Image# 201802099094274741 PAGE 1 / 2

## FEC FORM 2

## STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)						
	Powell, Ashley, Ann, Mrs.,					_	
	(b) Address (number and street) 312 W. Huron St.	□C	heck if addres	ss changed		Candidate's FEC Identification Number     P40003808	
	(c) City, State, and ZIP Code					3. Is This New Amended	<u>t</u>
	Ann Arbor		MI	4810	3	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate	
	DEMOCRATIC PARTY	Presidenti	al				
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIGN	N COMMITTEE	
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election)						
	NOTE: This designation should be f	iled with the ap	propriate offic	e listed in t	ne instructions.		
	(a) Name of Committee (in full)		Ob - II -				
	The Motor City Brick	k to Farme	er Challe	nge			
	(b) Address (number and street) 312 W. Huron St.						
	(c) City, State, and ZIP Code						
	Ann Arbor				MI	48103	
		CICNIATIO	N OF OTI			COMMITTEEC	
	DE	SIGNATIO	N OF OIR	IER AU	THORIZED	COMMITTEES	
	DE			_	THORIZED g Representative		
8.		(1	ncluding Join	t Fundraisin	g Representative		
8.	I hereby authorize the following name	(I	ncluding Join	t Fundraisin	g Representativo	es)	
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f	(I	ncluding Join	t Fundraisin	g Representativo	es)	
8.	I hereby authorize the following nam candidacy.	(I	ncluding Join	t Fundraisin	g Representativo	es)	
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f	(I	ncluding Join	t Fundraisin	g Representativo	es)	
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be f	(I	ncluding Join	t Fundraisin	g Representativo	es)	_
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formula (a) Name of Committee (in full)	(I	ncluding Join	t Fundraisin	g Representativo	es)	
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (b) Address (number and street)	(I	ncluding Join	t Fundraisin	g Representativo	es)	_
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formula (a) Name of Committee (in full)	(I	ncluding Join	t Fundraisin	g Representativo	es)	_
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (b) Address (number and street)	(I	ncluding Join	t Fundraisin	g Representativo	es)	_
8.	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	(I	ncluding Join	t Fundraisin  my princip  ign committe	g Representative	es) nmittee, to receive and expend funds on behalf of my	_
	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	(I	ncluding Join	t Fundraisin  my princip  ign committe	g Representative	es) nmittee, to receive and expend funds on behalf of my and belief it is true, correct and complete.	
Sig	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example of Candidate	(I	ncluding Join	t Fundraisin  my princip  ign committe	g Representative	es) nmittee, to receive and expend funds on behalf of my	
Sig	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	(I	ncluding Join	t Fundraisin my princip ign committe	g Representative al campaign con ee.	es) nmittee, to receive and expend funds on behalf of my and belief it is true, correct and complete.	
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Się Pa	I hereby authorize the following name candidacy.  NOTE: This designation should be formulated (in full)  (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I certify that I have example of Candidate cowell, Ashley, Ann, Mrs.,	(Inned committee, iled with the pri	ncluding Join which is NOT ncipal campai	t Fundraisin my princip ign committe  the best of	g Representative all campaign con ee.  my knowledge attronically Filed]	es) nmittee, to receive and expend funds on behalf of my and belief it is true, correct and complete.  Date	
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FEC FORM 2 (REV. 02/2009)

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F2N Transaction ID:

2024 Special Election.

Form/Schedule: Transaction ID: