MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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: 5 (Mo) 19 (Day) 08 (Year) to 7 (Mo) 20 (Day) 08 (Year)

1. Committee I.D. Number: 128332

2. Committee Name: CTE Adam Wit

4. Candidate Last Name: Wit First Name: Adam M.I.: M

4a. Office Sought Including District # or Community Served (If applicable): Charter Commissioner District 18

4b. County of Residence: Macomb

5. Committee's Mailing Address: 24834 Tromblay, Harrison Twp MI 48045

Area Code and Phone: 586 2460551

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: Adam Wit, 24834 Tromblay, Harrison Twp MI 48045

Area Code & Phone: (586) 246-0551

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7. Treasurer's Business Address: 38151 L'Anse Creuse, Harrison Twp MI 48045

Area Code and Phone: (586) 466 1445

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone: ( )

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 (_____ 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. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

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: Adam Wit (Type or Print Name), [signature] (Signature) Date: 9 (Mo) 10 (Day) 08 (Year)

Candidate: Adam Wit (Type or Print Name), [signature] (Signature) Date: 9 (Mo) 10 (Day) 08 (Year)

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

DEBTS AND OBLIGATIONS
SCHEDULE 1E
CANDIDATE COMMITTEE

1. Committee I.D. Number 138332

2. Committee Name CTE Adam Wit

This Schedule itemizes:

a. [X] Debts and obligations owed by or forgiven the committee **OR** b. [ ] Debts and obligations owed to or forgiven by the committee.
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed. Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorsers or guarantors, if any.	4. Type of Obligation (Description) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? [ ] Yes Owed to or by: Adam Wit 24834 Trombley Harrison Twp MI 48045	4. Type: Individual 5. Date Debt Was Incurred: 7/20/08 6. Original Amount of Debt: $ 705.18	$ $ $ $ $	$ 0	$ 705.18 [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #2 Corp? [ ] Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	$ $ $ $ $	$	$ [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				
Debt #3 Corp? [ ] Yes Owed to or by:	4. Type: 5. Date Debt Was Incurred: 6. Original Amount of Debt: $	$ $ $ $ $	$	$ [ ] FORGIVEN
If bank loan, name of endorser or guarantor: _____ Amount Endorsed: $ _____				

Page Subtotal (Outstanding debt) 705.18

Grand Total of all Schedules 1E (Complete on last page of Schedule showing amounts owed by or to the committee) 705.18

Enter this total on line 12a "owed by"" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

Page _____ of _____