



1. Committee ID #:	*2. Type of Filing: Original: Amendment to items: Eff. Date:		
*3. Full Name of Committee (must include Candidate's first and last name):			
*4a. Candidate Full Name: Last Name		First Name	M.I.
*4b. Political Party (if applicable):		*4c. County of Residence:	
*4d. Office Sought:		*4e. District or Jurisdiction:	
*5. Date Committee was Formed :			
*6a. Committee Phone:		6b. Committee Fax #:	
*6c. Committee Email Address:		6d. Committee Website Address:	
*7a. Complete Committee Mailing Address (May be PO Box):			
*7b. Complete Committee Street Address (May not be PO Box):			
*8. Treasurer Name and Complete Address:			
Phone #:		Email Address:	
9. Designated Record Keeper Name and Complete Address:			
Phone #:		Email Address:	
*10. REPORTING WAIVER REQUEST: YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000 in an <u>election</u> . I/We understand that if the committee does not spend or received in excess of \$1,000 in an <u>election</u> , the committee does not owe Pre, Post and Quarterly Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold and all required campaign statements must be filed. <u>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.</u> NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to receive or expend in excess of \$1,000 in an <u>election</u> . I/We understand that the committee owes Pre, Post, Quarterly Statements even if the committee does not spend or receive in excess of \$1,000 in an <u>election</u> . I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <u>Appendix C</u> of the Committee Manual.			
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): Secondary Depository (name and address):			
12. Verification: I/We certify that all reasonable diligence was used in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or belief. If filing campaign statements electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date)			
*Candidate: *Designated Record Keeper (If Applicable)	Date:	*Current Treasurer	Date: Date:

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION FOR LOCAL CANDIDATE COMMITTEES
STATE LEVEL COMMITTEES FILE THIS FORM ELECTRONICALLY

WHEN TO FILE THIS FORM

As soon as an individual becomes a "candidate" under Michigan's Campaign Finance Act, P.A. 388 of 1976, as amended, he or she has 10 calendar days to form a Candidate Committee. After the committee's formation date, the candidate has an additional 10 calendar days to register the committee. A candidate registers a Candidate Committee by filing a Statement of Organization form with his or her filing official. A person becomes a candidate under the Campaign Finance Act on the date he or she:

- files a nominating petition, a filing fee or an affidavit of candidacy; or
- receives a contribution or makes an expenditure, or gives consent to someone else to receive a contribution or make an expenditure with a view to bringing about the individual's nomination or election to an elective office; or
- is nominated for an elective office by a political party caucus or convention.

Candidates exempted from Statement of Organization Filing Requirements:

- A candidate who seeks a precinct delegate position is not required to file a Statement of Organization.
- A candidate who seeks a school board position in a school district with a pupil membership count of 2,400 or less AND receives or spends \$1,000.00 or less for the election is not required to file a Statement of Organization.

NOTE: The information contained on the Statement of Organization must be kept up-to-date. If a change in the information takes place, an Amended Statement of Organization must be filed no later than the due date of the first Campaign Statement required of the committee after the change.

WHERE TO FILE THIS FORM

Offices that file with the [County Clerk's Office](#):

- A candidate for a county, city, township, village, public school board, community college board or other local elective office is required to file two copies of this form with the clerk for the county in which the candidate resides.

EXCEPTION: A local candidate whose district crosses county boundaries is required to file this form with the clerk of the county where the greatest number of voters eligible to vote on the office resides.

Offices that file with the Michigan Department of State's Bureau of Elections do not use this form. FILE ELECTRONICALLY:

- A candidate for Governor, Lt. Governor, Secretary of State, Attorney General, State Senate, State Representative, State Board of Education, University of Michigan Regent, Michigan State University Trustee, Wayne State University Governor, Michigan Supreme Court, Court of Appeal, Circuit Court, District Court, Probate Court and Municipal Court.

INSTRUCTIONS

Type or clearly print in ink all information requested on the Statement of Organization form. Each entry on the form is discussed below.

Note: If filing an Original Statement of Organization, all fields preceded with an * are required fields.

ITEM 1: On the original Statement of Organization, leave this item blank. An identification number will be assigned to the committee by the filing official. If an identification number has been assigned to the committee, enter it in Item 1.

*** ITEM 2:** Indicate whether this is an Original Statement of Organization or an Amendment to a Statement of Organization already on file. On an Amendment, list the number of the item(s) affected and the date the change took place. Item 1, Item 3, Item 12 and all affected item(s) are required fields on an Amendment.

*** ITEM 3:** Enter the committee's official name. **The committee name *must* include the candidate's first and last name.**

*** ITEM 4a:** Enter the candidate's full name.

*** ITEM 4b:** If the office sought by the candidate is a partisan office, enter the candidate's party affiliation.

*** ITEM 4c:** Enter the candidate's county of residence.

*** ITEM 4d:** Enter name of the office sought by the candidate.

*** ITEM 4e:** Enter the district number or jurisdiction (county, city, township, village, school district) served by the office.

*** ITEM 5:** Enter the date the committee was formed. This form must be received by your filing official within **10 calendar days** after the committee's formation date. A late filing fee of \$10.00 per business day is assessed if this form is filed late.

*** ITEM 6a:** Enter the committee's telephone number.

ITEM 6b: Enter the committee's fax number.

*** ITEM 6c:** Enter the committee's e-mail address.

*** ITEM 7a:** Enter the committee's mailing address. A post office box is acceptable. All mail from the filing official will be directed to the committee's mailing address.

*** ITEM 7b:** Enter the committee's street address. A post office box is *not* acceptable. (List the candidate's or treasurer's home address if no other address is available.)

*** ITEM 8:** Enter the full name (last name, first name, middle initial), mailing address, telephone number and e-mail address of the committee's treasurer. The candidate may serve as the committee's treasurer. A committee treasurer must be listed in this item.

ITEM 9: Enter the full name, (last name, first name, middle initial) telephone number and e-mail address of the designated record keeper if the committee has one. This is the person, other than the treasurer, who will be responsible for the committee's records and Campaign Statement filings. If the committee's treasurer will personally handle these responsibilities, leave this item blank. An individual designated in this item may sign Campaign Statements in place of the treasurer, but does *not* have the authority to sign a Statement of Organization form in place of the treasurer.

*** ITEM 10: Reporting Waiver Request.**

- Select "**YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER**" if the committee does not expect to receive or spend more than \$1,000 for any single election. The committee does not owe Pre, Post, Quarterly Campaign Statements as long as the committee does not receive or spend more than \$1000. **This option must be selected to obtain the Reporting Waiver.**
- Select "**NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER**" if the committee expects to receive or expend in excess of \$1,000 in an election. This means that the committee owes Pre, Post, Quarterly Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in an election.

Election means primary, general, special or millage election, or a convention or caucus of a political party held in this state to nominate a candidate. Election also includes a recall vote.

*** ITEM 11:** Enter the name and address of the Michigan bank, savings and loan association or credit union that the committee now uses, intends to use or would use as its "official depository". While this item must be completed, an account does not have to be opened until the first contribution is received. Enter the name and addresses of any "secondary depositories" the committee uses or intends to use. A secondary depository may be used only for the deposit of contributions; it may not be used for committee expenditures.

*** ITEM 12:** Enter names where indicated. **This form *must* be signed and dated by the candidate, the committee's treasurer and designated recordkeeper.** If the candidate is serving as the committee's treasurer, the candidate signs once on the line for the candidate's signature.