

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 #:		ginal:	E4	f. Date:
		nendment to items:	E1	1. Date.
*3. Full Name of Committee (must include Candidate's first and last name): Committee to elect Blian k, thou codes Committee to elect Blian k, thou codes				
Committee to elect t	Stian KI MIDO	First Name		M.L. y
*4a. Candidate Full Name: Last Name	Control I	AFIrst Name ASODOOKS *4c. County of Residence	Blan	M.I. K.
*4b. Political Party (if applicable): NA	ſ	4C, County of Residence	er in Carlo	
*4d. Office Sought:	(1)	*4e. District or Jurisdicti	on: NACNONE)	
*5. Date Committee was Formed: 4-30-19				
*6a. Committee Phone: (556) 214-(810) 6b. Committee Fax #: NACNONE)				
*6c. Committee Email Address: NACNane) 6d. Committee Website Address: NACNane)				
*7a. Complete Committee Mailing Address (May be PO Box): 36241 Detrey De Sterling Height, Mich 48310 Ccare of Brank, Alsobrak				
*Th. Complete Committee Street Address (May not be PO Box)\$ //				
Same as im		^eSS		
*8. Treasurer Name and Complete, Reside				3 3
Brian K. Alsobrooks		N n C	· · · · · · · · · · · · · · · · · · ·	MAY
Phone #: (586) 214-6810		ddress: NA(No 1e		TO T
9. Designated Record Keeper Name and Bright K. Alsobrook	Complete Address:	in the second of		NO C
12/19/1		Addrace: IIA C. 10	1	AR O
Phone #: (586) 214 - 6810	Elitai P	Address: NA (No 1e)		- 10 - 5
*10. REPORTING WAIVER REQUEST: YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in example of \$1,600.00 in an				
The second that if the committee does not spend or received in excess of \$1,000,00 in an election, the committee does not one detailed				
semantically lost in the continued exceeds the \$1,000.00 till the continued exceeds the \$1,000.00 till				
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 \$1,000.00 in an				
A that the committee does not spend of receive in excess of \$1,000.00 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 Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While				
this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): Secondary Depository (name and address): Secondary Depository (name and address):				
*Official Depository (name and address	ELLIAM F	ank, our la la	THE SUPE	c Hora int
12. 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				
12. Verification: I/We certify that all reasonable unigence was used in the preparations: I/We certify that all reasonable complete to the best of my/our knowledge or belief. If filing campaign statements 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 the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable				
the signatures that verify the accuracy and completeness of each statement will be true, 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)				
	Mark Date: 4-30-1	*Current Treasurer	So brooks	Date: 4-36-19
Man K: UND WHE TO Date.				
*Designated Record Keeper (If Applicab	lannops			Date: 4-36-19