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MICHIGAN DEPARTME T OF STATE
BUREAU OF ELE TIONS

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CANDIDATE CO MMITTEE COVER P GE

FOR OFFICIAL USE ONLY

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

3. This Statement covers From: 7 5 2004 To: 12 31 2004 (Mo Day Year)

1. Committee I.D. Number 137216

2. Committee Name
Committee to El ct Sonya Epley

4. Candidate Last Name Epley First Name Sonya M.I.

4a. Office Sought Including District # or Community Served (If applicable)
Fitzgerald Board of Education

4b. County of Residence Macomb Driver License # (Optional)

5. Committee's Mailing Address 2 834 Atlantic
Wc rren, Mi. 48091

Area Code and Phone 586-4 27-4800

If the address in this box is differen from the committee mailing address on the Statement Organization, mail may be sent to this address by the filing ficial.

6. Treasurer's Name & Residential Address Sonya Epley
20834 Atlantic
Warren, Mi. 48091

Area Code & Phone (586) 427-4800

Driver License # (Optional)

7. Treasurer's Business Address NA

Area Code and Phone ( )

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) NA

Area Code and Phone ( )

Driver License # (Optional)

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election State ent relates to:

☐ Primary ☐ General
☐ Convention ☐ School
☐ Special ☐ Caucus

Date of Electic , Convention or Caucus
Month Day Year

9c. ☒ Annual Statement (2004 Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e ☐ Dissolution of Candidate Committee

Effective Date of Dissolution
Month Day Year

By checking this item, I\We certify that the committee has no assets or outstanding debts, including late filing fees. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a l eporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in dind contributions, loans, expenditures, and outstanding debts count against the $1,000 Reporting Waiver threshold. If any of the information listed in ite ns 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Or anization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a re uired campaign statement, that campaign statement cannot be waived.**

10. Verification: I\We certify that all easonable 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 c tents are true, accurate and complete.

Current Treasurer or Designated Record keeper Sonya Epley (Type or Print Name) Signature Date 2 1 2005 (Mo Day Year)

Candidate Sonya Epley (Type or Print Name) Signature Date 2 1 2005 (Mo Day Year)

uthority granted under P.A. 388 of 976 CFR Rev 7/1999

MICHIGAN DEPARTI IENT OF STATE
Bureau of Electi ns

1. Committee I.D. Number 137216
2. Committee Name Committee to Elect Sonya Epley

SUMMAR' PAGE
CANDIDATE CC MMITTEE

		Column I This Period	Column II Cumulative this election cycle
RECEIPTS			
3. Contributions			
a. Itemized (Schedule 1A - Colu in 6)	(3a.) $		
b. Unitemized (less than $20.01 ach - no Schedule)	(3b.) $		
c. Subtotal of "Contributions"	(3c.) $		(18.) $ 1167.84
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) $		(19.) $ 0
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) $		(20.) $ 1167.84
IN-KIND CONTRIBUTIONS & EXP ENDITURES			
6. In-Kind Contributions (Schedule -IK, Column 7)	(6.) $		(21.) $ 0
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) $		(22.) $ 0
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Colum 6)	(8a.) $		
b. Itemized Get-Out-the-Vote (S nedule 1B-G)	(8b.) $		
c. Unitemized (less than $50.01 ach - no Schedule)	(8c.) $		
9. TOTAL EXPENDITURES (Add ne 8a + Line 8b + Line 8c)	(9.) $		(23.) $ 1167.84
INCIDENTAL EXPENSE DISBUR EMENTS (Officeholders Only)			
10. Disbursements a. Itemized (Schedule 1C, Col nn 6)	(10a.) $		
b. Unitemized (less than $50.0 each - no Schedule)	(10b.) $		
11. TOTAL INCIDENTAL EXPENS E DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) $		(24.) $ 0
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Sd edule 1E)	(12a.) $		
b. Owed to the Committee (Sc dule 1E)	(12b.) $		

BALANCE STATEMENT

13. Ending Balance of last report fi ed (Enter zero if no previous repo s have been filed.)	(13.) $ 0
14. Amount received during report g period (Line 5, Total Contributions & ther Receipts)	(14.) + $ 0
15. SUBTOTAL Add lines 13 and 14	(15.) = $ 0
16. Amount expended during repo ing period (Add lines 9 and 11)	(16.) - $ 0
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) $ 0 *

NOTE: Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the $1,000.00 Reporting Waiver threshold. **All required schedule must be included with this statement. *If your ending balance is negative, please recheck your math.**

FR Rev 7/1999c-sum

Authority granted under P.A. 388 of 1976