MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

State Committees File Electronically

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT, POLITICAL AND INDEPENDENT EXPENDITURE COMMITTEES (PACS)

Information on this form is made public

1. Committee ID #:

***2. Type of Filing:** ☐ **Original:**
☐ **Amendment to items:** **Eff. Date:**

Committee Type (Check one): For more information regarding committee types, please see Appendix H of the committee manual.

***3a** ☐ **Independent:** 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:** I/We acknowledge that the committee can never be legally qualified to make contributions at a limit that is greater than the applicable contribution limit for an individual.

Is this a Separate Segregated Fund (SSF)? ☐ **YES** ☐ **NO** **If Yes, the sponsor is a** ☐ Corporation ☐ Labor Organization ☐ D.D.S
The sponsor's name is:

***3c.** ☐ **Independent Expenditure PACs:** I/We recognize this committee is organized exclusively for the purpose of making independent expenditures that are not in any way directly or indirectly "coordinated" with any candidate, candidate committee, political party, or political party committee, consistent with applicable case law, including but not limited to Michigan Chamber of Commerce et al v Terri Lynn Land, ____FSupp2d ____(WD MI, 2010). This committee also intends to raise funds in unlimited amounts. These committees are commonly referred to as Super PACS.

***4a. Full Name of Committee (Must include affiliate or sponsor):**

4b. Acronym or Abbreviation (if any):

***5a. Complete Committee Mailing Address (May be PO Box):**

***5b. Complete Committee Street Address (May not be PO Box):**

***6. Date Committee was Formed in MI:**

***7a. Committee Phone:** ***7c. Committee Primary E-mail Address:**

7b. Committee Fax: **7d. Committee Website Address:**

***8. Treasurer Name and Complete Address:**

Phone #: **Email Address:**

☐ 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 principals of this committee. I/We further agree that this appointment shall remain in force as long as any liability of this committee remains outstanding within the State of Michigan.

9. Designated Record Keeper Name and Complete Address:

Phone #: **Email Address:**

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 in a calendar year. I/We understand that if the committee does not spend or received in excess of $1,000 in a calendar year, the committee does not owe Quarterly, Pre, Post and Annual Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the $1,000 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 spend or receive in excess of $1,000 in a calendar year. I/We understand that the committee owes Quarterly, Pre, Post and Annual Campaign Statements even if the committee does not spend or receive in excess of $1,000 in a calendar year. **I/We further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees.**

***11. Name and Address of Depositories** or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

***Official Depository (name and address):**

Secondary Depository (name and address):

12. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to committees that file with the County Clerk's office.

☐ Committee spent or received or expects to spend or receive in excess of $5,000 and is required to file electronically.

☐ Committee did not spend or receive or does not expect to spend or receive in excess of $5,000 and would like to file electronically voluntarily.

***13. 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, I/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 below**)

***Current Treasurer** ***Designated Record Keeper** (If Applicable)

Date: **Date:**

Clear Form

INSTRUCTIONS FOR COMPLETING THE STATEMENT OF ORGANIZATION FOR 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" is used to mean "a business, proprietorship, firm, partnership, joint venture, syndicate, business trust, company, association or two or more individuals who act jointly". As soon as a person reaches the $500.00 threshold, 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 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 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 support or oppose three 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 PACs (Super PACs) - Formed exclusively for the purpose of making independent expenditures that are not in any way directly or indirectly "coordinated" with any candidate, candidate committee, political party, or political party committee, consistent with applicable case law, including but not limited to Michigan Chamber of Commerce et al v Terri Lynn Land, ___ FSupp2d ___ (WD MI, 2010). This committee also intends to raise funds in unlimited amounts and can accept funds from a DDS, corporations and unions.

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 whithin the same county, the committee files with the clerk of that county.

Offices that file with the Michigan Department of State Bureau of Elections file this form electronically:

- 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. If submitting this form on paper, one copy bust be sent to Post Office Box 20126, Lansing, Michigan 48901. Office location: Richard H. Austin Building, 1st Floor, 430 West Allegan Street, Lansing, Michigan 48918-1700 or email to Disclosure@michigan.gov. Phone: (517)373-2540. Exceptions apply for Recall Elections (See Appendix M).
  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 this item blank. An identification number will be assigned to the committee by the filing official. If an identification number has been assigned to the committee, enter it in Item 1.

***ITEM 2:** Indicate whether this is an original Statement of Organization filing or an amendment to a Statement of Organization already on file. If an amendment, list the number of the Item(s) affected and the date the change took place. If filing an amendment, complete Item 2, the item(s) affected and Items 1, 4 and 13.

***ITEM 3:** Check one box (3a, 3b, or 3c) to indicate the type of committee being registered. See committee types above. 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 PACs (Super PACs) check 3c.

***ITEM 4:** Enter the committee's official name. Do not use initials or abbreviations. An Independent Committee, Political Committee or Independent Expenditure 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 area code, phone number and Primary e-mail address. This is a required field for state level filers and will be used to contact the committee.

***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**" on Item 10 if the committee does not expect to receive or spend more than $1,000 for a calendar year. The committee does not owe the Pre, Post, Annual and Quarterly Campaign Statements as long as the committee does not receive or spend more than $1000 in a calendar year.
- Select "**NO, I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER**" on Item 10 if the committee expects to receive or expend in excess of $1,000 in a calendar year. This means that the committee owes Pre, Post, Annual and Quarterly Campaign Statements even if the committee does not spend or receive in excess of $1,000 in a calendar year.

***ITEM 11:** In Item 11a, 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. In Item 11b, list the names and addresses of any "secondary depositories" 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: Read this section carefully and check the appropriate box. Committees filing with the county clerk's office, skip to Item 13. NOTE: Once a committee has reached the $5,000 threshold in a calendar year, they are required to file all campaign statements and reports electronically regardless of receipts or expenditures total in the future years.

***ITEM 13:** This form **must** be signed and dated by the active cvommittee treasurer and designated recordkeeper if applicable. This form serves as an electronic signature for electronically filing Campaign Statements and reports.