



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 07/26/18 to 10/20/18

|   |  |
|---|--|
| <p>1. Committee I.D. Number<br/><b>C-2010-13</b></p> <p>2. Committee Name<br/><b>John Eaton for Council</b></p> | <p>4. Candidate Last Name <b>Eaton</b> First Name <b>John</b> M.I. <b>E</b></p> <p>4a. Office Sought Including District # or Community Served (If applicable)<br/><b>City Council Ward 4</b></p> <p>4b. County of Residence <b>WASHTENAW</b></p> |
|---|--|

|   |   |
|---|---|
| <p>5. Committee's Mailing Address<br/><b>1606 Dicken Dr<br/>Ann Arbor MI 48103</b></p> <p>Area Code and Phone _____<br/>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</p> | <p>6. Treasurer's Name &amp; Residential Address<br/><b>Mark H Cousens<br/>4933 Fair Ridge Circle<br/>West Bloomfield MI 48323</b></p> <p>Area Code &amp; Phone <b>(248) 737-8707</b></p> |
|---|---|

|   |  |
|---|--|
| <p>7. Treasurer's Business Address<br/><b>Mark H Cousens Attorney<br/>26261 Evergreen Rd., # 110<br/>Southfield MI 48076</b></p> <p>Area Code and Phone <b>(248) 355-3150</b></p> | <p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper)</p> <p>Area Code and Phone _____</p> |
|---|--|

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  
 General  
 Convention  
 Special  
 School  
 Caucus

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly  
 October Quarterly

9c.  Annual Statement (\_\_\_\_\_) Coverage Year

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

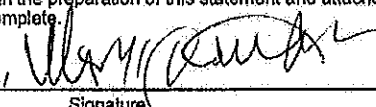
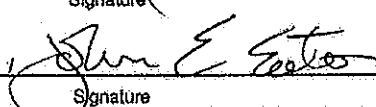
Further, if the dissolution cannot be granted, that this is considered a request for the Reporting Waiver.

Effective date of dissolution \_\_\_\_\_

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

Date of Election, Convention or Caucus  
\_\_\_\_\_

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

|  |   |                             |
|--|---|-----------------------------|
| <p>Current Treasurer or Designated Record keeper<br/><b>Mark H Cousens</b></p> <p>Type or Print Name</p> | <br>Signature | <p>Date <b>10/23/18</b></p> |
| <p>Candidate<br/><b>John E Eaton</b></p> <p>Type or Print Name</p>                                       | <br>Signature | <p>Date <b>10/23/18</b></p> |

FILED  
 WASHTENAW COUNTY, MI  
 2018 OCT 25 P 1:33  
 MARCELO K. STENBAUM  
 CLERK OF COUNTY REGISTER



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number C-2010-13

2. Committee Name John Eaton for Council

| 3. Name and address of person or vendor to whom paid  | 4. Purpose (Required Information)  | 5. Date                 | 6. Amount        |
|---|--|-------------------------|------------------|
| Expenditure #1<br>Name <u>Washtenaw County Clerk/Register Elections Div</u><br>Address<br><u>200 N Main St # 200</u><br><u>Ann Arbor MI 48107</u><br><input type="checkbox"/> Fund Raiser | Purpose: <u>Late filing fine</u><br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement | <u>10/02/18</u><br>Date | <u>\$ 625.00</u> |
| Expenditure #2<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | _____<br>Date           | \$ _____         |
| Expenditure #3<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | _____<br>Date           | \$ _____         |
| Expenditure #4<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | _____<br>Date           | \$ _____         |
| Expenditure #5<br>Name<br>Address<br><input type="checkbox"/> Fund Raiser   | Purpose: _____<br>Click Here for Memo Itemization Type<br><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement                   | _____<br>Date           | \$ _____         |

Subtotal this page **\$625.00**  
 Grand Total of all Schedules 1B  
 (Complete on last page of Schedule) **\$625.00**

Enter this total  
on line 8a of  
Summary Page