



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #:	*2. Type of Filing: <input checked="" type="checkbox"/> Original: <input type="checkbox"/> Amendment to items:		Eff. Date: 4-26-16
*3. Full Name of Committee (must include Candidate's first and last name): THE COMMITTEE TO SELECT CAMILLE FINLAY ARMADA TOWNSHIP TRUSTEE			
*4a. Candidate Full Name: Last Name FINLAY		First Name CAMILLE	M.I.
*4b. Political Party (if applicable): REPUBLICAN		*4c. County of Residence: MACOMB	
*4d. Office Sought: ARMADA TOWNSHIP TRUSTEE		*4e. District/Circuit # or Jurisdiction:	
*5. Date Committee was Formed: 4-26-16			
*6a. Committee Phone: 586-784-5993		6b. Committee Fax #:	
6c. Committee Email Address: camillesfarm@gmail.com		6d. Committee Website Address:	
*7a. Complete Committee Mailing Address (May be PO Box): 20779-32 MILE RD, ARMADA, MI 48005			
*7b. Complete Committee Street Address (May not be PO Box): 20779-32 MILE RD ARMADA, MI 48005			
*8. Treasurer Name and Complete Address: CAMILLE FINLAY 20779-32 MILE RD ARMADA, MI 48005			
Phone #: 586-784-5993		Email Address: camillesfarm@gmail.com	
9. Designated Record Keeper Name and Complete Address: CAMILLE FINLAY 20779-32 MILE RD ARMADA, MI 48005			
Phone #: 586-784-5993		Email Address: camillesfarm@gmail.com	
*10. REPORTING WAIVER REQUEST: <input checked="" type="checkbox"/> 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 election. I/We understand that if the committee does not spend or received in excess of \$1,000 in an election, the committee does not owe Pre, Post, Quarterly and Annual 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. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. <input type="checkbox"/> 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 election. I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in an election. 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 Appendix C 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): CAPAC STATE BANK 81111 MAIN STREET Secondary Depository (name and address): MEMPHIS, MI 48041			
12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.			
13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office. <input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$5,000 and is required to file electronically. <input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$5,000 and would like to file electronically voluntarily. Further information regarding Electronic Filing can be found in Appendix D of the Committee Manual.			
14. 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 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: Camille Finlay		*Current Treasurer Camille Finlay	
Designated Record Keeper (Required only if filing electronically)		Date: 4-26-16 Date: 4-26-16	

FILED
 16 APR 29 AM 10:55
 MACOMB COUNTY CLERK
 HT. CLEMENS, HICHAM