

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:
*3. Full Name of Committee (must include	e Candidate's first and last name):	
COMMITTEE TO ELECT J	JAXON GOODMAN	
*4a. Candidate Full Name: Last Name	First Name	⊒Mil. ∃≧ p cc
	OODMAN JAXON PUBLICAN *4c. County of Residence: MACOMB	<u> </u>
*4b. Political Party (if applicable): REP	OBUTCHI	
*4d. Office Sought:	*4e. District or Jurisdiction: AND REGISTER OF DEEDS MACOME	B COUNTY F
*5. Date Committee was Formed: 05/0	AND RECENTER OF DESCRIPTION	
	6b. Committee Fax #:	O T
*6a. Committee Phone: 586.463.5822 *6c. Committee Email Address:	6d. Committee Website Address:	3: 38 CLERK
		₹ ₹ ₩
*7a. Complete Committee Mailing Addre	Ess (May be PO Box):	3 ¹⁵ 3
235 SOUTH GRATIOT	AVENUE, MOUNT CLEMENS, MI 48043	.
*7b. Complete Committee Street Addres	ss (May not be PO Box):	
I.	AVENUE, MOUNT CLEMENS, MI 48043	mo = 1
*8. Treasurer Name and Complete Addre		¢γ⊆ (m
RICHARD W. GOODMAN,	505 VICTORIA LANE, ROMEO, MI 48065	THE D
Phone #: 586.305.6414	Email Address: WESGOODMAN7@GMAIL.C	COM FOR COM
9. Designated Record Keeper Name and	Complete Address:	A
3. Besignated	·	
Phone #:	Email Address:	
*10. REPORTING WAIVER REQUEST:		and in access of \$1,000 in an election
VI VEC LAW WANT TO APPLY FOR	THE REPORTING WAIVER. The committee does not expect to receive or ex	spend in excess of \$1,000 in an election.
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