

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ORIGINAL OR AMENDED

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

		Information on this form is made pub	olic.		
1. Committee ID #:					
139377	Amen	dment to items:	Eff. Date: (	03/15/2017	
*3. Full Name of Committee (must include Citizens for Michael Radtke	Candidate's first and last nam	ne):			
*4a. Candidate Full Name: Last Name R	adtke Jr.	First Name Michael	M.I.	V.	
*4b. Political Party (if applicable): n/a		*4c. County of Residence: MA	COMB		
*4d. Office Sought: City Council		*4e. District or Jurisdiction:	Sterling Heigh	ts	
*5. Date Committee was Formed: 03/15	5/2017		,		
*6a. Committee Phone: (586) 873-8427 6b. Committee Fax #:					
*6c. Committee Email Address: Citi	zensforRadtke ail.com	6d. Committee Website Address	<b>s:</b>		
*7a. Complete Committee Mailing Addres 34205 Barrett Dr. Sterling Heig			manuf Fig.		
*7b. Complete Committee Street Address (May not be PO Box):  34205 Barrett Dr. Sterling Heights, MI 48312  *8. Treasurer Name and Complete Address:					
*8. Treasurer Name and Complete Address:  Virginia La Rosa, 13515 Parkridge Dr., Shelby Township, MI 48315					
Phone #: (586) 739-8885	Email Addro	ess: vlarosa2017@gmail.co		<u>₽</u> 6	
9. Designated Record Keeper Name and C	omplete Address:		ar.		
				<b>₽</b>	
Phone #:	Email Addr	ess:	<b>43</b>	ō	
*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 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.					
*11. Name and Address of Depositories of this item must be completed, an account of *Official Depository (name and address) Secondary Depository (name and address)	ioes not have to be opened unt : Huntington Bank, 136	til the first contribution is received.		n Association) While	
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/o	or belief. If filing campaign state completeness of each stateme each statement electronically f	tements electronically, we further a ent filed electronically by the comm iled by this committee and that the	agree that the signatures b littee. I/We certify that all	elow shall serve as reasonable	
*Candidate: by holl find	/ : .	*Current Treasurer	D 1		
	P poate: 3/22/17	g/irginia	ta Rosa Date	: 3/22/17	
*Designated Record Keeper (If Applicable)	T bate.	g) irginia	La Rosa Date	700/1	