

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK Information on this form is made public.

1. Committee ID #:	*2. Type of Filing: 🔲 Origina	al:	
C-2013014		dment to items:	Eff. Date: 4-30 -) 8
*3. Full Name of Committee (must include Candidate's first and last name):			
SEFF HAYNER FOR CITY COUNCIL			
*4a. Candidate Full Name: Last Name	er 1	First Name	
*4b. Political Party (if applicable): DEM *4c. County of Residence: WAS ITTEN AW			
*4d. Office Sought: CITY COUNCIL WARD 1 *4e. District or Jurisdiction:			
*5. Date Committee was Formed:			
*6a. Committee Phone: 734-255-6085 6b. Committee Fax #:			
*6c. Committee Email Address: Jeff@ Saturate. org fivst.for, eff. org			
*7a. Complete Committee Mailing Address (May be PO Box):			
1807 Pontrac Trail Annarbor, MI 48105			
1807 Pontrac Trail Annarbor, MI 48105 *7b. Complete Committee Street Address (May not be PO Box): 1807 Pontrae Trail Annarbor, MI 48105			
*8. Treasurer Name and Complete Address:			
Jeff Hayner			
Phone #: 734255-6085 Email Address: Jeffe Saturate.org			
9. Designated Record Keeper Name and Complete Address:			
deff Hayner			
Phone #: 734-255-60	Email Addre	ss: Jeff@S2	twate org
*10. REPORTING WAIVER REQUEST:			
YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an			
election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election, the committee does not owned the campaign statements. I/We further understand that the Reporting Waiver Will be automatically lost if the committee exceeds the \$1,000.00 the shold and all			
campaign statements. I/We further understan	d that the Reporting Waiver w	ill be automatically lost if the commi	ittee exceeds the \$1,000.00 the shold and all
required campaign statements must be filed. A Reporting Walver does not exempt a committee from filing Late Contribution Reports			
NO, I/We DO NOT WANT TO APPL	Y FOR THE REPORTING WAIN	/ER. The committee expects to re-	ceive or expendin excess of \$5,000.00 in an
election? I/We understand that the committed	e owes detailed campaign state	ements even if the committee does i	not spend of receive in excess of \$1.000.00 in
an election. I further understand that the F	Reporting Waiver cannot be	requested retroactively to avoid file	ling requirements and to avoid paying late
filing fees. Further information regarding Rep		· .	72
*11. Name and Address of Depositories of Intended Depositories of committee funds. (Michigan Bank, Credit Union or Sayings & Loan Association) While			
this item must be completed, an account doe	es not have to be opened until	the first contribution is received.	7 2 ≥
*Official Depository (name and address):	& Ann Arbar	State Bank	**
Secondary Depository (name and address			Arba, M148104
12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and			
complete to the best of my/our knowledge or belief. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable			
the signatures that verny the accuracy and co- diligence will be used in the preparation of ea	mpleteness of each statement ob statement electronically file	t filed electronically by the committee and that the co	ee. I/We certify that all reasonable
diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)			
*Candidate:	- Date: 9/30/18	*Current Tileasurer	Date: 41 0 118
*Designated Record Keeper (If Applicable)	<u> </u>	Mari	240,71,80110
besignated necord neeper (in Applicable)			Date: