



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: _____ to October 25, 2018

1. Committee I.D. Number

C-2018-058

2. Committee Name

Committee to Elect Suzanne Perkins, PhD

4. Candidate Last Name

First Name

M.I.

Perkins

Suzanne

4a. Office Sought Including District # or Community Served (If applicable)

4b. County of Residence

5. Committee's Mailing Address

545 Archwood Drive, Ann Arbor, MI 48103

6. Treasurer's Name & Residential Address

Priti Shah, 2202 Stone Valley Drive, Ann Arbor, MI 48103

Area Code and Phone 734-330-5250

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.

Area Code & Phone 734-717-2679

7. Treasurer's Business Address

n/a

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

n/a

Area Code and Phone _____

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

☐ Special

☐ School

☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly

☐ October Quarterly

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

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page

Date of Election, Convention or Caucus

November 6, 2018

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

Priti Shah

Type or Print Name

Signature

Date

10/6/2018

Candidate

Suzanne Perkins

Type or Print Name

Signature

Date

10/6/2018