

AFFIDAVIT OF IDENTITY AND RECEIPT OF FILING

PLEASE COMPLETE SECTIONS I, II, III and IV BELOW (Print or Type) - See Reverse Side for Important Notifications

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OFFICE USE ONLY

Received by Smiller No. of Petition Sheets or Receipt No. 3 = 36
 Reviewed by Smiller Date of Filing 7 23 2018
 Jurisdiction/District of Office Sought CITY MAYOR CFR I.D. No. _____

I. CANDIDATE IDENTIFICATION

Name HAVEN ERIC Birth date [Redacted]
(Last) (First) (Middle) (Month) (Day) (Year)
 Have you changed your name within the last 10 years for reasons other than marriage (or divorce)? Yes No

If yes, enter full former name here (See "Section A" on reverse)

I WISH TO HAVE MY NAME APPEAR ON THE BALLOT AS PRINTED BELOW (Please print upper & lower case - nicknames/titles not permitted. See "Section B" on reverse.)

ERIC HAVEN

Residence Address (Street Address, City, Zip Code) [Redacted] Mailing Address (See "Section C" on reverse)
(Street Address) (Street Address)

CLARKSTON 48346 [Redacted]
(City) (Zip)

Phone [Redacted] Email [Redacted] Website _____

City Township of CLARKSTON Precinct # (required) _____ Ward # (if any) _____
 County of CLARENCE Resident of County for 45 years. Resident of Michigan for 69 years.

I am a citizen of the United States: Yes No
 I am registered and qualified to vote at the address listed above: Yes No

II. OFFICE SOUGHT

Office Title: MAYOR District/Circuit # (if applicable) _____

Date of Election: Primary Election _____ General Election NOV 6 2018 Recall
(Month) (Day) (Year) (Month) (Day) (Year)

If a partisan office, list political party _____

Term of Office Regular Term Partial Term → Expiring 11 9 2020
(Month) (Day) (Year)

Judicial Candidates Only (See "Section D" on reverse) Incumbent Position Non-Incumbent Position New Judgeship

III. FILER'S ACKNOWLEDGMENT - This filing contains the following (check all that apply):

- Nominating or Qualifying Petitions (Estimated number of signatures: _____)
- Filing Fee of \$100.00 (if applicable)
- Certification of Party Nomination and Certificate of Acceptance (if applicable)
- Affidavit of Constitutional Qualification (judicial candidates only)
- Affidavit of Candidacy (Incumbent judicial candidates only)

If nominating petitions are filed:
 Destroy petitions in January
 Return petitions in January

KATELYN SPARKS
 Notary Public - State of Michigan
 County of Genesee
 My Commission Expires Jul 21, 2024
 Acting in the County of CLARENCE

IV. CAMPAIGN FINANCE COMPLIANCE STATEMENT AND ATTESTATION

By signing this affidavit, I swear (or affirm) that the facts I have provided are true. I further swear (or affirm) that the facts contained in the statement set forth below are true. (See Section "E" on reverse for further information.)

At this date, all statements, reports, late filing fees, and fines due from me or any Candidate Committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.

I acknowledge that making a false statement in this affidavit is perjury - a felony punishable by a fine up to \$1,000.00 or imprisonment for up to 5 years, or both. (MCL 168.558, 933 and 936)

SIGNATURE OF CANDIDATE

Subscribed and sworn to before me on the 13th (Day)
 of July (Month) 2018 (Year)
 Name of Notary Katelyn Sparks
 Notary Public, State of Michigan, County of Clarence/Genesee
 My commission expires 7/21/24
 Acting in the County of Oakland
 Signature of Notary Public Katelyn Sparks