

ORIGINAL OR AMENDED

		ON FORM FOR CANDIDATE COMM	ITTEES
1. Committee ID #: 6-2014-009	<u> </u>	nt to items:	Eff. Date: 4/2/14
*3. Full Name of Committee (must include	Candidate's first and last name); +07 SOMOO DL	and	
*4a. Candidate Full Name: Last Name	anley	st Name fatricia	M.I.
*4b. Political Party (if applicable):	*4	c. County of Residence: Wash	tenaw
*4d. Office Sought: Ann Arbor S	Chool Board Trust	e. District/Circuit # or Jurisdiction:	Inn Arbor Public Schools
*5. Date Committee was Formed:	14/14	- 10	
*6a. Committee Phone: 134-645	•	. Committee Fax #: //A	
6c. Committee Email Address: Manle	y bot 12(QLAh00:Con	. Committee Website Address: $\mathcal{U}\mathcal{W}$	W. Manley for Beharl board
*7a. Complete Committee Mailing Address (May be PO Box): MT 48106			
*7b. Complete Committee Street Address 2445 Powell	, Ann Hyber, M.	NI 48104	
*8. Treasurer Name and Complete Address: Patricia Berry, 1081 Green Rd, Am Arbor, MI 48105			
Phone #: 134-445-9175	Email Address:	hora 1992@	amount not
9. Designated Record Keeper Name and Co	mplete Address: Carol ME	Ferrin, 3123 Poto	omac Ct, Ann Arbor 48108
Phone #: 734 - 677-080	3 Email Address:	lename Qamerit	ech.net 48108
YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000 in an election, the committee does not owe Pre, Post 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 and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in an election. I/We 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 or this item must be completed, an account do	Intended Depositories of committe ses not have to be opened until the	e funds. (Michigan Bank, Credit Uni	SP or Savings & Los Association) While
*Official Depository (name and address): Secondary Depository (name and address)	s):	134-241-2614	CE STEP
12. This item applies only to Gubernato expenditures.	rial Candidate Committees: Check	if this committee intends to seek q	ualifying contribution pror make qualifying
13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Liections enly and ploes 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 \$20,000 and is required to file electronically.			
Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily. Further information regarding Electronic Filing can be found in Appendix D 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 ti	tne committee. I/We certify that all he cont <u>ent</u> s of each statement will I	reasonable diligence will be used in the performance of the performanc
best of my/our knowledge or belief. (Sign Name and Date)			
*Candidate: / Tature (1 c// land	MDate: 4/7//4	d leve De	lx Date: 4/7/30/4
Designated Record Keeper (Required only if	nung electronically)	/	Date:
CFR101 CAN SO.doc REV 08/13: Authority gr	anted under Act 388 of 1976, as an	nended * = Required Field on Or	