

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #:	*2. Type of Filing:	Original: Amendment to item	: #10	Eff. D	ate: O	4/28	3/14
*3. Full Name of Committee (must include	Candidate's first and le	nst name):	ailasapa	Hry		/ / = .	
*4a. Candidate Full Name: Last Name			MANIGHL		M.I.		
*4b. Political Party (if applicable):	MOCRAT	*4c. County o	of Residence: Was	heno	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	_	
*4d. Office Sought:	mnul-Az	*4e. District/	Circuit # or Jurisdiction:	·			
*5. Date Committee was Formed:							-
*6a. Committee Phone:		6b. Committe					
6c. Committee Email Address:		6d. Committe	ee Website Address:				
*7a. Complete Committee Mailing Addres	s (May be PO Box):			% 7.0 7.0		***	ē
*7b. Complete Committee Street Address	(May not be PO Box):			ALA VAUSE	7014 A	WASHT	
*8. Treasurer Name and Complete Addres	s:			CLE X	PR 2	FIL	
Phone #:	Ema	il Address:		EST KVR	∞ →	86	
9. Designated Record Keeper Name and Co	omplete Address:			E CO	ج.	TRU	
Phone #:	Emai	il Address:		STE	5 th d	⊀	
*10. REPORTING WAIVER REQUEST:						*****	
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, Quarterly 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 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 or this item must be completed, an account d *Official Depository (name and address)	oes not have to be oper		=	ion or Savings	& Loan A	Association) While
Secondary Depository (name and addre			· .				
12. This item applies only to Gubernat expenditures.	orial Candidate Commi	itees: Check if this con	nmittee intends to seek q	ualifying cont	ributions	or make o	lualifying
13. ELECTRONIC FILING: This item applies to Candidate Committees that file with the Committee spent or received or expect	ounty Clerk's office.				ly and d	oes not ap	ply to *
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: Koulasse path	M Date: 4/2	*Current Tre	Sturer Parakil		Date:	4/28	3/14
Designated Record Keeper (Required only, if filing electronically) Date:							