MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
07 JAN 29 AM 11:48
CARMELLA SABAUGH
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: 1 Mo 1 Day 06 Year To: 12 Mo 31 Day 06 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 MI 48045
Area Code and Phone 313 999 0911

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
SAME AS #5
Area Code & Phone ( )
Driver License # (Optional)

7. Treasurer's Business Address
SAME AS ABOVE
Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)
SAME AS ABOVE
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 ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Election, Convention or Caucus
Month Day Year

9c. ☒ Annual Statement (06 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] (Signature) Date 12 Mo 31 Day 06 Year

Candidate MARK KNOWLES (Type or Print Name) [signature] (Signature) Date 12 Mo 31 Day 06 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

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
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.) $ Ø
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.) $ Ø
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.) $ Ø
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) $	Ø	
b. Unitemized (less than $50.01 each - no Schedule)	(10b.) $	Ø	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $	Ø	(24.) $ Ø
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) $	Ø	
b. Owed to the Committee (Schedule 1E)	(12b.) $	Ø	

BALANCE STATEMENT

13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) $	5988.35
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + $	Ø
15. SUBTOTAL Add lines 13 and 14	(15.) = $	5988.35
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - $	Ø
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $	5988.35

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.

CPR Rev 7/1999o-sum

Authority granted under P.A. 388 of 1976

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MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137127
2. Committee Name CTE MARK KNOWLES

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.	6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? ☐ YES 4. Date of Receipt ____ Name: N/A Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	Ø	Ø
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt ____ Name: N/A Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	Ø	Ø
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt ____ Name: N/A Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	Ø	Ø
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt ____ Name: N/A Address: 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser	Ø	Ø
Page Subtotal	Ø	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	Ø	

Enter this total on line 3a of Summary Page

 Authority granted under P.A. 388 of 1976 CFR 4/2000-c-1a