MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
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FOR OFFICIAL USE ONLY

CANDIDATE COMMITTEE COVER PAGE

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 7 - 18 - 04 To 8 - 3 - 04
Mo Day Year Mo Day Year

1. Committee I.D. Number 135331-50

2. Committee Name
COMMITTEE TO ELECT
JAMES SENSTOCK

4. Candidate Last Name SENSTOCK First Name JAMES M.I.

4a. Office Sought Including District # or Community Served (If applicable)
SUPERVISOR HARRISON TOWNSHIP

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

5. Committee's Mailing Address
31698 SAN JUAN
HARRISON TWP, MI 48045
Area Code and Phone (586) 463-9150

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
JAMES SENSTOCK
31698 SAN JUAN, HARRISON TWP MI 48045
Area Code & Phone (586) 463-9150
Driver License # (Optional)

7. Treasurer's Business Address
JAMES SENSTOCK
31698 SAN JUAN
HARRISON TWP MI 48045
Area Code and Phone (586) 463-9150

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
8 3 04
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 JAMES SENSTOCK, Type or Print Name James Senstock Signature Date 9/2/04 Mo Day Year

Candidate JAMES SENSTOCK, Type or Print Name James Senstock Signature Date 9/2/04 Mo Day Year

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

1. Committee I.D. Number 135331-50

2. Committee Name COMMITTEE TO ELECT JAMES SINSTOCK

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period		Column II Cumulative this election cycle
3. Contributions				
a. Itemized (Schedule 1A - Column 6)	(3a.) $	1650.00		
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $			
c. Subtotal of "Contributions"	(3c.) $	1650.00	(18.) $	5235.00
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $	
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	1650.00	(20.) $	5235.00
IN-KIND CONTRIBUTIONS & EXPENDITURES				
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	294.39	(21.) $	3892.24
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $		(22.) $	
EXPENDITURES				
8. Expenditures				
a. Itemized (Schedule 1B, Column 6)	(8a.) $	2740.76		
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.) $	2740.76	(23.) $	3347.52
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.) $	3867.24		
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.) $	2991.39
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	1650.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	4641.39
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	2740.76
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	1900.63

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.

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50
2. Committee Name CTE JAMES SENSTO

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 Contributor (Thro date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 7/24/04 Name: JAMES SESNIE Address: 403 ROLAND CT GROSE POINTE FARMS MI 48236 5. If over $100.00 cumulative, please provide: Occupation RETIRED Employer Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	500.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 7/29/04 Name: JOHN & NANCY [illegible] Address: 38955 N POINTE KEY MT 48045 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	106.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 7/29/04 Name: ROBERT & PAMELA LAITY Address: 15423 WOODSTREAM [illegible] MI 48038 5. If over $100.00 cumulative, please provide: Occupation SOFT WARE TRAINOR Employer TECHNINED Business Address 31780 MOUND STERLING HTS MI 48310 Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	500.00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 8-2-04 Name: ROBERT COBB Address: 2570 PINE LAKE RD ORCHARD LAKE MI 48324 5. If over $100.00 cumulative, please provide: Occupation REAL ESTATE SALES Employer SELF EMPLOYED Business Address 2570 PINE LAKE RD ORCHARD LAKE MI 48324 Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	500.00	
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	1600.00	

Enter this total on line 3a of Summary Page

 Authority granted under P.A. 388 of 1976 CFR 4/2000-c-1a

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 135331-50

2. Committee Name CTE JAMES SENSTO

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 Contributor (Thro date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt 8-3-04 Name: MAUREEN COUSINS Address: 3117.5 SAN JUAN HARRISON TWP MI 48045 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	50.00	
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt Name: Address: 5. If over $100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser		
Page Subtotal	50.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	1650.00	

Enter this total on line 3a of Summary Page

 Authority granted under P.A. 388 of 1976 CFR 4/2000-c-1a

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 135331-50
2. Committee Name CTE JAMES SENSTOCK

