

www.PrintingSystems.us (800) 95-12345 (R 08/19) **FORM #764**

# RECEIPT OF NOMINATING PETITIONS FILED

To: Saleem Siddiqi

Date 07.19.21

This will acknowledge receipt of your nominating petitions for the office of  
Council Member, as a Non-Party candidate,  
(NAME OF PARTY) (NON-PARTISAN)  
consisting of 3 petition sheets.

## Attached hereto:

2 Affidavit of Identity ☒ (check)

1 Affidavit – Name change ☐ (check)

[Signature]  
AUTHORIZED SIGNATURE

I agree that the foregoing is a correct count of the number of petition sheets submitted by me.  
My count of the individual signatures was 30.

I do/do not request that my petitions be returned to me after January 1 next following the election.

(248) 390-3602  
PHONE NO.

[Signature]  
CANDIDATE'S SIGNATURE

## WITHDRAWAL NOTICE

(To be submitted no later than – 3rd day following)

(Last day for filing petitions – 4:00 P.M. – E.S.T.)

\_\_\_\_\_ 20\_\_\_\_

Please take notice that I have this day requested you to WITHDRAW MY NAME as a candidate  
for the office of \_\_\_\_\_

as a \_\_\_\_\_ candidate.  
(NAME OF PARTY) (NON-PARTISAN)

## ACKNOWLEDGED:

\_\_\_\_\_  
CANDIDATE'S SIGNATURE



## MEMORY TRANSMISSION REPORT

TIME : 07-20-2021 13:36  
FAX NO.1 :  
NAME :

FILE NO. : 340  
DATE : 07.20 13:34  
TO : Elections  
DOCUMENT PAGES : 3  
START TIME : 07.20 13:34  
END TIME : 07.20 13:36  
PAGES SENT : 3  
STATUS : OK

\*\*\*SUCCESSFUL TX NOTICE\*\*\*

## Affidavit of Identity and Receipt of Filing

candidate information	first name	SALGEM	middle	RAZA	last	SIDDIQI
	residential address	27670 LATHRUP BLVD.				LATHRUP VILLAGE, MI 48076
additional information	mailing address, if applicable	SAVIE				city / zip
	phone number	248-390-3602				date of birth 5/20/1967
office sought/ ballot information	email address	saleem.siddiqi@comcast.net				campaign website NONE
	<input type="radio"/> my name formally changed in the last 10 years for a reason other than marriage or divorce; if checked, print full former name:					
filer's acknowledgment (check one)	office name	CITY COUNCIL / 4 YR TERM				jurisdiction LATHRUP VILLAGE
	political party, if a partisan office. If running without party affiliation list "No Party Affiliation."	NO PARTY AFFILIATION				
statements and attestation	exact name I would like printed on the ballot (use upper and lower case letters)	S A L E E M R S I D D I Q I				
	term (check one): <input checked="" type="radio"/> regular term <input type="radio"/> partial term expiring 1/1 <input type="radio"/> recall	election (check one): <input type="radio"/> primary election <input type="radio"/> general election 11/2/21				
for office use only	Judicial candidates only: <input type="radio"/> incumbent position <input type="radio"/> non-incumbent position <input type="radio"/> new judgeship	Judicial candidates only: <input type="radio"/> affidavit of constitutional qualification <input type="radio"/> affidavit of candidacy (Incumbents only)				
	<input type="radio"/> nominating or qualifying petitions (estimated number of signatures 30) to be <input type="radio"/> destroyed <input checked="" type="radio"/> returned in January					
for office use only	<input type="radio"/> a filing fee of \$100 (if applicable)					
	<input type="radio"/> certification of party nomination and certificate of acceptance (if applicable)					
for office use only	I am a citizen of the United States and I meet the statutory and constitutional requirements for the office sought.					
	I swear, or affirm, that the facts I have provided and the facts contained in the statement set forth below are true.					
for office use only	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 and may result in disqualification from the ballot (MCL 168.558, 933, and 936).					
for office use only	notary signature	Melody J. Simpson				notary name Melody J. Simpson
	subscribed and sworn to me on the 19th day of July	Macomb				Notary Public - State of Michigan
for office use only	notary public, state of Michigan, county of OAKLAND	My Commission Expires May 2025				Acting in the County of OAKLAND
	acting in the county of OAKLAND	DATE HERE 7/19/21				
for office use only	received by	number of petition sheets				receipt number
	reviewed by	date of filing				campaign finance number
for office use only	Jurisdiction/district of office sought					
	Michigan Department of State					

Michigan Department of State

Original - Filing Official

Copy - Candidate

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