



**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: 02/10/19 to 10/20/19

1. Committee I.D. Number
139784

2. Committee Name
Friends Of Jazmine Early

4. Candidate Last Name Early First Name Jazmine M.I. M.

4a. Office Sought Including District # or Community Served (If applicable)
City Council

4b. County of Residence MACOMB

5. Committee's Mailing Address
33294 Shelley Lynne Dr.,
Sterling Heights, MI 48312

Area Code and Phone (586) 522-9930
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
Jazmine M. Early
33294 Shelley Lynne Dr.,
Sterling Heights, MI 48312

Area Code & Phone. (586) 522 - 9930

7. Treasurer's Business Address
33294 Shelley Lynne Dr.,
Sterling Heights, MI 48312

Area Code and Phone (586) 522- 9930

8. Designated Record Keeper's Name and Address (If the committee has Designated Record Keeper)

Area Code and Phone _____

FILED
 19 OCT 28 AM 11:24
 MACOMB COUNTY CLERK
 HATFIELD, MICHIGAN

9. TYPE OF STATEMENT

9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus
11/05/19

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (_____) Coverage Year

9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no lates fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

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.

Current Treasurer or Designated Record keeper Jazmine M. Early Signature [Signature] Date 10/26/19

Candidate Jazmine M. Early Signature [Signature] Date 10/26/19