



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 95910		3. This Statement covers From: 07/24/16 to 08/28/17	
2. Committee Name Deirdre Waterman for Mayor		4. Candidate Last Name Waterman First Name Deirdre M.I. H 4a. Office Sought Including District # or Community Served (If applicable) Mayor of Pontiac 4b. County of Residence OAKLAND	
5. Committee's Mailing Address 312 Ottawa Dr. Pontiac, MI 48341 Area Code and Phone (248) 332-1579 If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.		6. Treasurer's Name & Residential Address Deirdre Waterman 312 Ottawa Dr. Pontiac, MI 48341 Area Code & Phone (248) 568-5613	
7. Treasurer's Business Address 312 Ottawa Dr. Pontiac, MI 48341 Area Code and Phone (248) 568-5613		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Deirdre Waterman 312 Ottawa Dr. Pontiac, MI 48341 Area Code and Phone (248) 568-5613	
9. TYPE OF STATEMENT 9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____		Required ONLY if candidate is not on the ballot for the current year: <input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly 9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)	
		9e. Dissolution of Candidate Committee <input type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt. Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Effective date of dissolution _____ Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.			
Current Treasurer or Designated Record keeper Deirdre Waterman / _____ Date _____ Type or Print Name Signature			
Candidate Deirdre Waterman / _____ Date _____ Type or Print Name Signature			

Authority granted under P.A. 388 of 1976