

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

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LATE CONTRIBUTION REPORT

1. Your Committee ID#: <u> </u>	
2. Your Committee Name: Mike Awgliw fox Couwail 3. Date Late Contribution(s) Received: July 21 2015 (Only one Date per Sheet)	
3. Date Late Contribution(s) Received: July 21 2015 (Only one Date per Sheet)	
 Late Contribution Reports are required when a Candidate committee receives a single contribution or a cumulative contribution from the same con \$500.00 or more after the closing date of the last campaign statement required and the 3rd day before the candidate is participating. See <u>Appendix G</u> of the Campaign Finance Manual. A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the last campaign statement required and the 3rd day before an election. See <u>Appendix G</u> of the Campa Contributions are anything of monetary value including contributions of money, in-kind and loans to the contact that the 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 per report. Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contributing Official. Electronic Filers on the state level must file all Late Contribution Report <u>electronically</u>.	re an election where a single closing date of the aign Finance Manual mmittee.
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: KAThleew CLARK Michael Daniel Anglin (If Individual, also provide:) Occupation Coupail Employer / Business Address City of Ann Pabor Person -	3,000.00
Contributor Name and Address:	
(If Individual, also provide:)	
Occupation Employer / Business Address	WAS
Contributor Name and Address: CLE 2	HTENAW (
(If Individual, also provide:) Occupation Employer / Business Address Doc	ED YTNU03
Contributor Name and Address:	I
(If Individual, also provide:) Occupation Employer / Business Address	