

## CAMPAIGN FINANCE NOTICE OF ERROR OR OMISSION

## MACOMB COUNTY

	ID#_	139637	<u> </u>
LISA SINCLAIR 4 CLERK 46958 N. GRATIOT #262	Date <sub>-</sub>	09/14/2018	_
CHESTERFIELD TWP., MI 48051			
Please be advised that one or more apparent errors or omissions we statement filed by your committee:	re found	I in a review of th	ne following
Pre-Primary - 08/07/18 Election (Amended)		<u></u>	
Statement			
A description of the apparent error(s) or omission(s) is attached. Plea necessary corrections in an amendment to the above Statement. The this office no later than September 28, 2018. (See office address listed below.)		w the description a nent to the Stateme	
If we do not receive a response to this notice by the above due date, M the matter to the Prosecuting Attorney.	CL 169.2	216(8) requires this	office to refe
If you have questions, contact us immediately.			
Sincerely,			
Dat 6.41			

KATHY SMITH
MACOMB COUNTY CLERK / REGISTER OF DEEDS
32 MARKET STREET
MT. CLEMENS, MI 48043

## **Cover Page:**

The Candidate is required to sign the bottom of the Cover Page; copy enclosed for your convenience.

## **Summary Page:**

When added together, the in-kind contributions listed on Schedule 1-IK total \$7,266.38 instead of \$8,590.38 as reported on Line 6. (Page 7 of Sched 1-IK was not included with your submission and may be the source of the discrepancy.) Please clarify.

Please amend your statement accordingly and forward to us by September 28, 2018.

WHEN FILING AN AMENDED CAMPAIGN STATEMENT, PLEASE INCLUDE A <u>COMPLETED COVER PAGE</u>, INDICATING THAT THE CAMPAIGN STATEMENT IS BEING AMENDED, WITH APPROPRIATE SIGNATURE(S). ONLY THOSE PAGES BEING AMENDED NEED TO BE SUBMITTED WITH THE COVER PAGE.

AMENDMENTS MAY BE FAXED TO US AT (586) 469-6927. IMPORTANT: CALL (586) 469-5209 TO CONFIRM RECEIPT OF FAX.