MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

FILED
APR 22 PM 2:07

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: 3-8-05 (Mo Day Year) to 4-17-05 (Mo Day Year)

1. Committee I.D. Number 137569

2. Committee Name CTE Brian White

4. Candidate Last Name White First Name Brian M.I.

4a. Office Sought Including District # or Community Served (if applicable) Warren Consolidated Schools Board of Ed. Trustee

4b. County of Residence Macomb

5. Committee's Mailing Address
2187 Koper
Sterling Hgts MI 48310
Area Code and Phone 586 795 8540

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
Brian White
2187 Koper, Sterling Hgts, MI 48310
Area Code & Phone 586 795 8540

7. Treasurer's Business Address
17500 W. Eleven Mile
Lathrup Village, MI 48076
Area Code and Phone 248 569 2500

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. [X] Pre-Election OR 9b. [ ] Post-Election

Pre-Election or Post-Election Statement relates to:

[ ] Primary [ ] General
[ ] Convention [X] School
[ ] Special [ ] Caucus

Date of Election, Convention or Caucus
5-03-05
Month Day Year

9c. [ ] Annual Statement (_____ Coverage Year)

9d. [X] 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 Brian White, [signature] Date 4 17 05
Type or Print Name Signature Mo Day Year

Candidate Brian White, [signature] Date 4 17 05
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

COPY

[redacted]

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137569
2. Committee Name CTE Brian White

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 3-24-05 Name: Julie Lemond Address: 11523 Adams, Warren, MI 48093 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser	50.00	50.00
3. Contribution #2 PAC Receipt? ☐ YES 4. Date of Receipt 3-11-05 Name: Yvonne Stachecki-Razook Address: 4114 Fox Hill Dr, Sterling Hgts MI 48310 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	20.00	20.00
3. Contribution # 3 PAC Receipt? ☐ YES 4. Date of Receipt 3-11-05 Name: Mark Zerial Address: 11730 San Jose, Redford, MI 48239 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	40.00	40.00
3. Contribution # 4 PAC Receipt? ☐ YES 4. Date of Receipt 3-11-05 Name: Lisa Corpus Address: 30046 Paul Ct, Warren, MI 48092 5. If over $100.00 cumulative, please provide: Occupation ____ Employer ____ Business Address ____ Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser	60.00	60.00
Page Subtotal	170.00	
Grand Total of All Schedules 1A (Complete on last page of Schedule)	860.00	

Enter this total on line 3 of Summary Page.

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