

## **ORIGINAL OR AMENDED**

## STATEMENT OF ORGANIZATION FORM FOR LOCAL CANDIDATE A COMMITTEES FILED WITH A COUNTY CLERK

Information on this form is made public.

1. Committee ID #:	*2. Type of Filing: Or	iginal: nendment to items:	Eff. Date:	03/15/2017
*3. Full Name of Committee (must include Citizens for Michael Radtke	Candidate's first and last	name):		
*4a. Candidate Full Name: Last Name Ra	adtke Jr.	First Name Michael	M.I.	· V.
*4b. Political Party (if applicable): n/a		*4c. County of Residence: MACO	MB	
*4d. Office Sought: City Council		*4e. District or Jurisdiction:	Sterling Heig	hts
*5. Date Committee was Formed: 03/15	5/2017			
*6a. Committee Phone: (586) 873-84	27	6b. Committee Fax #:		
*6c. Committee Email Address:	s For Radthe & mail	6d. Committee Website Address:		
*7a. Complete Committee Mailing Addres				-
34205 Barrett Dr. Sterling Heig				2017
*7b. Complete Committee Street Address 34205 Barrett Dr. Sterling Heig			263	
*8. Treasurer Name and Complete Addres				를 <u>기</u>
Virginia La Rosa	<b>3.</b>		285	~ <del>_</del>
Phone #: (586) 739-8885	Email A	ddress: vlarosa2017@gmail.com		2 F
9. Designated Record Keeper Name and Co			<b>2 3 3 3 3 3 3 3 3 3 3</b>	
5. Designated Record Reeper Name and Co	ompiete Address.		<b>₹</b> 35	= _
Phone #:	Email A	ddrace		80
*10. REPORTING WAIVER REQUEST:	Linear A	uui ess.		
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 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. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.  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 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.				
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*11. Name and Address of Depositories of this item must be completed, an account d *Official Depository (name and address)	oes not have to be opened			Jan Association) While
Secondary Depository (name and addre		, -		
12. Verification: I/We certify that all reasor complete to the best of my/our knowledge the signatures that verify the accuracy and diligence will be used in the preparation of accurate and complete to the best of my/or	or belief. If filing campaign completeness of each state each statement electronica	statements electronically, we further agre ement filed electronically by the committe ally filed by this committee and that the cor	e that the signature e. I/We certify that	s below shall serve as all reasonable
*Candidate: W, chill flat	Date: 3/15/1	2 *Current Treasurer fa /	Rosa De	ate: 3/15/2011
*Designated Record Keeper (If Applicable)	$\checkmark$	<i>y</i>	Ds	ite: