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FEC FORM 1		STATEMEN ORGANIZA	-	17 SEP 19 PM 3: 14	٦
NAME OF COMMITTEE (in	full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Committee to Elect	Anița Belle	1 1 1 1 1 1			
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ADDRESS (number a	nd street) 415	Burns Dr.	<u> </u>	<u> </u>	
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COMMITTEE'S E-MA	AIL ADDRESS				
(Check if a is changed		elle@belleforsenate.co	pm		
	•	onal Second E-Mail Adadington@belleforsena			111
COMMITTEE'S WEB (Check if a is changed	address Iww	S (URL) w.belleforsenate.com			
2. DATE O	9'(4'	2017			
3. FEC IDENTIFIC	CATION NUMBE	R ▶ C[006	554913		
4. IS THIS STATEM	MENT I	NEW (N) OR	AMENDED (A)		
I certify that I have e	examined this Sta	tement and to the best	of my knowledge and belief it	is true, correct and complete.	
Type or Print Name	of Treasurer Br	yan Wadlington			
Signature of Treasure	or Bolge	Julghe		Date 0 9 1 4 2	0[7]
NOTE: Submission of			may subject the person signing YON SHOULD BE REPORTED	this Statement to the penalties of 52 L WITHIN 10 DAYS.	J.S.C. §30109.
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IYPE	OF C	DMMITTEE							*
Can	didate	Committee:							
(a)	$\overline{\times}$	This committee is a prin	icipat campaig	n committee. (	Complete	the candida	te inform	ation below.	)
(b)		This committee is an au information below.)	thorized comr	mittee, and is I	NOT a prin	cipal campa	aign com	mittee. (Con	nplete the candidate
Name Cand		Anita, E., Belle,	<u> </u>	11.1.1			ll		<u> </u>
Cand Party	lidate r Affiliati	on GRE	Office Sought:	House	· 🗵	Senate		President	State District
(c)		This committee supports	s/opposes only	y one candidal	te, and is t	NOT an aut	horized c	committee.	
Name Cand									
Part	ty Con	nmittee:							
(d)		This committee is a		(National, S or subordin		ittee of the			(Democratic, Republican, etc.) Pa
Poli	tical A	ction Committee (PA	IC):						
(e)	П	This committee is a sep	-	ated fund. (Ider	ntify connec	ted organiz	ation on l	ine 6.) Its co	nnected organization
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		Membership Or	ganization	U	Trade Asso	ciation		L	Cooperative
		77	on, this commi	ttee is a Lobby	iet/Ranietra	nt PAC.			
		In addition			isu i regisii a				
(f)		This committee support	s/opposes mo	re than one F		didate, and	is NOT a	a separate s	egregated fund or pa
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CITY

Page 4

48429

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ZIP CODE

STATE

Telephone number

FEC Form 1 (Revised 02/2009)

Erin Michael Fox

306 N. Mercer

Durand

Full Name of Designated

Mailing Address

Title or Position

Campaign Manager

Agent

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	Relationship:			
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8.	Designated Agent: Identify	y by name, address (phone number - optional)		
	Full Name			
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				<u> </u>
	TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
		<u> </u>	Telephone Number	
9.	Banks or Other Deposito safety deposit boxes or ma	ries: List all banks or other depositories in which intains funds.	the committee deposits	funds, holds accounts, rents
	Name of Bank, Depository, etc.			
	Mailing Address			
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Anita E. Belle Committee to Elect Anita Belle 4 415 Burns Dr., Apt S-201 Detroit, MI 48214

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