CANDIDATE COMMITTEE COVER PAGE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 1 - 1 - 05 (Mo Day Year) to 10 23 05 (Mo Day Year)

1. Committee I.D. Number 00136953 50

2. Committee Name CTE Irene Kepler

4. Candidate Last Name Kepler First Name Irene M.I. M

4a. Office Sought Including District # or Community Served (If applicable) City Council

4b. County of Residence Macomb

5. Committee's Mailing Address 27344 Jesoy Roseville 48066

Area Code and Phone 586 445 1074

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 Nancy Rentz Dib 15470 Luxemburg Fraser 48026

Area Code & Phone 586 296 5023

7. Treasurer's Business Address NA

Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) NA

Area Code and Phone ( )

9. TYPE OF STATEMENT

9a. [X] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

[ ] Primary [X] General

[ ] Convention [ ] School

[ ] Special [ ] Caucus

Date of Election, Convention or Caucus 11-8-05 (Month Day Year)

9c. [X] Annual Statement (2005 Coverage Year)

9d. [X] 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 Nancy Rentz Dib (Type or Print Name) Nancy Rentz Dib (Signature) Date 3 6 08 (Mo Day Year)

Candidate Irene Kepler (Type or Print Name) Irene Kepler (Signature) Date 3 6 08 (Mo Day Year)

Authority granted under P.A. 388 of 1976

FILED
OCT 11 PM 12:13
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MACOMB COUNTY
MT. CLEMENS MICHIGAN

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 0013695350
2. Committee Name CJE Irene Kepler

SUMMARY PAGE
CANDIDATE COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	4780.00	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	NOT APPLICABLE	
c. Subtotal of "Contributions"	(3c.) $		(18.) $
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	4780.00	(20.) $ 4780.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	300.00	(21.) $ 300.00
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $		(22.) $
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	4757.25	
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.) $	4757.25	(23.) $ 4757.25
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.) $	1000.00	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	170.32
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	4780.00
15. SUBTOTAL Add lines 13 and 14	(15.) = $	4950.32
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	4757.25
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	193.07

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 00136953 50
2. Committee Name CTE irene Kepler

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? ☐ YES 4. Date of Receipt 9-15-05 Name: Tim Tomlinson Address: 5. If over $100.00 cumulative, please provide: Occupation Lawyer Employer York Dolan Tomlinson Business Address 42850 Garfield St 101 Clinton Twp 480 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser 38	300.00	300.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Jack Dolan Address: 5. If over $100.00 cumulative, please provide: Occupation Lawyer Employer York, Dolan, Tomlinson Business Address 42850 Garfield St 101 Clinton Twp 48038 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	300.00	300.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt Name: Mark Mueller Address: 5. If over $100.00 cumulative, please provide: Occupation Insurance Employer MJM Business Address 29350 Jefferson Ave SCS 48091 Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	200.00	200.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Address: Rick Dambenspeck 5. If over $100.00 cumulative, please provide: Occupation Towing Employer Self-employeed Business Address 31238 Kelly Roseville 48066 Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	150.00	150.00
Page Subtotal	950.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4780.00	

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 00136 95350
2. Committee Name CTE Irene Kepler

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? ☐ YES 4. Date of Receipt 9-15-05 Name: Cory Bainbridge Address: 51275 Hook Macomb MI 48042 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100.00	100.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: John Surhigh Address: 20131 Velard Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: John Chirkun Address: 30544 J. Carls Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Alexis Vanlamme Address: 26657 Blumfield Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
Page Subtotal	230.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4780.00	

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 801369 5350
2. Committee Name C/T Irene Kepler

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? ☐ YES 4. Date of Receipt 9-15-05 Name: Marco Santia Address: 33540 Hayes Fraser 48026 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Ken Allen Address: 16422 Benmor Ct Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	20.00	20.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Sam Auito Address: 16666 Dort Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	30.00	30.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Steve Wiletcha Address: 19395 Shadowoods Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
Page Subtotal	140.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4780.00	

