



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

[www.Michigan.gov/sos](http://www.Michigan.gov/sos)

LATE CONTRIBUTION REPORT

1. Your Committee ID#: \_\_\_\_\_
2. Your Committee Name: \_\_\_\_\_
3. Date Late Contribution(s) Received: \_\_\_\_\_ (Only one Date per Sheet)

|   |   |  |
|---|---|--|
| <ul style="list-style-type: none"><li>• Late Contribution Reports are required when a<ul style="list-style-type: none"><li>○ Candidate committee receives a single contribution or a cumulative contribution from the same contributor of \$500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election where the candidate is participating. See Appendix G of the Campaign Finance Manual.</li><li>○ A committee other than a candidate committee (PAC, Ballot Question or Political Party) receives a single contribution or a cumulative contribution from the same contributor of \$2,500.00 or more after the closing date of the last campaign statement required and the 3<sup>rd</sup> day before an election. See Appendix G of the Campaign Finance Manual.</li></ul></li><li>• Contributions are anything of monetary value including contributions of money, in-kind and loans to the committee.</li><li>• Late Contribution Reports are not waived by the Reporting Waiver.</li><li>• Late Contribution Reports that are filed late result in the committee receiving a late filing fee. The maximum fee is \$2,000.00 per report.</li><li>• Paper filers may file the report by any written means (including fax) within 48 hour of receipt of the contribution with your Filing Official.</li><li>• Electronic Filers on the state level must file all Late Contribution Report electronically.</li><li>• The Late Contribution must also be reported on the next Campaign Statement owed by the committee.</li></ul> |   |  |
| 4. Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial and if the contributor is an individual, the Occupation, Employer and Business address of the contributor.  | 5. Cumulative Amount during LCR Period. |  |
| Contributor Name and Address:<br><br>(If Individual, also provide:) Occupation _____ Employer / Business Address _____  |   |  |
| Contributor Name and Address:<br><br>(If Individual, also provide:) Occupation _____ Employer / Business Address _____  |   |  |
| Contributor Name and Address:<br><br>(If Individual, also provide:) Occupation _____ Employer / Business Address _____  |   |  |
| Contributor Name and Address:<br><br>(If Individual, also provide:) Occupation _____ Employer / Business Address _____  |   |  |