

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

FILED WASHTENAW COUNTY, MI

2016 NUV 17 14 9 19

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LATE CONTRIBUTION REPORT

2. Your Committee Name: MICHBUE DEATRICK FOR WASHTENAW COUNTY Commission 3. Date Late Contribution(s) Received: 10/31/2016 (Only one Date per Sheet)	onen I
3. Date Late Contribution(s) Received: 10/31/2016 (Only one Date per Sheet)	
(and and but prince)	
Late Contribution Reports are required when a Candidate committee receives a single contribution or a cumulative contribution from the same contribution or a cumulative contribution from the same contribution or a cumulative contribution or a cumulative contribution or a cumulative contribution or a cumulative contribution from the same contribution or Political Party) receives a single contribution or a cumulative contribution from the same contribution of \$2,500.00 or more after the clock last campaign statement required and the 3 rd day before an election. See Appendix G of the Campaign Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee Contribution Reports are not waived by the Reporting Waiver. Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum function per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution Filing Official. Electronic Filers on the state level must file all Late Contribution Report electronically. The Late Contribution must also be reported on the next Campaign Statement owed by the committee.	an election where ingle osing date of the prinance Manua nittee.
4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.	5. Amount
Contributor Name and Address: STEVEW PRZYBYCSWI 5630 MBADOW LN AWN ARADR MI 48105 (If Individual, also provide:) Occupation Consumant Employer / Business Address VBRDANDS GROW, INC 5630 MBADOW LN, AWN ARBOR	50000 (LOAN)
Occupation Employer / Business Address	50000
Contributor Name and Address: (If Individual, also provide:) Occupation Employer / Business Address	
Contributor Name and Address:	· · · · · · · · · · · · · · · · · · ·
(If Individual, also provide:) Occupation Employer / Business Address	