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WASHTENAW COUNTY, MI

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COUNTY CLERK/REGISTER

MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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LATE CONTRIBUTION REPORT

1. Your Committee ID#: C-2011-039

2. Your Committee Name: JANE LUMM FOR CITY COUNCIL

3. Date Late Contribution(s) Received: 10/30/11  
(Only one Date per Sheet)

- Late Contribution Reports are required when a committee receives a single contribution of \$200.00 or more between the 15<sup>th</sup> day and the 3<sup>rd</sup> day before an election that the committee participates in. 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.
- File the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.
- 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>GEINGS, MARTHA B.</u> <u>637 DORNOCHE DRIVE</u> <u>ANN ARBOR, MI 48103</u> (If Individual, also provide: Occupation <u>RETIRED</u> Employer / Business Address <u>N/A</u>	<u>\$200</u>
Contributor Name and Address: <u>DENNIS DANLMANN PROPERTIES</u> <u>300 S. TRAYER</u> <u>ANN ARBOR, MI 48104</u> (If Individual, also provide: Occupation _____ Employer / Business Address _____	<u>\$500</u>
Contributor Name and Address: <u>EILEEN WEISER</u> <u>P.O. BOX 8649</u> <u>ANN ARBOR, MI 48107</u> (If Individual, also provide: Occupation <u>STATE BOARD OF EDUCATION</u> Employer / Business Address <u>STATE OF MICHIGAN</u> <u>LANSING, MICHIGAN</u>	<u>\$500</u>
Contributor Name and Address:  (If Individual, also provide: Occupation _____ Employer / Business Address _____	

File this report with your filing official by any written means including fax.

Authority Granted under PA 388 of 1976