

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE COMMITTEES FILED WITH A COUNTY CLERK

		Information on this form is ma	de public.
1. Committee ID.#:	*2. Type of Filing: 🔀	Original: Amendment to items:	Eff. Date:
*3. Full Name of Committee (must include	Candidate's first and	last name):	· · · · · · · · · · · · · · · · · · ·
Committee to Elect Barbar			
*4a. Candidate Full Name: Last Name	ig Cinner Co	First Name	M.I.
		Barbara	m·
*4b. Political Party (if applicable):	publican	*4c. County of Residence	maconb
*4d. Office Sought: County Con *5. Date Committee was Formed: Mc *6a. Committee Phone: 5-86-99	nmissianer	*4e. District or Jurisdictio	n: District 10
*5. Date Committee was Formed:	1 2018		
*6a. Committee Phone: 5 86 99	471784	6b. Committee Fax #:	58-477-055
*6c Committee Email Address: 4		6d. Committee Website A	Address: $\exists 5 \ $
*7a. Complete Committee Mailing Address	arawins 440	u@gmail.com	<u>0č</u> 3
*7a. Complete Committee Mailing Addres	ss (May be PO Box):	• • •	en e
38400 Elmite St. Ha *7b. Complete Committee Street Address	rrison Iwa. 1	n: 48045	<u> </u>
*7b. Complete Committee Street Address	(May not be PO Box):		o <u>C</u>
Same as a hav	P		
*8. Treasurer Name and Complete Address 38361 ELMITE ST	55: Juan	Mosqueda	
38261 ELMITE ST	HARRISON	U TWR MI 4809	′5ີ ⊭≘ື ພ
Phone #: 616 - 808 - 7778	Em	ail Address: mosqueda_	Juane Hann Ail Cou
9. Designated Record Keeper Name and C	complete Address:	78 401 51 1115	e ST HARRISON TWP, AT 4804
10392	2022	s o 761 ELMIL	48043
Phone #: 616 - 808 777	8 Em	ail Address: MOSGUEA	la_Tuan & HOT MAIL, COS
I/We understand that if the committee doe	es not spend or received stand that the Reportin	d in excess of \$1,000 in an <u>election</u> , g Waiver will be automatically lost if	to receive or expend in excess of \$1,000 in an election. The committee does not owe Pre, Post and Quarterly the committee exceeds the \$1,000 threshold and all filing Late Contribution Reports.
I/We understand that the committee owes	Pre, Post, Quarterly Stoorting Waiver cannot	atements even if the committee doe be requested retroactively to avoid	s to receive or expend in excess of \$1,000 in an <u>election</u> es not spend or receive in excess of \$1,000 in an filing requirements and to avoid paying late filing fee tal.
this item must be completed, an account a *Official Depository (name and address	de la	and a selection of the	nk, Credit Union or Savings & Loan Association) While eceived. Jiew Girnson Tup, M. 48045
Secondary Depository (name and addr			
complete to the best of my/our knowledge the signatures that verify the accuracy and	e or belief. If filing camp I completeness of each f each statement electr	paign statements electronically, we for statement filed electronically by the onically filed by this committee and	tatement and that the contents are true, accurate and urther agree that the signatures below shall serve as a committee. I/We certify that all reasonable that the contents of each statement will be true,
*Candidate: Backara S	me Date: 5-3	2018 *Corrent Treasurer	Longelade Date: 5:3-2018
*Designated Record Keeper (If Applicable	//	/	Date: 5-3.2018
CERTOL CAN SO doc REV 04/16: Authority	granted under Act 388	of 1076 as amonded * - Poquir	ed Field on Originals