



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

www.Michigan.gov/sos

LATE CONTRIBUTION REPORT

FILED  
WASHTENAW COUNTY, MI

2012 MAY -2 A 9:31

1. Your Committee ID#: B-2006-12
2. Your Committee Name: Stop City Income Tax
3. Date Late Contribution(s) Received: 4/30/12 (Only one Date per Sheet)

JOHN W. WESTENBAUM  
SOLICITOR GENERAL / REGISTERED

- Late Contribution Reports are required when a committee receives a single contribution of \$200.00 or more between the day following the close of books of the last campaign statement required to be filed and the 3rd day before the date of any election in which the committee participates. See Appendix G of any Campaign Finance Manual.
- Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.
- Late 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 fee is \$2,000.00 per report.
- Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- Electronic Filers must file all Late Contribution Report electronically.
- The Late Contribution must also be reported on the next Campaign Statement owed by the committee.

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: <u>Susan Moeller</u> <u>1301 Roosevelt</u> <u>Ypsilanti MI 48197</u> (If Individual, also provide:) Occupation <u>Professor</u> Employer / Business Address <u>EMU Welch Hall, Ypsilanti</u> <u>Mich 48197</u>	<u>300.00</u>
Contributor Name and Address:  (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address:  (If Individual, also provide:) Occupation _____ Employer / Business Address _____	
Contributor Name and Address:  (If Individual, also provide:) Occupation _____ Employer / Business Address _____	