

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: Amendmen	nt to items:	Eff. Date:
*3. Full Name of Committee (must include Candidate's first and last name): Friends of Jazmine Earley			
*4a. Candidate Full Name: Last Name		it Name Jazmine	M.I
*4b. Political Party (if applicable):	*40	. County of Residence:	Macomb
*4d. Office Sought:	City Council 4	e. District or Jurisdiction:	Sterling Heights
*5. Date Committee was Formed:	114719		0 0
*6a. Committee Phone: 586 522 9930 6b. Committee Fax #:			
*6c. Committee Email Address: Jazmageur & hotmail. 6n www. Jazmine MEarly - Com Www. Jazmine MEarly - Com			
*7a. Complete Committee Mailing Address 33294 Shel	les benne Dr.	Sterling A	\mathcal{O}
*7b. Complete Committee Street Address		()	
*8. Treasurer Name and Complete Resident 33294 Shelley in one Dr. Phone #: 58(<77-902)	Stering Theren	e H. Early	
Phone #: 586-522-9930	Email Address:	Jazmagear	Photmail. Com
9. Designated Record Keeper Name and Co			
Phone #:	Email Address:		宝 19
*10. REPORTING WAIVER REQUEST: YES, I/We WANT TO APPLY FOR TH election. I/We understand that if the commit	E REPORTING WAIVER. The committee does not spend or received in end that the Reporting Waiver will be	excess of \$1,000.00 in an <i>e</i> e automatically lost if the	ceive or expend in excess of \$1,000,00 in an lection, the committee per not own detailed committee exceeds the \$1,000.00 firest and all and Late Contribution Reports.
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