

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: Origina	al:				
140076	Amend	dment to items: 5	10	Eff. Date: 3	-27-	1502
*3. Full Name of Committee (must include Candidate's first and last name):						
Committee to	o RIVET C	Thortes T	Infason	Mayor	10	Heights
*4a. Candidate Full Name: Last Name	^	First Name		M.I.		
*4b. Political Party (if applicable):		*4c. County of Resid	ence: macomy	Lounty	-	
*4d. Office Sought: mayor of	- Sterling Hi	*4e. District or Jurisc	liction:	b can	TO	
*5. Date Committee was Formed:	1505-12-12-12-12-12-12-12-12-12-12-12-12-12-		1	200	/=	
*6a. Committee Phone: 386 - 60	4-7640	6b. Committee Fax #	l:	#C	w	77
*6c. Committee Email Address:	erson 2021 2 0	6d. Committee Web		ES. H	-0	ED
*7a. Complete Committee Mailing Addres	ss (May be PO Box):	Il area.	To MY	LPA7) 355	
13286 Westmins		ng Heigh	12 11	- CF		
*7b. Complete Committee Street Address	Y.	y Heigh	IS MI	4851	310	
*8. Treasurer Name and Complete Reside		7				
Phone #: 526 - 604 - 764	Email Addre	ess: Elect Ch	untes Jeffe	rson zozl	a but	look e co
9. Designated Record Keeper Name and C	Complete Address:	j				
Phone #: 486 604 76	1	ess: Electel	harles Jeff	forson Zo	2100	sutland
*10. REPORTING WAIVER REQUEST: YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000.00 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000.00 in an election, the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all 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 expend in excess of \$1,000.00 in an election. I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election. I further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in Appendix C of the Committee Manual.						
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received. *Official Depository (name and address):						
Secondary Depository (name and add	ress): Sterling H	eights his	1 48313			
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:	Date: 3-27-204	*Current Treasure	er .	Date:	e	
*Designated Record Keeper (If Applicabl	e)			Date:		