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 00B695350
2. Committee Name CTE Irene Kepler

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? ☐ YES 4. Date of Receipt 9-15-05 Name: Pat Dib Address: 16283 Fenton Clinton Twp 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Pat Chwinyk Address: 19004 Birmingham 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	20.00	20.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Chris Chmiel Address: 49350 Snowshoe Dr Macomb 48044 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Joan Loyhe Address: 19158 Delaware Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
Page Subtotal	140.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4780.00	

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 00136953 50
2. Committee Name CTE Irene Kepler

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? ☐ YES 4. Date of Receipt 9-15-05 Name: Barb Miglio Address: 26729 Kaiser Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Rich Steenkind Address: 19456 Rockport Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100.00	100.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Michelle Kliffel Address: 24890 Teppert Eastpointe 48021 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Ron MacKool Address: 31050 Greenhaven Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
Page Subtotal	220.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4788.00	

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 00369535O
2. Committee Name CTE Irene Kepler

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? ☐ YES 4. Date of Receipt 9-23-05 Name: Irene Kepler Address: 27344 Jerry 5. If over $100.00 cumulative, please provide: Occupation Social Worker Employer Roseville Community Schools Business Address RCS Church St Roseville 48066 Type of Contribution: ☐ Direct ☒ Loan from a person ☐ Fund Raiser	2000.00	2000.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Joe Steenland Address: 31490 Kelly Rd Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	400	40.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: RICK Heinz Address: 16490 Waterman Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40	00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Michael Switalski Address: 31412 Gay Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation Employer Business Address Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	50.00	50.00
Page Subtotal Grand Total of All Schedules 1A (Complete on last page of Schedule)	2490.00 4780.00	

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 00136 95350
2. Committee Name CTE Irene Kefler

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? ☐ YES 4. Date of Receipt 9-15-05 Name: Tony Lipinski Address: 19385 Rockport Roseville 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	40.00	40.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Wes Bambridge Address: 42458 Sycamore Dr Sterling Hts 48313 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	100.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Jan Haggerty Address: 18710 Rockport Roseville MI 48066 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	50.00	50.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 9-15-05 Name: Claudia Zonca Address: 22228 Barton SCS 48081 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☑ Fund Raiser	100.00	100.00
Page Subtotal	290.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4700.00	

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 0013695350
2. Committee Name CTE Irene Kepler

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? ☐ YES 4. Date of Receipt 4-15-05 Name: Ben Dib Address: 32127 Kelly Fraser 48026 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	20.00	20.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 4-15-05 Name: Justin LaPaugh Address: 601 Lehigh Rochester Hills 48307 5. If over $100.00 cumulative, please provide: Occupation Self employed Employer Jimmy John's Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100.00	
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 4-15-05 Name: Lisa Kepler Address: 601 Lehigh Rochester Hills 48307 5. If over $100.00 cumulative, please provide: Occupation Social Worker Employer Haven Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100.00	
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt Name: Anthony Kepler Address: 15864 White Oak Fraser 48026 5. If over $100.00 cumulative, please provide: Occupation Retired Employer Chrysler Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	100.00	
Page Subtotal	320.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	4780.00	

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 EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 3013695350
2. Committee Name CTE Irene Kepler

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 Comerica Bank Address 14 Mile and Hayes Branch Warren MI ☐ Fund Raiser	Purpose: Bank Fees Expenditure Code BK ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	10-1-05	80.00
Expenditure #2 Name Address ☐ Fund Raiser	Purpose: Expenditure Code ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #3 Name Address ☐ Fund Raiser	Purpose: Expenditure Code ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
Expenditure #4 Name Address ☐ Fund Raiser	Purpose: Expenditure Code ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement		
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	80 00
Grand Total of all Schedules 1B (Complete on last page of Schedule)	80 00

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