

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

2. Your Committee Name: Comm	ittee to Elect Arianne S	Slay		
3. Date Late Contribution(s) Rece	sived:	(Only one Date pe	r Sheet)	
\$500.00 or mo the candidate i O A committee of contribution or last campaign Contributions are anyth Late Contribution Repo Late Contribution Repo per report. Paper filers may file the Filing Official. Electronic Filers on the	mittee receives a singlere after the closing dates after the closing dates a participating. See Apther than a candidate of a cumulative contributes attement required and ing of monetary value into the are not waived by the that are filed late reserved to the contribute and the contributes are not waived by the state are filed late reserved.	e contribution or a cumulative contribe of the last campaign statement requippendix G of the Campaign Finance Normattee (PAC, Ballot Question or Pation from the same contributor of \$2, the 3 rd day before an election. See Ancluding contributions of money, in-	ired and the 3 rd day beformanual. Political Party) receives a 500.00 or more after the ppendix G of the Campakind and loans to the confiling fee. The maximum of receipt of the contribully.	re an election where single closing date of the sign Finance Manual nmittee.
initial and if the contributor is an		n is from an individual, enter last nan tion, Employer and Business address		5. Cumulative Amount during LCR Period,
Contributor Name and Address: Arianne Slay 6092 Apen Way Ypsilanti, MI 48197 (If Individual, also provide:)				\$1,250.02
Occupation Attorney		Address City of Ann Arbor	<u>85</u>	
301 E. Huron St., Ann Arbor, M	11 48 104			AS AS
Contributor Name and Address: (If Individual, also provide:) Occupation	Employer / Business A	Address	ENCE KESTENS TY CLERK/REGI	WASHTENAW COUNT
Contributor Name and Address:			S A STR	₹
(If Individual, also provide:) Occupation	Employer / Business A	Address		₹
Contributor Name and Address:				
(If Individual, also provide:) Occupation	Employer / Business A	Address		
A. al 2- C	7.7/10			