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) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Throug date in Item 5
Contribution # 1 PAC Receipt? ☐ Yes Name JAMES SENSTOCK Address: 31698 SAN JUAN HARRISON TWP MI 48045 **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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 LUNCH LITERATURE DROP WORKERS 5. Date Of Receipt: 7/23/04 6. **Vendor Name & Address:** TERRY TERRANCE 36470 JEFFERSON H.T. 48045	21.35	✓
Contribution # 2 PAC Receipt? ☐ Yes Name JAMES SENSTOCK Address: **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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 ROLL PASSOUT PAPER 5. Date Of Receipt: 7/25/04 6. **Vendor Name & Address:** OFFICE MAX 33846 GRATIOT CONTANTINE MI 48035	90.05	✓
Contribution #3 PAC Receipt? ☐ Yes Name JAMES SENSTOCK Address: **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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 COPIES & POSTAGE 5. Date Of Receipt: 7/26, 7/27, 8/9 6. **Vendor Name & Address:** OFFICE MAX/POST OFFICE MT CLEMENS	3.08	✓

Page Subtotal 114.48
Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total on line 6 of Summary Page

Authority granted under P.A. 388 of 1976 CFR Rev7/1999c-1-IK

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 13533/-50

2. Committee Name CTE JAMES SENSTOCK

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) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Throug date in Item 5
Contribution # 1 PAC Receipt? ☐ Yes Name JAMES SENSTOCK Address: **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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: 7/27/04 6. **Vendor Name & Address:** OFFICE MAX 33840 GRATIOT CLINTON TWP 48035	40.66	✓
Contribution # 2 PAC Receipt? ☐ Yes Name JENNIE GARCIA Address: **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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 REFRESHMENTS - POLL WORKERS 5. Date Of Receipt: 8/1/04 6. **Vendor Name & Address:** VARIOUS	25.00	25.00
Contribution #3 PAC Receipt? ☐ Yes Name JAMES SENSTOCK Address: **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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 ELECTION NITE PARTY 5. Date Of Receipt: 8/3/04 6. **Vendor Name & Address:** TOTAL SPORTS 40501 PRODUCTION MAC TWP 48045	50.00	✓

Page Subtotal 115.66

Grand Total of all Schedules 1-IK
(Complete on last page of Schedule)

Enter this total on line 6 of Summary Page

Authority granted under P.A. 388 of 1976 CFR Rev7/1999c-1-IK

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 1-IK
CANDIDATE COMMITTEE

1. Committee I. D. Number 135331-50

2. Committee Name CTL JAMES SENSTOCK

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) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Throug date in Item 5
Contribution # 1 PAC Receipt? ☐ Yes Name JAMES SENSTOCK Address: **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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 GAS - DELIVER SIGNS CAMPAIGN 5. Date Of Receipt: 8/5/04 6. **Vendor Name & Address:** NORTH RIVER MARK.	53.10	
Contribution # 2 PAC Receipt? ☐ Yes Name JAMES SENSTOCK Address: **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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 GAS - PICKUP SIGNS 5. Date Of Receipt: 8/17/04 6. **Vendor Name & Address:** SPEEDWAY 36475 JEFFERSON ST. CLAIR SHORES	11.15	✓
Contribution #3 PAC Receipt? ☐ Yes Name Address: **If over $100.00 cumulative, please provide:** Occupation: Employer: Business Address: ☐ Fund Raiser Contribution	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:**		

Page Subtotal 64.25

Grand Total of all Schedules 1-IK (Complete on last page of Schedule) 294.39

Enter this total on line 6 of Summary Page

Authority granted under P.A. 388 of 1976 CFR Rev7/1999c-1-IK

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 135331-50
2. Committee Name CTE - JAMES SENSTOCK

