

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: Original:	2/201.11
C-2018-33	Amendment to items:	Eff. Date: 7/29/2019
*3. Full Name of Committee (must include	Candidate's first and last name):	
ALLE LIBERS	ON FOR CITY COUNCI	
*4a. Candidate Full Name: Last Name	First Name	M.I.
*4b. Political Party (if applicable):	*4c. County of Residence:	
*4d. Office Sought: Ann Arbor City *5. Date Committee was Formed:	Council - WARD 3	
*5. Date Committee was Formed:		
*6a. Committee Phone:	6b. Committee Fax #:	
*6c. Committee Email Address:	6d. Committee Website Address:	
*7a. Complete Committee Mailing Address	(May be PO Box):	
*7b. Complete Committee Street Address (Way not be PO Box):	
*8. Treasurer Name and Complete Resident	ial Address;	AND ARROW
ALICE LIBERSO	1124 mm=1111 1 =1	48104
Phone #: 7-34 709196	o Email Address: alice likerson e	amail: Com
9. Designated Record Keeper Name and Co	nplete Address:	THE TO THE
Phone #:	Email Address:	
*10. REPORTING WAIVER REQUEST:		
YES, I/We WANT TO APPLY FOR THE	REPORTING WAIVER. The committee does not expect to receive or expe	end in excess of \$1,000.00 in an
election. I/We understand that if the commit	ee does not spend or received in excess of \$1,000.00 in an <i>election,</i> the c d that the Reporting Waiver will be automatically lost if the committee ex	committee does not owe detailed
required campaign statements must be filed.	u that the reporting waiver wijl be automatically lost if the committee ex A Reporting Waiver does not exempt a committee from filing Late Conti	xceeds the \$1,000.00 threshold and all ribution Reports.
NO, I/We DO NOT WANT TO APPL	Y FOR THE REPORTING WAIVER. The committee expects to receive one owes detailed campaign statements even if the committee does not spe	expend in excess of \$1,000.00 in an
an election. I further understand that the F	eporting Waiver cannot be requested retroactively to avoid filing re-	mental nd to avoid paying late
illing fees. Further information regarding Rep	orting Waivers can be found in <u>Appendix C</u> of the Committee Manual.	
*11. Name and Address of Depositories or Ir	tended Depositories of committee funds. (Michigan Bank, Credit Union	Savings and Association) While
this item must be completed, an account doe	s not have to be opened until the first contribution is received.	
*Official Depository (name and address):	<i>9</i>	X O
Secondary Depository (name and address): 	
12. Verification: I/We certify that all reasonal	le diligence was used in the preparation of the above statement and that	Opecontents are true, accurate and
complete to the best of my/our knowledge or	belief. If filing campaign statements electronically, we further agree that npleteness of each statement filed electronically by the committee. I/W	the signatures below shall serve as
diligence will be used in the preparation of ea-	ch statement electronically filed by this committee and that the contents of	of each statement will be true
accurate and complete to the best of my/our	nowledge or belief. (Sign Name and Date)	
*Candidate:	Date: 8/5/2618 *Current Treasurer	Date: 8/5/2018
*Designated Record Keeper (If Applicable)	Control of the contro	
_	·	Date: