

## 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			
C-2018-033	Amen	dment to items:	Eff. Date: 7-/	16/18
*3. Full Name of Committee (must include Candidate's first and last name):				
ALICE LIBERSON	FOR CITY	Council		
*4a. Candidate Full Name: Last Name	. •	First Name	M.I.	
*4b. Political Party (if applicable): De		*4c. County of Residence:	<u> </u>	·
*4d Office Sought, &	/	•		
*4d. Office Sought: City Council - AnnArbor 3d ward				
*5. Date Committee was Formed: 413018				
*6a. Committee Phone: 734 7091960 6b. Committee Fax #:				
*6c. Committee Email Address: 6d. Committee Website Address: Olice 11 Derson Com				
alice liberson egmail.com (alice liberson.com)				
*7a. Complete Committee Mailing Address (May be PO Box):				
1129 MARTIN PLACE ANN ARBOR 48104  *7b. Complete Committee Street Address (May not be PO Box):				
*8. Treasurer Name and Complete Residential Address: Peter No-gourney 914 Lincoln Ann Arbors 48104  Phone #: 3311611				
*8. Treasurer Name and Complete Residential Address: Peter Nagourney 914 LINCOLN				
refer 100-900 reg 914 LINCOLN				
Phone #: 734/.41 1276	Email Addre	# T 111 7	1 HOYEL 48104	
.0101015 45	Email	" nagourn	ey camall cor	
9. Designated Record Keeper Name and Co	mplete Address:		₹9 € ₹	
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Phone #:	Email Addre	ss:		
*10. REPORTING WAIVER REQUEST:		***	₹ <u>₩</u>	3
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 owe detailed				
campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 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 \$1,000.00 in an				
election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election. 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 Appendix C of the Committee Manual.				
*11. Name and Address of Depositories of 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): BAWL of Ann Arbor				
	177 5 6 64	Ann Ache	,,,,,,,,	
Secondary Depository (name and addres	is): (0-3-5.5).	מ מידיו וורא י	<b>~</b>	
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 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: Que Tulie som	) Date: 7/16/18	*Current Treasurer	samees Date: 1/1	7/18
*Dorignated Record Vegan will Amiliant	Date. 1//0//0	7,000	Date: 1/1	1110
*Designated Record Keeper (If Applicable)			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Date:	