




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 #: <b>140076</b>		*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to items:		Eff. Date: <b>4-8-2021</b>
*3. Full Name of Committee (must include Candidate's first and last name): <b>Committee to Elect Charles Jefferson</b>				
*4a. Candidate Full Name: Last Name <b>JEFFERSON</b>		First Name <b>Charles</b>		M.I. <b>W</b>
*4b. Political Party (if applicable): <b>Republican</b>		*4c. County of Residence: <b>Macomb County</b>		
*4d. Office Sought: <b>Mayor of Sterling Heights</b>		*4e. District or Jurisdiction: <b>Sterling Heights</b>		
*5. Date Committee was Formed: <b>2-12-2021</b>				
*6a. Committee Phone: <b>586 604 7640</b>		6b. Committee Fax #:		
*6c. Committee Email Address: <b>Elect Charles Jefferson 2021 @ outlook.com</b>		6d. Committee Website Address:		
*7a. Complete Committee Mailing Address (May be PO Box): <b>13286 Westminster Sterling Heights MI 48313</b>				
*7b. Complete Committee Street Address (May not be PO Box): <b>13286 Westminster Sterling Heights MI 48313</b>				
*8. Treasurer Name and Complete Residential Address: <b>Charles Jefferson 13286 Westminster Sterling Heights MI 48313</b>				
Phone #: <b>586 604 7640</b>		Email Address: <b>Elect Charles Jefferson 2021 @ outlook.com</b>		
9. Designated Record Keeper Name and Complete Address: <b>Charles Jefferson 13286 Westminster Sterling Heights MI 48313</b>				
Phone #: <b>586 604 7640</b>		Email Address: <b>Elect Charles Jefferson 2021 @ outlook.com</b>		
*10. REPORTING WAIVER REQUEST: <input checked="" type="checkbox"/> 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 receive 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.  <input type="checkbox"/> 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): <b>Level One Bank</b> Secondary Depository (name and address): <b>Sterling Heights MI 48313</b>				
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: 		*Current Treasurer		Date:
*Designated Record Keeper (If Applicable)		Date:		