

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 #: C-2018-039	*2. Type of Filing: Original: Amendment to items: 7a, 7b		Eff. Date: 01/21/2020
*3. Full Name of Committee (must include		· · · · · · · · · · · · · · · · · · ·	
Committee To Elect Sharifa Kerene Moore to Ann Arbor District Library			
*4a. Candidate Full Name: Last Name Mo	oore	First Name Sharifa	M.I. K
*4b. Political Party (if applicable):		*4c. County of Residence: WASH	ITENAW 🔽
*4d. Office Sought: Trustee	M	*4e. District or Jurisdiction:	AADL
*5. Date Committee was Formed: 06/29/2018			
*6a. Committee Phone: (734) 686-495	66	6b. Committee Fax #:	
*6c. Committee Email Address: moore4aadl@gmail.com 6d. Committee Website Address: fb.com/moore4aadl			
*7a. Complete Committee Mailing Address (May be PO Box): 3235 Fernwood Ave, Ann Arbor, MI 48108			
3235 Fernwood Ave, Ann Arbor			ASHT LAWRE
*8. Treasurer Name and Complete Address			TO CE
Tracy Van den Bergh, 7860 Sci			CCE AND
Phone #: (248) 760-9479	Email Addres	ss: moore4aadl@gmail.com	空帝 ら 会告
9. Designated Record Keeper Name and Co	mplete Address:		S P D 3 3
Phone #:	Email Addres	ss:	BAUM BAUM
*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 and Quarterly 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 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 do *Official Depository (name and address): Secondary Depository (name and address)	Intended Depositories of comm les not have to be opened until University of Michigan	ittee funds. (Michigan Bank, Credit U	
12. Verification: I/We certify that all reasons complete to the best of my/our knowledge of the signatures that verify the accuracy and of diligence will be used in the preparation of e accurate and complete to the best of my/our *Candidate:	or belief. If filing campaign state ompleteness of each statement ach statement electronically file	ments electronically, we further agre t filed electronically by the committe ed by this committee and that the cor	e that the signatures below shall serve as e. I/We certify that all reasonable
*Designated Record Keeper (If Applicable) Date:			