



## LATE FILING FEE WAIVER REQUEST FORM

| Committee ID | Full Name of Committee |
|--------------|------------------------|
|              |                        |

**STATEMENTS REQUESTING LATE FILING FEE REVIEW**

Please note, the required filing, statement, or report must be filed in order to receive a late filing fee waiver.

| Year Statement was Due | Statement | Date Filed |
|------------------------|-----------|------------|
|                        |           |            |

**THE GOOD CAUSE REASON, DESCRIPTION AND ADEQUATE DOCUMENTATION**

Please attach a brief description of the incident which caused the late filing along with ALL supporting documentation. Please check ALL that apply in the sections below.

|  |
|--|
| <b>The persons who these causes relate to are limited to:</b>  |
| <input type="checkbox"/> "A person required to file." Meaning the: <ul style="list-style-type: none"> <li><input type="checkbox"/> candidate (Candidate Committee's only);</li> <li><input type="checkbox"/> treasurer;</li> <li><input type="checkbox"/> designated record keeper; or</li> <li><input type="checkbox"/> a person whose participation is essential to the preparation of the statement or report.</li> </ul> Please Specify: _____       |
| <input type="checkbox"/> "A member of the immediate family" of a person required to file. Immediate family means: <ul style="list-style-type: none"> <li><input type="checkbox"/> a child residing in the individual's household;</li> <li><input type="checkbox"/> a spouse of the individual; or</li> <li><input type="checkbox"/> any individual claimed by that individual or individual's spouse as a dependent on federal income taxes.</li> </ul> |

| FIRST CATEGORY OF GOOD CAUSE   | ADEQUATE DOCUMENTATION INCLUDES  |
|--|--|
| <input type="checkbox"/> Incapacitating physical illness   | A doctor's statement noting the name of the patient, the incapacitating illness and the dates of the illness.  |
| <input type="checkbox"/> Hospitalization   | A copy of the hospital bill or doctor's statement showing the patient's name and the dates of the hospitalization.   |
| <input type="checkbox"/> Accident involvement  | <b>Medical:</b> a copy of the hospital bill, emergency room services or doctor's statement showing the patient's name, dates and times of medical attention.<br><b>Delay or vehicle disablement:</b> a police report showing the individual's name, the date and time of the accident and, if applicable, whether or not the vehicle was disabled. |
| <input type="checkbox"/> Death   | A copy of the death certificate or an obituary notice.   |
| <input type="checkbox"/> Incapacitation for medical reasons  | Doctor, psychologist, therapist, or chiropractor statement giving the nature of the incapacitation with the relevant dates and the individual's name.  |
| SECOND CATEGORY OF GOOD CAUSE  | ADEQUATE DOCUMENTATION INCLUDES  |
| <input type="checkbox"/> The loss or unavailability of records due to a fire, flood, theft or similar reason.                            | Police, fire or insurance report containing the date of the occurrence and the extent of the loss or damage.   |
| <input type="checkbox"/> Difficulties in the transmission of the filing because of bad weather or strikes involving transportation.      | Relevant weather reports or verification of a transportation systems strike that directly affects systems necessary for filing the report or statement.  |
| <input type="checkbox"/> Other unique, unintentional factors beyond the filer's control not stemming from a negligent act or non-action. | Documentation that substantiates the reason the filing was delayed.  |

**SIGNATURE**

Please provide the signature(s) of the individual(s) required to file the particular statement or report upon which the late filing fee was or would be assessed.

| Signature | Title   | Date |
|-----------|---|------|
|           | <b>Candidate</b> (Candidate Committee's only) |      |
|           | <b>Treasurer</b>                              |      |

## INSTRUCTIONS

Section 15 of the Michigan Campaign Finance Act (MCFA) gives the Secretary of State and county clerks throughout the state the authority to waive the payment of a late filing fee if the request for the waiver is based on "good cause." Please note: The report or statement must be filed before a waiver can be granted.

### REQUESTING A LATE FILING FEE WAIVER

A request for a waiver must be submitted in writing to the appropriate filing official and must:

1. Indicate the statement(s) for which the late fee(s) were assessed;
2. Indicate the good cause reason(s) for the request (along with a brief description of the incident causing the late filing);
3. Provide adequate documentation; and
4. Contain the signature(s) of the individual(s) required to file the particular statement or report upon which the late filing fee was assessed.

*Please note that this form is not required to be used in order to be eligible for a good cause waiver of late filing fees.*

### SUBMITTING THE FORM

1. Fill each section of the form out completely.
2. Mail the form, all adequate documentation and a brief description of the incident which caused the late filing to the appropriate filing official.

#### Bureau of Elections:

##### For US Mail:

PO Box 20126  
Lansing, MI 48901-0726

##### For Overnight Delivery or to Visit Our Office:

430 W. Allegan St, 1st Floor - Richard H. Austin  
Lansing, MI 48933-1592

Email: [Disclosure@michigan.gov](mailto:Disclosure@michigan.gov)

Phone: (517) 335-3234

Web: [www.michigan.gov/elections](http://www.michigan.gov/elections)

### STATE LEVEL FILERS – DETERMINATION OF LATE FILING FEE WAIVER REQUEST

- Approved: If a request for a waiver is approved by the Bureau of Elections, the person requesting the waiver will be informed in writing and the fees will be waived and no longer be owed by the committee.
- Denied: If a request for a waiver is denied by the Bureau of Elections, the person requesting the waiver will be informed in writing of the reason(s) for the denial. **Any requests not received by the Bureau of Elections within 6 months of the original assessment of the late fee will be automatically denied!**
- Denials of waiver requests by the Bureau of Elections are subject to review by the Legal and Regulatory Services Administration, Richard H. Austin Building 4<sup>th</sup> Floor, Lansing, Michigan 48918. The person who was denied must request the review in writing and the request must include all of the information required in the original request. **Late Filing Fee Waiver requests denied due to late submission (more than 6 months after the original assessment) are not subject to review.**

### LOCAL LEVEL FILERS – DETERMINATION OF LATE FILING FEE WAIVER REQUEST

Please contact your local county clerk for information on the review and determination of late filing fee waiver requests.

### OTHER CONSIDERATIONS

The following are not acceptable "good cause" reasons (not a complete list):

- not receiving notice of filing requirements
- not being in town
- not picking up mail
- not being aware of law or its requirements
- not being aware of the electronic filing requirements
- not preparing to file electronically in a timely manner
- not knowing where to get forms or software
- not mailing filing until deadline date
- not sending filing to proper filing official
- attempting to file unsuccessfully