MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

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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: 4-18-05 (Mo Day Year) to 5-23-05 (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. M

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 Dr.
Sterling Heights, 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 Dr. Sterling Heights, MI 48310
Area Code & Phone (586) 795-8540

7. Treasurer's Business Address
17500 W. Elevenmile Rd.
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. ☐ 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
5-03-05
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 Brian White, [signature] Date 6 13 05
Type or Print Name Signature Mo Day Year

Candidate Brian White, [signature] Date 6 13 05
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976

MICHIGAN DEPARTMENT OF STATE
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ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

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

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name SKY PROMOTIONS Address 1940 LINSAY LANE ANN ARBOR, MI 48104 ☐ Fund Raiser	Purpose: PROMOTIONAL ITEMS ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-18-05	1057.60
Expenditure #2 Name MASS MAILING Address PO Box 1299 STERLING HEIGHTS MI 48311 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-28-05	119.17
Expenditure #3 Name MASS MAILING Address PO Box 1299 STERLING HEIGHTS MI 48311 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-28-05	119.17
Expenditure #4 Name MASS MAILING Address PO Box 1299 STERLING HEIGHTS MI 48311 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-28-05	128.44
Expenditure #5 Name MASS MAILING Address PO Box 1299 STERLING HEIGHTS MI 48311 ☐ Fund Raiser	Purpose: MAILING ☐ Check box if this expenditure is payment of debt or obligation reported on previous statement	4-28-05	109.23

Subtotal this page 1533.61
Grand Total of all Schedules 1B (Complete on last page of Schedule) 1533.61

Enter this total on line 8a of Summary Page

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