



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**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 08 to 7 20 08  
Mo Day Year Mo Day Year

<p>1. Committee I.D. Number <u>150027</u></p> <p>2. Committee Name <u>John E. Miller for Sheriff</u></p>	<p>4. Candidate Last Name <u>Miller</u> First Name <u>John</u> M.I. <u>E</u></p> <p>4a. Office Sought Including District # or Community Served (If applicable) <u>Bay County Sheriff</u></p> <p>4b. County of Residence <u>Bay</u></p>
<p>5. Committee's Mailing Address <u>3064 Beaver Rd., Bay City</u> Area Code and Phone <u>686-0793</u></p> <p><small>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.</small></p>	<p>6. Treasurer's Name &amp; Residential Address <u>Jodie L. Scott</u> <u>3064 Beaver Rd, Bay City</u> Area Code &amp; Phone <u>(989) 686-0793</u></p>
<p>7. Treasurer's Business Address <u>3064 Beaver Rd</u> <u>Bay City, MI 48702</u> Area Code and Phone <u>(989) 686-0793</u></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>

<p><b>TYPE OF STATEMENT</b></p> <p>9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Convention <input type="checkbox"/> School</p> <p><input type="checkbox"/> Special <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus</p> <p><u>08</u> <u>05</u> <u>08</u> Month Day Year</p>	<p>9c. <input type="checkbox"/> Annual Statement ( _____ Coverage Year)</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)</p> <p>9e. <input type="checkbox"/> Dissolution of Candidate Committee</p> <p>Effective Date of Dissolution</p> <p><u>07</u> <u>23</u> <u>08</u> Month Day Year</p> <p><small>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.</small></p>
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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	<u>Jodie L. Scott</u>	<u>Jodie Scott</u>	Date	<u>7</u>	<u>22</u>	<u>08</u>
	Type or Print Name	Signature		Mo	Day	Year
Candidate	<u>John E. Miller</u>	<u>J E Miller</u>	Date	<u>7</u>	<u>23</u>	<u>08</u>
	Type or Print Name	Signature		Mo	Day	Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

1. Committee I.D. Number 150027  
2. Committee Name John G. Miller for Sheriff

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>620.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>620.00</u>	(18.) \$ _____
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>—</u>	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4).	(5.) \$ <u>620.00</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>—</u>	(21.) \$ _____
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>—</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2016.25</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ _____	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2016.25</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>—</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>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>—</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>9,546.72</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>620.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>10,166.72</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2016.25</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>8150.47</u>	

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



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150027  
2. Committee Name John E. Miller for Sheriff

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/5/08</u>  Name: <u>Christopher Hennessy</u> Address: <u>420 Pine St., Clid. MI 48420</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	20.00	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/19/08</u>  Name: <u>Bradley Vernon</u> Address: <u>1290 Cornerstone Ct., Essexville MI 48732</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	100.00	
3. Contribution #3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>6/24/08</u>  Name: <u>Michael Janiskee</u> Address: <u>5647 Firethorne Dr., Bay City MI 48706</u>  5. If over \$100.00 cumulative, please provide: Occupation <u>Undersheriff</u> Employer <u>Bay Co Sheriff Dept</u> Business Address <u>501 Third St. Bay City MI 48708</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser	500.00	
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)	620.00	

Enter this total on  
line 3a of  
Summary Page



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150087  
2. Committee Name John G. Miller for Sheriff

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>White tails Unlimited</u> Address <u>PO Box 720</u> <u>Sturgeon Bay, WI 54235</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/12/08</u>	<u>200.00</u>
Expenditure #2 Name <u>St. Stanislaus Ath. Club</u> Address <u>PO Box 604</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/14/08</u>	<u>100.00</u>
Expenditure #3 Name <u>St. Patricks Day Parade</u> Address <u>1316 Broadway</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/14/08</u>	<u>55.00</u>
Expenditure #4 Name <u>Fish Tales, Inc.</u> Address <u>277 E. Erickson</u> <u>Pinconning, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad/Charity</u> Expenditure Code <u>PA/CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/18/08</u>	<u>25.00</u>
Expenditure #5 Name <u>Bay/ Mid. Pheasants Forever</u> Address <u>1783 Buerkle Circle</u> <u>St. Paul, MN 55110</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/28/08</u>	<u>200.00</u>

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

680.00

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150027  
2. Committee Name John E. Miller for Sheriff