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 MANHATTEN PRINTERS Address 51132 MILANO DR MACOMB MI 48042 ☐ Fund Raiser	Purpose: MAIL LITERATURE Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	7/20/04	665.76
Expenditure #2 Name JEANNE GABOR Address 41526 CLAIRPOINTE HARRISON TWP MI 48045 ☐ Fund Raiser	Purpose: REPAY LOAN Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/1/04	25.00
Expenditure #3 Name JAMES SENSTOCK Address 31695 SAN JUAN HARRISON TWP MI 48045 ☐ Fund Raiser	Purpose: REPAY LOAN Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/10/04	2000.00
Expenditure #4 Name HARRISON TWP Address 38151 LANSE CREEK HARRISON TWP MI 48045 ☐ Fund Raiser	Purpose: ELECTION RECOUNT Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	8/11/04	50.00
Expenditure #5 Name Address ☐ Fund Raiser	Purpose: _____ Expenditure Code _____ ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		

Subtotal this page 2740.76
Grand Total of all Schedules 1B (Complete on last page of Schedule) 2740.76
Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES

 Authority granted under P.A. 388 of 1976 CFR Rev 7/1999c-1b

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135 331- 50

2. Committee Name CTL JAMES SENSTOCK

This Schedule itemizes:
a. [X] 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. Outstandi Balance at close of this period (Item minus Item
Debt #1 Corp? [ ] Yes Owed to ~~or by~~ JAMES SENSTOCK 31698 SAN JUAN HARRISON TWP MI 48045	4. Type: CASH Code 5. Date Debt Was Incurred: 6/25/04 6. Original Amount of Debt: $ 2000.00	8/10/04 $ 2000.00 / / $ / / $ / / $ / / $	$ 2000.00	$ -0- ☐ FORGIV
If bank loan, name of endorser or guarantor: Amount Endorsed: $				
Debt #2 Corp? [ ] Yes Owed to ~~or by~~ JAMES SENSTOCK 31698 SAN JUAN HARRISON TWP MI 48045	4. Type: IN-KIND Code 5. Date Debt Was Incurred: 1-2-04 THRU 7-18-04 6. Original Amount of Debt: $ 3597.85	/ / $ / / $ / / $ / / $ / / $	$	3597.85 ☐ FORGIV
If bank loan, name of endorser or guarantor: Amount Endorsed: $				
Debt #3 Corp? [ ] Yes Owed to ~~or by~~ JEANNE GABOR 41526 CHARLOTTE HARRISON TWP MI 48045	4. Type: IN-KIND Code 5. Date Debt Was Incurred: 8-1-04 6. Original Amount of Debt: $ 25.00	8/1/04 $ 25.00 / / $ / / $ / / $ / / $ / / $	25.00	-0- ☐ FORGIV
If bank loan, name of endorser or guarantor: Amount Endorsed: $				

Page Subtotal (Outstanding debt) 3597.85

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

Enter this tot on line 12a "owed by" o line 12b "owe to" of the Summary Pa

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.

 Authority granted under P.A. 388 of 1976 CFR REV 7/1999c-1e

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 135 331- 50

2. Committee Name CTL JAMES SENSTOCK

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. Outstandi Balance at close of this period (Item minus Item 8
Debt #1 Corp? ☐ Yes Owed to ~~[illegible]~~ JAMES SENSTOCK 31698 SAN JUAN HARRISON TWP MI 48045	4. Type: IN KIND Code 5. Date Debt Was Incurred: 7-18-04 THRU 8/9/04 6. Original Amount of Debt: $ 269.39	/ / $ / / $ / / $ / / $ / / $	$	$ 269.39 ☐ FORGIVE
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #2 Corp? ☐ Yes Owed to or by:	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $	$	☐ FORGIVE
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	
Debt #3 Corp? ☐ Yes Owed to or by:	4. Type: Code 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	/ / $ / / $ / / $ / / $ / / $		☐ FORGIVE
If bank loan, name of endorser or guarantor:			Amount Endorsed: $	

Page Subtotal (Outstanding debt) 269.39

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 3867.24

Enter this tot on line 12a "owed by" or line 12b "owe to" of the Summary Pa

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.

 Authority granted under P.A. 388 of 1976 CFR REV 7/1999c-1e