



08/24/2018 16:42

MICHIGAN DEPARTMENT OF STATE BUREALL 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. information on this form is made public.

1. Committee ID #: 2. Type of Filing: Original: Amendment to items; 5, 11 Eff.	Date: 4-14-18
*3. Full Name of Committee (must include Candidate's first and last name):	
*Aa. Candidate Full Name: Last Name Sinclaic Sinclaic	M.I. E.
*4b. Political Party (If applicable): Republican *4c. County of Residence: *4d. Office Sought: *4e. District or Jurisdiction:	
*5. Date Committee was Formed: April 14, 2018	
*6a. Committee Phone: 6b. Committee Fax #:	
*6c. Committee Ernail Address: 6d. Committee Website Address:	
◆7a. Complete Committee Mailing Address (May be PO Box):	
*7b. Complete Committee Street Address (May not be PO Box):	HAC 18
*8. Treasurer Name and Complete Residential Address:	STEP STIP SDV
Phone #: Email Address:	FILE 24 CBUS
9. Designated Record Keeper Name and Complete Address: Phone #: Email Address: "10. REPORTING WAIVER REQUEST: YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in exception. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election, the committee campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds to	ee does not owe detailed
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 experence election. I/We understand that the committee owes detailed dampaign statements even if the committee does not spend or real election. I further understand that the Reporting waiver cannot be requested retroactively to avoid filing requiremental filing fees. Further information regarding Reporting waives can be found in Appendix C of the Committee Manual.	eceive in excess of \$1,000.00 in
*11. Name and Address of Depositories of Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savin this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address): Whington Bank 30800 Little No Secondary Depository (name and address): Michigan Covernment and Schools Credit	lack, ROSEUILLEN + Union 480166
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: Lelle Date: \$24-18 *Current Treasurer Pages	Date: 8/24/18
*Designated Record Keeper (If Applicable)	Date: