

BUREAU OF ELECTIONS ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR LOCAL INDEPENDENT, POLITICAL AND INDEPENDENT EXPENDITURE COMMITTEES (PACS)

FILED WITH THE COUNTY CLERK

Information on this form is made public

1. Committee ID #:	*2. Type of Filing:	Original:		
0 7 (0) 1) 5	·	Amendment to items:	Eff. Date:	
*3a Independent Committee: I/We ac		• • • • •		
*3a Independent Committee: I/We acknowledge that the committee must meet certain requirements before being legally qualified to make contributions at a limit that is 10 times greater than the applicable contribution limit for an individual.				
*3b Political Committee: I/We acknowledge that the committee is not legally qualified to make contributions at a limit that is greater than the				
applicable contribution limit for an ind	-	0 , 1	Ç	
Is this a Separate Segregated Fund (SSF)?	YES	NO If Yes, the sponsor is a	Corporation Labor Organization D.D.	D.S
		The sponsor's name is		
· · · · · · · · · · · · · · · · · · ·		_	usively for the purpose of making independent expendi	
			r suggestion of, a candidate, a candidate committee or	
			ition to a candidate committee, independent committe diture committees are commonly referred to as Super	
PACS.	Dontical party caucus (ommittee. maepenaem exper	ulture committees are commonly referred to as super	
*4a. Full Name of Committee (Must inclu	de affiliate or sponso	rs if Independent or Political C	ommittee only):	
4b. Acronym or Abbreviation (if any):				
*5a. Complete Committee Mailing Addre	ss (May be PO Box):			
	/22 .1 .22			
*5b. Complete Committee Street Address	s (May not be PO Box):		
***			() *	
*6. Date Committee was Formed in MI:				
*7a. Committee Phone:	*7c. Commit	tee E-mail Address:		
7b. Committee Fax:	7d. Committ	ee Website Address:	,	
*8. Treasurer Name and Complete Addre	ec.			
o. Treasurer Name and complete Addre				
Phone #:	Ema	nil Address:		
			ate and agree that any legal process affecting this com	mittee
OUT OF STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION: I/We stipulate and agree that any legal process affecting this committee served on the Secretary of State or an agent designated by the Secretary of State shall have the same effect as if personally served on me and all other				
,		· ·	long as any liability of this committee remains outstand	
within the State of Michigan.	X			
9. Designated Record Keeper Name and Complete Address:				
Phone #:	Fma	nil Address:		
	Line	iii Addi ess.		
10. REPORTING WAIVER REQUEST:	- ()			
YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to spend or receive in excess of \$1,000.00 in a				
· · · · · · · · · · · · · · · · · · ·		•	ss of \$1,000.00 in a calendar year, the committee does	not
			vill be automatically lost if the committee exceeds the	
Contribution Reports.	a campaign statement	s must be med. A Reporting W	viver does not exempt a committee from filing Late	
	FOR THE REPORTING	WAIVER. The committee expe	ects to spend or receive in excess of \$1,000.00 in a cale	ndar
		•	e committee does not spend or receive in excess of \$1,	
			ested retroactively to avoid filing requirements and to	
			Appendix C of the Committee Manual.	
-		es of committee funds. (Michig	an Bank, Credit Union or Savings & Loan Association)	
*Official Depository (name and address	s):			
Secondary Depository (name and addr	ess):			
*12 Verification: I/We certify that all read	sonahle diligence was	used in the preparation of the a	bove statement and that the contents are true, accura	ite and
			y, I/we further agree that the signatures below shall se	
			by the committee. I/We certify that all reasonable dili	
			t the contents of each statement will be true, accurate	
complete to the best of my/our knowledg	e or belief. (Sign Nam	e and Date below)		
*Current Treasurer		*Designated Rec	ord Keeper (If Applicable)	
	Date:		Date:	
CFR103 PAC SO.doc REV 03/2018: Authori	ity granted under Act	388 of 1976, as amended * =	Required Field on Originals	

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION FOR LOCAL INDEPENDENT, POLITICAL AND INDEPENDENT EXPENDITURE COMMITTEES STATE LEVEL COMMITTEES FILE THIS FORM ELECTRONICALLY

Michigan's Campaign Finance Act (MCFA), P.A. 388 of 1976, covers a "person" operating within Michigan or out-of-state as soon as it receives or spends \$500.00 or more in a calendar year to influence voters for or against the nomination or election of one or more candidates in Michigan, the qualification, passage or defeat of one or more ballot questions in Michigan or assists a political party to obtain ballot access in Michigan. The term "person" means a business, individual, proprietorship, limited liability company, firm, partnership, joint venture, syndicate business trust, labor organization, company, corporation, association, committee, or any other organization or group of persons acting jointly. As soon as a person reaches the \$500.00 threshold, they have 10 calendar days to form and register a "committee" under the MCFA. A person that is covered by the MCFA, registers a committee by filing this form with the appropriate filing official.

COMMITTEE TYPES

Before registering an Independent Committee, Political Committee, or IEC/Super PAC, the differences between the three committee types must be given careful consideration. For further information regarding committee types please see Appendix H of the Committee Manual.

Political Committees: Formed to directly support or oppose one or more candidates; may support or oppose ballot questions. A Political Committee must observe the same contribution limits that apply to individuals.

