

1. Committee ID #:

*4d. Office Sought:

139575

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. *2. Type of Filing: Original: Amendment to items: Eff. Date: *3. Full Name of Committee (must include Candidate's first and last name): HUNT JOSEPH *4a. Candidate Full Name: Last Name First Name M.I. *4b. Political Party (if applicable): *4c. County of Residence: *4e. District or Jurisdiction:

*5. Date Committee was Formed:				
*6a. Committee Phone:		6b. Committee Fax #:		
*6c. Committee Email Address:		6d. Committee Website Address:	,	
*7a. Complete Committee Mailing Address (May be PO Box):	<u>.</u>	HA.	₹
*7b. Complete Committee Street Address (May not be PO B	ox):		PER C	AUG
*8. Treasurer Name and Complete Residential Address:			NS. M	FILE 17 F
Phone #:	Email Addres	ss:	E C	PHI
9. Designated Record Keeper Name and Complete Address:		The second secon	O F	2: 07
Phone #:	Email Addres	ss:		
election. I/We understand that if the committee does not speciampaign statements. I/We further understand that the Reportequired campaign statements must be filed. A Reporting Wa NO, I/We DO NOT WANT TO APPLY FOR THE REPORTED PROBLEM I/We understand that the committee owes detailed an election. I further understand that the Reporting Waive filing fees. Further information regarding Reporting Waivers of *11. Name and Address of Depositories or Intended Deposit	rting Waiver w viver does not of ORTING WAIV campaign state er cannot be rean be found in	ill be automatically lost if the committee exceed exempt a committee from filing Late Contribut (FER. The committee expects to receive or expenses even if the committee does not spend or requested retroactively to avoid filing required Appendix C of the Committee Manual.	Is the \$1,00 ion Report pend in exe r receive in ements and	00.00 threshold and all is. cess of \$1,000.00 in an excess of \$1,000.00 in d to avoid paying late
this item must be completed, an account does not have to be *Official Depository (name and address): Secondary Depository (name and address):	e opened until	the first contribution is received.		
12. Verification: I/We certify that all reasonable diligence was complete to the best of my/our knowledge or belief. If filing of the signatures that verify the accuracy and completeness of ediligence will be used in the preparation of each statement eleaccurate and complete to the best-of my/our knowledge or be	ampaign state ach statement ectronically file	ments electronically, we further agree that the stilled electronically by the committee. I/We cered by this committee and that the contents of each	signatures tify that al	below shall serve as Il reasonable
*Candidate: M. M. Date: 8	-17-18	*Current Treasurer	Dat	te:
*Designated/Record Keeper (If Applicable)			Dat	re:

CFR101 CAN SO.doc REV 04/18: Authority granted under Act 388 of 1976, as amended * = Required Field on Originals