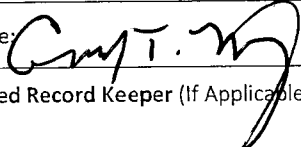




1. Committee ID #:	*2. Type of Filing: <input checked="" type="checkbox"/> Original: <input type="checkbox"/> Amendment to items:	Eff. Date:
*3. Full Name of Committee (must include Candidate's first and last name): COMMITTEE TO ELECT CHARLES T. MISSIG		
*4a. Candidate Full Name: Last Name MISSIG	First Name CHARLES	M.I. T
*4b. Political Party (if applicable): REPUBLICAN	*4c. County of Residence: MACOMB	
*4d. Office Sought: COUNTY COMMISSIONER	*4e. District or Jurisdiction: 13	
*5. Date Committee was Formed: 4-24-18		
*6a. Committee Phone: 586-219-0442	6b. Committee Fax #:	
*6c. Committee Email Address:	6d. Committee Website Address:	
*7a. Complete Committee Mailing Address (May be PO Box): 16884 KENNETH MACOMB, MI 48044		
*7b. Complete Committee Street Address (May not be PO Box): 16884 KENNETH MACOMB, MI 48044		
*8. Treasurer Name and Complete Address: CHARLES T. MISSIG 16884 KENNETH MACOMB, MI 48044		
Phone #: 586-219-0442	Email Address:	
9. Designated Record Keeper Name and Complete Address:		
Phone #:	Email Address:	
*10. REPORTING WAIVER REQUEST: <input 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 checked="" 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 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): HUNTINGTON BANK 21 MILE / ROMEO PLANK Secondary Depository (name and address): MACOMB, MI 48044		
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: 	Date: 4-24-18	*Current Treasurer Date:
*Designated Record Keeper (If Applicable)		Date:

FILED
 18 APR 24 PM 3:52
 MACOMB COUNTY CLERK
 MT. CLEMENS, MICHIGAN