



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

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

Information on this form is made public.

1. Committee ID #:	*2. Type of Filing: <input checked="" type="checkbox"/> Original: <input type="checkbox"/> Amendment to items:		Eff. Date:
*3. Full Name of Committee (must include Candidate's first and last name): <i>COMMITTEE TO ELECT JIM GOETZINGER</i>			
*4a. Candidate Full Name: Last Name	First Name	M.I.	
<i>GOETZINGER</i>	<i>JAMES</i>	<i>M</i>	
*4b. Political Party (if applicable): <i>REPUBLICAN</i>		*4c. County of Residence: <i>MACOMB</i>	
*4d. Office Sought: <i>ARMADA TOWNSHIP TRUSTEE</i>		*4e. District or Jurisdiction: <i>ARMADA TOWNSHIP</i>	
*5. Date Committee was Formed: <i>MARCH 17, 2018</i>			
*6a. Committee Phone: <i>248-821-2736</i>	6b. Committee Fax #:		
*6c. Committee Email Address: <i>JMGOETZ1@YAHOO.COM</i>	6d. Committee Website Address:		
*7a. Complete Committee Mailing Address (May be PO Box): <i>78550 COON CREEK RD, ARMADA, MI 48005</i>			
*7b. Complete Committee Street Address (May not be PO Box): <i>78550 COON CREEK RD, ARMADA, MI 48005</i>			
*8. Treasurer Name and Complete Address: <i>(CANDIDATE) JAMES M. GOETZINGER</i> <i>78550 COON CREEK RD, ARMADA, MI 48005</i>			
Phone #: <i>248-821-2736</i>		Email Address: <i>JMGOETZ1@YAHOO.COM</i>	
9. Designated Record Keeper Name and Complete Address:			
Phone #:		Email Address:	
*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 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.  <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 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 fee. 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): <i>J.P. MORGAN CHASE BANK 64970 VAN DYKE RD, WASHINGTON, MI 48095</i>  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: <i>[Signature]</i>	Date: <i>3-17-2018</i>	*Current Treasurer	Date:
*Designated Record Keeper (If Applicable)		Date:	

FILED  
 18 MAR 19 PM 12:17  
 MACOMB COUNTY CLERK  
 MT. CLEMENS, MICHIGAN