-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate assuming a state, county, city, township, village or school office. Exceptions: an elected candidate whose Candidate Committee affidavit prior to assuming more than \$1,000.00 during the election cycle" is not required to submit the affidavit prior to assuming office. In addition, the requirement does not apply to 1.) an individual elected to a U.S. Senate, U.S. House or precinct delegate position 2.) a candidate elected to a public office which is certified on the city, township, village or school level or 3.) an elected school board candidate who is exempt from the filing requirements of Michigan's Campaign Finance Act.
- An elected public official who is required to file a post-election campaign finance compliance statement must submit this form to the appropriate filing official *prior to assuming office*.
- Candidates subject to the filing requirement who were elected to an office certified on the *county level* file this form with the county clerk; candidates subject to the filing requirement who were elected to an office certified on the *state level* file this form with the Michigan Department of State's Bureau of Elections.

I swear (or affirm) that on this date, all statements, reports, error or omission notice responses, late filing fees and fines required of me or any Candidate Committee organized to support my election to office and registered under Michigan's Campaign Finance Act, PA 388 of 1976, have been filed or paid. I further acknowledge that making

• An elected public official subject to the post-election campaign finance compliance statement requirement who fails to file the statement prior to assuming office is guilty of a misdemeanor.

a false statement in this affidavit is perjury, punishable by a fine of up to \$1,000.00 or imprisonment for up to 5 years, or both. Signature of Candidate: Printed Name of Candidate: Residential Address: Washtenan (Office You Will Assume: Subscribed and sworn to before me this RONDA DAMAGE CO Name of Notary: MOTARY PUBLIC M day of December, 200 MY COMMESSION EXPIRES USA 12 1045 County: Commission Expires: (Type, Print or Stamp)

(Signature of Notary Public

C-2000-1890005001