

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: Original: Amendment to items:	Eff. Date: April 30, 2018
*3. Full Name of Committee (must include Candidate's first and last name): Committee to Elect Julie Williams		
*4a. Candidate Full Name: Last Name Wi		M.I. A
*4b. Political Party (if applicable): Republican Party		
*4d. Office Sought: Macomb Co	enty Clark/ Register of D	eds macomb County
*5. Date Committee was Formed: April 3		65
*6a. Committee Phone: 586 212 8030	6b. Committee Fax	#: 586 949 6099
*6c. Committee Email Address:	ans for Clert @ 9 mail.	osite Address:
*7a. Complete Committee Mailing Addres P.O. Box 202, Mount Clemens, MI 480		30 FI FROU
*7b. Complete Committee Street Address 21108 Masters, Macomb, MI 48044	May not be PO Box):	AH AH C
*8. Treasurer Name and Complete Addres Amy Perrotta 2695 Bridle, Bloomfield	Hills, MI 48304	1: 20
Phone #: 586 949 6099	Email Address: Tutelu	Villiams for Clerko smail.com
9. Designated Record Keeper Name and Complete Address: Jeff Williams 21108 Masters, Macomb MI 48044		
Phone #: 586 337 5346	Email Address: jwilliamsaxa@n	nac.com
*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 \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election, the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 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 \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 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): First State Bank 24300 Little Mack, St. Clair Shores MI		
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)		
	Date: 4/30/2018 *Current Treasure	en al Date: 4/30/2018
*Designated Record Keeper (If Applicable)	for him	Date: 4/30/2018