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>Bay City Democrat Press</u> Address <u>PO Box 278, 309 Ninth St.</u> <u>Bay City, MI 48707-0278</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Advertising</u> Expenditure Code <u>PA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/28/08</u> <u>4/11/08</u> <u>6/16/08</u>	<u>27.03</u> <u>50.88</u> <u>200.34</u>
Expenditure #2 Name <u>Friends of Brian Elder</u> Address <u>915 Fifth St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket Purchase</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/28/08</u>	<u>20.00</u>
Expenditure #3 Name <u>Bay Co. Right to Life</u> Address <u>314 S. Jackson</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>1/29/08</u>	<u>75.00</u>
Expenditure #4 Name <u>Friends of Don Tilley</u> Address <u>617 Green Avenue</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ticket purchase</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/19/08</u> <u>7/1/08</u>	<u>20.00</u> <u>20.00</u>
Expenditure #5 Name <u>Comm. to Elect Vicki Loupe</u> Address <u>3115 Kirkwood Pl.</u> <u>Bay City, MI 48702</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ticket purchase</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>2/19/08</u>	<u>20.00</u>

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

433.25

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on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE

1. Committee I. D. Number 150027  
2. Committee Name John E. Miller for Sheriff

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>American Legion</u> Address <u>700 Adams St</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Dues / Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/1/08</u>	<u>50.00</u>
Expenditure #2 Name <u>Comm. to Elect Kim Coonan</u> Address <u>706 Sidney</u> <u>Bay City, MI 48702</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket purchase</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>3/11/08</u>	<u>20.00</u>
Expenditure #3 Name <u>Friends of Jeff Mays</u> Address <u>4297 Zander Dr.</u> <u>Bay City, MI 48702</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>ticket purchase</u> Expenditure Code <u>TP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/3/08</u>	<u>20.00</u>
Expenditure #4 Name <u>John Glenn H.S.</u> Address <u>3201 Kiesel</u> <u>Bay City, MI 48702</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ad</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>4/11/08</u>	<u>50.00</u>
Expenditure #5 Name <u>Mayor Scholarship Ball</u> Address <u>Pineconing, MI 48650</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</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>4/11/08</u>	<u>70.00</u>

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

210.00

Enter this total  
on line 8a of  
Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150027

2. Committee Name John B. Miller for Sheriff

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>NAACP Freedom Fund</u> Address <u>4805 Mt. Hope Dr.</u> <u>Baltimore, MD 21215</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>CC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/11/08</u>	<u>50.00</u>
Expenditure #2 Name <u>Bay Co. Dem. Party</u> Address <u>PO Box 556</u> <u>Pinconning, MI 48450</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Dues/Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/30/08</u>	<u>100.00</u>
Expenditure #3 Name <u>Meats &amp; More</u> Address <u>1411 S. Wenona</u> <u>Bay City, MI 48709</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Food</u> Expenditure Code <u>FE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/1/08</u>	<u>25.00</u>
Expenditure #4 Name <u>Financial Edge Credit Union</u> Address <u>PO Box 444</u> <u>Bay City, MI 48707</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Checks</u> Expenditure Code <u>BI</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5/27/08</u>	<u>14.00</u>
Expenditure #5 Name <u>Stupak For Congress</u> Address <u>817 Ninth Ave., PO Box 156</u> <u>Menominee, MI 49858</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4/3/08</u>	<u>50.00</u>

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

239.00

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Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150027

2. Committee Name John B. Miller for Sheriff

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>JDC Genessee Fund</u> Address <u>4116 Orme Circle</u> <u>Clio, MI 48420</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/3/08</u>	<u>100.00</u>
Expenditure #2 Name <u>Len F. Klida Memorial</u> Address <u>3092 Wilder Rd.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/5/08</u>	<u>60.00</u>
Expenditure #3 Name <u>U.S. PostMaster</u> Address <u>1000 Washington Ave</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> Expenditure Code <u>MA</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6/18/08</u>	<u>84.00</u>
Expenditure #4 Name <u>American Cancer Society</u> Address <u>1408 W. Center Rd</u> <u>Essexville, MI 48732</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/08</u>	<u>100.00</u>
Expenditure #5 Name <u>Western H.S. Booster Club</u> Address <u>500 W. Midland Rd</u> <u>Auburn, MI 48411</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Donation</u> Expenditure Code <u>PP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/08</u>	<u>100.00</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>434.00</u>

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150027  
2. Committee Name John S. Miller for Sheriff

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>Comm. to Elect Terry Watson</u> Address <u>4390 Oakridge Rd</u> <u>Bay City, MI 48702</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Ticket Purchase</u> Expenditure Code <u>TC</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/14/07</u>	<u>20.00</u>
Expenditure #2 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 #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)

20.00  
2016.25

Enter this total on line 8a of Summary Page

PLEASE REFER TO INSTRUCTIONS FOR LIST OF EXPENDITURE CODES