

## **ORIGINAL OR AMENDED**

## STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

	to The Article Floring	
1. Committee ID #:	*2. Type of Filing: Original: Amendment to items: 6,7,8,9,10,11	3 Eff. Date: 8/7/15
*3. Full Name of Committee (must include Candidate's first and last name):		
Committee to Elect Evan Pratt		
*4a. Candidate Full Name: Last Name	First Name	M.I.
*4b. Political Party (if applicable):	*4c. County of Residence:	
*4d. Office Sought:	*4e. District/Circuit # or Jurisdictio	n:
*5. Date Committee was Formed:		
*6a. Committee Phone: (734) 277-535	6b. Committee Fax #:	
6c. Committee Email Address: evan@EvanForWaterResources 6d. Committee Website Address: www.EvanForWaterResources. (എ		
*7a. Complete Committee Mailing Address (May be PO Box):  1626 Harbal Dr, Ann Arbor, MI 48105		
*7b. Complete Committee Street Address	(May not be PO Roy):	Ö€ <b>≤</b>
1626 Harbal Dr, Ann Arbor, MI	•	WASHT
*8. Treasurer Name and Complete Address	Si .	≺₽ <b>&gt;</b> ∃
Eva Pratt		TENER TENER
Phone #: (734) 277-5359	Email Address: evan@EvanForWaterRes	
9. Designated Record Keeper Name and Co		
same	•	
Same		
Phone #:	Email Address:	iii
and Annual Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.  NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000 in an election. I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in		
excess of \$1,000 in an <u>election</u> . I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <u>Appendix C</u> of the Committee Manual.		
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received.  *Official Depository (name and address): Bank of Ann Arbor  125 S FIFHANC, ANN ARBON MI 48104		
Secondary Depository (name and address):		
12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.		
13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office.  Committee spent or received or expects to spend or receive in excess of \$5,000 and is required to file electronically.		
Committee did not spend or receive or does not expect to spend or receive in excess of \$5,000 and would like to file electronically voluntarily. Further information regarding Electronic Filing can be found in <u>Appendix D</u> of the Committee Manual.		
14. 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 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 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: 8/17/15 *Current Treasurer Date:		
Designated Record Keeper (Required only in	r tling electronically)	Date: