u> Employer <u>US Dist Attorneys Office</u> Business Address <u>Detroit, MI 48226</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	10.00	260.00	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name: <u>Robert Baillie</u> Address: <u>705 Madison Pl Ann Arbor, MI 48103</u> 4. Date of Receipt <u>10/28/2004</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 checked="" type="checkbox"/> Fund Raiser	20.00	20.00	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name: <u>Larry Root</u> Address: <u>1823 Ivy Wood, Ann Arbor MI 48103</u> 4. Date of Receipt <u>10/28/2004</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 checked="" type="checkbox"/> Fund Raiser	20.00	20.00	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name: <u>Ellen Dannaun</u> Address: <u>705 Madison Place, Ann Arbor MI 48103</u> 4. Date of Receipt <u>10/28/2004</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 checked="" type="checkbox"/> Fund Raiser	20.00	20.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		70.00	

Enter this total on line 3 of Summary Page.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2004-001
2. Committee Name Kestenbaum for Clerk Register

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>10/27/2004</u> Name: <u>Lawrence Kestenbaum</u> Address: <u>1726 W Stadium Blvd, 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 checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		9000.00	11,300.00
3. Contribution # 2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/27/2004</u> Name: <u>Lawrence Kestenbaum</u> Address: <u>1726 W Stadium, 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 checked="" type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		1822.14	13,122.14
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)

10822.14
11,402.14

Enter this total on
line 3 of Summary
Page.



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2004-001
2. Committee Name Kestlenbaum For Clerk-Register

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>PARTNERS PRESS</u> Address <u>1958 S. INA STRIK</u> <u>ANN ARBOR MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/22</u>	<u>168.54</u>
Expenditure #2 Name <u>UNIT PACKAGING</u> Address <u>119 ENTERPRISE DR.</u> <u>SCIO TOWNSHIP, MI</u> <u>48103</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27</u>	<u>8387.89</u>
Expenditure #3 Name <u>KRISTINE McLOUIS</u> Address <u>40 DYE</u> <u>20941 OLYMPIA</u> <input checked="" type="checkbox"/> Fund Raiser <u>REDFORD MI 48240</u>	Purpose: <u>MUSIC</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28</u>	<u>150.00</u>
Expenditure #4 Name <u>ERNESTO VILLAREAL</u> Address <u>5582 TADWORTH PL.</u> <u>WEST BLOOMFIELD MI</u> <input checked="" type="checkbox"/> Fund Raiser <u>48322</u>	Purpose: <u>MUSIC</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28</u>	<u>400.00</u>
Expenditure #5 Name <u>JENNIFER DYE</u> Address <u>20941 OLYMPIA</u> <u>REDFORD, MI 48240</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>SERVICE</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/15</u>	<u>624.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>9730.43</u>

Enter this total on line 8a of Summary Page



**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2004-001
2. Committee Name Kestlenbaum for Clerk Register

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>Washtenaw Jewish News</u> Address <u>2935 Bird Hollow Dr.</u> <u>Ann Arbor MI 48108</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertisement</u> Expenditure Code* <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>11/16</u>	<u>250.00</u>
Expenditure #2 Name <u>Partners Press</u> Address <u>1950 S Industrial</u> <u>Ann Arbor, MI 48104</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> Expenditure Code* _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27</u>	<u>1822.14</u>
Expenditure #3 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 #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)

2072.14
11802.57

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

C. 2004-001

2. Committee Name

Kestenbaum for Clerk-Register

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 endorsers 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 checked="" type="checkbox"/> Yes Owed to or by: <u>Practical Political Consultng</u> <u>P.O. Box 6249</u> <u>EAST LANSING MI 48826</u> If bank loan, name of endorser or guarantor:	4. Type: <u>MAINTNCE LST</u> 5. <u>Date Debt Was Incurred:</u> <u>3/8/04</u> 6. <u>Original Amount of Debt:</u> \$ <u>439.00</u>	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____	\$ <u>439.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Lawrence Kestenbaum</u> <u>1726 W. Stedden Blvd</u> <u>Ann Arbor MI 48103</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>4/30/04</u> 6. <u>Original Amount of Debt:</u> \$ <u>300.00</u>	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____	Amount Endorsed: \$ _____ <u>300.00</u> <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Lawrence Kestenbaum</u> <u>1726 W Stedden</u> <u>Ann Arbor MI 48103</u> If bank loan, name of endorser or guarantor:	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>7/11/04</u> 6. <u>Original Amount of Debt:</u> \$ <u>1000.00</u>	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____	Amount Endorsed: \$ _____ <u>1000.00</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

1739.00

Grand Total of all Schedules 1E

(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number C-2004-001
2. Committee Name Kestenbaum for Clerk Reg Str

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. <small>Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.</small>	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 to or by: <u>Lauren Kestenbaum</u> <u>1726 W Stadium</u> <u>Ann Arbor MI 48103</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/04</u> 6. <u>Original Amount of Debt:</u> \$ <u>1000.00</u>	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ <u>0</u>	\$ <u>1000.00</u> <input type="checkbox"/> FORGIVEN
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Lauren Kestenbaum</u> <u>1726 W Stadium</u> <u>Ann Arbor MI 48103</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/04</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____	Amount Endorsed: \$ _____ <u>1822.14</u> <input type="checkbox"/> FORGIVEN
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Lauren Kestenbaum</u> <u>1726 W Stadium</u> <u>Ann Arbor MI 48103</u> If bank loan, name of endorser or guarantor: _____	4. Type: <u>LOAN</u> 5. <u>Date Debt Was Incurred:</u> <u>10/27/04</u> 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____ / / \$ _____	\$ _____	Amount Endorsed: \$ _____ <u>9,000.00</u> <input type="checkbox"/> FORGIVEN

Page Subtotal (Outstanding debt)

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

11822.14
13561.14

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

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.



**FUND RAISER SCHEDULE 1F
CANDIDATE COMMITTEE**

1. Committee I.D. Number C - 2004 - 001
2. Committee Name Kestlenbaum for Clerk Register

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>October 28, 2004</u> <small>Month Day Year</small>	4. Number of Individuals Attending or Participating (whichever is greater) <u>25</u>	5. Type of Fund Raising Activity <u>Party</u>	6. Address and Name (If any) of the place where the activity was held <u>UAW Local 849</u> <u>454 Chidester</u> <u>Ypsilanti, MI 48197</u> <input type="checkbox"/> Private Residence
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7. Total Contributions 580.00

8. Other Receipts _____

9. Gross Receipts (Add lines 7 and 8) 580.00

10. Total Cost of Event 650.00
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number C-2004-001

2. Committee Name Keslenbaum For Clerk-Register

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 Name: <u>Douglas Cowherd</u> Address: <u>1117 Brooks, 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 checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2004</u>	50.00	50.00
3. Contribution # 2 Name: <u>Doris H. Spurling</u> Address: <u>1265 Lincolnshire, 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 checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2004</u>	35.00	35.00
3. Contribution # 3 Name: <u>Diane D.W. Gay</u> Address: <u>920 Muxwood, 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 checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2004</u>	25.00	75.00
3. Contribution # 4 Name: <u>Wilfred Kaplan</u> Address: <u>1308 Olivia, Ann Arbor, MI 48104</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser	PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>10/28/2004</u>	50.00	150.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)		160.00	

Enter this total on line 3 of Summary Page.