



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE  
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 8-27-2018 to 9-27-2018

<p>1. Committee I.D. Number <u>139617</u></p>		<p>4. Candidate Last Name <u>Williams</u> First Name <u>Julie</u> M.I. <u>A.</u></p>	
<p>2. Committee Name <u>CTE Julie Williams</u></p>		<p>4a. Office Sought Including District # or Community Served (If applicable) <u>Macomb County Clerk</u></p>	
<p>5. Committee's Mailing Address <u>Effective Oct 2018</u> <u>45511 Cass Avenue</u> <u>Utica, MI 48317</u> <u>586-949-6099</u></p>		<p>4b. County of Residence <u>Macomb</u></p>	
<p>Area Code and Phone <u>586-949-6099</u></p>		<p>6. Treasurer's Name &amp; Residential Address <u>Effective Oct 2018</u> <u>J. Williams</u> <u>45511 Cass Avenue</u> <u>Utica, MI 48317</u></p>	
<p>7. Treasurer's Business Address <u>Same as #5</u></p>		<p>8. Designated Record Keeper's Name and Address (If the committee has a Designated Record Keeper) <u>Julie Williams</u> <u>45511 Cass Avenue</u> <u>Utica MI 48317</u></p>	
<p>Area Code and Phone _____</p>		<p>Area Code &amp; Phone <u>586-949-6099</u></p>	
<p>9. TYPE OF STATEMENT</p> <p>9a. <input type="checkbox"/> Pre-Election OR 9b. <input checked="" type="checkbox"/> Post-Election</p> <p>Pre-Election or Post-Election Statement relates to:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> Special <input type="checkbox"/> School <input type="checkbox"/> Caucus</p> <p>Date of Election, Convention or Caucus <u>Aug 7, 2018</u></p>		<p>Required ONLY if candidate is not on the ballot for the current year:</p> <p><input type="checkbox"/> July Quarterly <input type="checkbox"/> October Quarterly</p> <p>9c. <input type="checkbox"/> Annual Statement (_____) Coverage Year</p> <p>9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)</p>	
		<p>9e. Dissolution of Candidate Committee</p> <p><input checked="" type="checkbox"/> By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is hereby discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.</p> <p>Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.</p> <p>Effective date of dissolution <u>9-27-18</u></p> <p>Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.</p>	
<p>10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.</p>			
<p>Current Treasurer or Designated Record keeper <u>J. Williams</u>, <u>J. Williams</u></p>		<p>Date <u>9-27-2018</u></p>	
<p>Type or Print Name</p>		<p>Signature</p>	
<p>Candidate <u>Julie Williams</u>, <u>Julie Williams</u></p>		<p>Date <u>9-27-2018</u></p>	
<p>Type or Print Name</p>		<p>Signature</p>	