MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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CAROL HAUCH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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: 9 2 04 (Mo Day Year) To: 10 22 04 (Mo Day Year)

1. Committee I.D. Number 137127

2. Committee Name CTE MARK KNOWLES

4. Candidate Last Name KNOWLES First Name MARK M.I. F

4a. Office Sought Including District # or Community Served (If applicable) SUPERVISOR - HARRISON TWP

4b. County of Residence MACOMB Driver License # (Optional)

5. Committee's Mailing Address 24716 COTTRELL HARRISON TWP
Area Code and Phone 586 790 5865

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.

6. Treasurer's Name & Residential Address MARK KNOWLES 24716 COTTRELL HARRISON TWP
Area Code & Phone 586 790 5865
Driver License # (Optional)

7. Treasurer's Business Address SAME
Area Code and Phone 586 7905865

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
Area Code and Phone ( )
Driver License # (Optional)

9. TYPE OF STATEMENT

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

Pre-Election or Post-Election Statement relates to:

☐ Primary PRE ☒ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus
Month Day Year

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

Effective Date of Dissolution
Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.**

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.

Current Treasurer or Designated Record Keeper MARK KNOWLES (Type or Print Name) Signature Date 10 22 04 (Mo Day Year)

Candidate MARK KNOWLES (Type or Print Name) Signature Date 10 22 04 (Mo Day Year)

Authority granted under P.A. 388 of 1976

CFR Rev 7/1999

1. Committee I.D. Number 137127

2. Committee Name CTE MARK KNOWLES

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

SUMMARY PAGE
CANDIDATE COMMITTEE

		Column I This Period	Column II Cumulative this election cycle
RECEIPTS			
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) $	Ø	
b. Unitemized (less than $20.01 each - no Schedule)	(3b.) $	Ø	
c. Subtotal of "Contributions"	(3c.) $	Ø	(18.) $ 7200.00
4. Other Receipts (Schedule 1A-1, Column 6)	(4.) $	Ø	(19.) $ Ø
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $	Ø	(20.) $ 7200.00
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) $	Ø	(21.) $ Ø
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $	Ø	(22.) $ Ø
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) $	Ø	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) $	Ø	
c. Unitemized (less than $50.01 each - no Schedule)	(8c.) $	Ø	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) $	Ø	(23.) $ 1139.29
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) $	0	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	0	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	0	(24.) $ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	0	
b. Owed to the Committee (Schedule 1E)	(12b.) $		

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	7538.35
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	0
15. SUBTOTAL Add lines 13 and 14	(15.) = $	7538.35
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	0
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	7538.35 *

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the $1,000.00 Reporting Waiver threshold.
All required schedules must be included with this statement. *If your ending balance is negative, please recheck your math.
Authority granted under P.A. 388 of 1976

CFR Rev 7/1999c-sum