Independent Committees: Formed to directly support or oppose one or more candidates; may support or oppose ballot questions. An Independent Committee that meets the following three criteria may give a candidate ten times the amount a Political Committee is permitted to give the candidate: (1) registers as an Independent Committee at least six months before the election (2) received contributions from a at least 25 persons and (3) in the same calendar year that the 25 contributions are received, expends funds to support or oppose three candidates for elective office. An Independent Committee must adhere to contribution limits applicable to Political Committee until the committee meets the criteria detailed above.

Independent Expenditure/Super PAC Committees: Formed exclusively for the purpose of making independent expenditures that are not in any way made in cooperation, consultation, or concert with, or at the request or suggestion of, a candidate, a candidate committee or its agents, or political party committee or its agents. An IEC/Super PAC must not make a direct or indirect contribution to a candidate committee, independent committee, political committee, or house or senate political party caucus committee.

WHERE TO FILE THIS FORM

Offices that file with the County Clerk's Office:

• If the districts of all of the candidates supported or opposed are located wholly within the same county, the committee files with the clerk of that county.

Offices that file with the Michigan Department of State Bureau of Elections must file this form electronically using the assigned Internet application:

• If the districts of any of the candidates supported or opposed are not located wholly within the same county, the committee files with the Bureau of Elections.

NOTE: The information contained on the Statement of Organization must be kept up-to-date. If a change in the information takes place, an amendment to the form must be filed no later than the due date of the first campaign statement required of the committee after the change. The treasurer serving at the time of the change must sign the amendment.

INSTRUCTIONS

Type or clearly print in ink all information requested on the Statement of Organization form. Each entry on the form is discussed below.

- **ITEM 1:** On the original Statement of Organization, leave Item 1 blank. An identification number will be assigned to the committee by the filing official. For an amendment enter the assigned identification in Item 1.
- *ITEM 2: Indicate whether the Statement of Organization is an original or an amendment. If this is an amendment, list all item number(s) and the effective date of the change.
- *ITEM 3: Check one box (3a, 3b, or 3c) to indicate the type of committee being registered. Independent and Political Committee types (3a & 3b) must designate whether or not the committee is a Separate Segregated Fund (SSF). If yes indicate whether the sponsor forming the committee is a corporation, labor organization or a domestic dependent sovereign (DDS). Enter the sponsor's name. Independent Expenditure Committee/Super PAC check 3c.
- *ITEM 4: Enter the committee's official name. Do not use initials or abbreviations. An Independent Committee and Political Committee is required to include in the name of the committee the name of the person or persons that sponsor the committee, if any, or with whom the committee is affiliated. A person, other than an individual or a committee, sponsors or is affiliated with an Independent Committee or Political Committee if that person establishes, directs, controls, or financially supports the administration of the committee. A person does not financially support the administration of a committee by merely making a contribution to the committee. If the committee plans to use an abbreviated name or an acronym, enter it in Item 4b.

- *ITEM 5: Enter the committee's mailing address. A post office box is acceptable as a mailing address. All mail from the filing official will be directed to the committee's mailing address shown in Item 5a. Enter the committee's street address in Item 5b. A post office box is not acceptable. (List the treasurer's home address if no other address is available.)
- *ITEM 6: Enter the date the committee was formed in Michigan. The original Statement of Organization form must be received by the filing official within 10 calendar days after the committee's formation date. Late filing fees are assessed at a rate of \$10.00 per business day if the form is filed late.
- *ITEM 7: Enter the committee's phone number including the area code and e-mail address.
- *ITEM 8: Enter the full name and mailing address of the committee's treasurer. Include a phone number where the treasurer can be reached during business hours. The committee's treasurer must be registered to vote in Michigan if the committee conducts business through an office or facility located in Michigan. The committee treasurer does not have to be a Michigan resident if the committee does not conduct business through an office or facility located in Michigan. A committee that wishes to have a treasurer who is not a Michigan resident is required to file an "irrevocable written stipulation". The committee does this by checking the box titled OUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION.
- ITEM 9: List the name, mailing address, area code and phone number of the person who will be responsible for the committee's records and campaign statement filings. If the committee treasurer will personally handle these responsibilities, leave this item blank. A person designated in this item may sign campaign statements but does not have the authority to sign the Statement of Organization forms in place of the treasurer.

ITEM 10: Reporting Waiver Request

- Select "YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER" if the committee does not expect to receive or spend more than \$1,000.00 for a calendar year. The committee does not owe the detailed campaign statements as long as the committee does not receive or spend more than \$1000.00 in a calendar year.
- Select "NO I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER" if the committee expects to receive or expend in excess of \$1,000.00 in a calendar year. This means that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in a calendar year.
- *ITEM 11: In Item 11, enter the name and address of the Michigan bank, savings and loan association or credit union that the committee now uses or intends to use as its "official depository." The committee's official depository must be located in Michigan if the committee conducts business through an office or facility located in Michigan. The committee depository does not have to be located in Michigan if the committee does not conduct business through an office or facility located in Michigan. List the names and addresses of any "secondary depository" the committee currently uses or intends to use. A secondary depository may be used only for the deposit of contributions (for example, as a temporary holding place for receipts from a joint fund raiser); it may not be used for committee expenditures.
- *ITEM 12: This form must be signed and dated by the active committee treasurer and designated recordkeeper if applicable. This form serves as an electronic signature for electronically filing campaign statements and reports.