

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #:	*2. Type of Filing: Origi	nal:	TE COMMITTEES	()
C-2016-00S		ndment to items:	Eff. Date:	3/11/16
*3. Full Name of Committee (must include Candidate's first and last name):				
COMMITTER TO ELECT JASON FRENZEL				
*4a. Candidate Full Name: Last Name	ZL.	First Name CHAUS	Z. M.I.	
*4b. Political Party (if applicable): D1000	CRAT	*4c. County of Residence:	WASHTENAN	
*4d. Office Sought: ANN ALRO *4e. District/Circuit # or Jurisdiction: WALD 1				
*5. Date Committee was Formed: 3\ 11\()(6				
*6a. Committee Phone: 734 796		6b. Committee Fax #:		
6c. Committee Email Address: 6d. Committee Website Address: 42 JASON FREN 22 P. GMAIL COM WAY. JASON FREN ZOL COM				
*7a. Complete Committee Mailing Address (May be PO Box):				
POB 8253 AN		48107	S_	
*7b. Complete Committee Street Address		· · ·		- 09
1411 PEAR ST	Ann ARBUR	MI 48105	7	Andrew Comments
*8. Treasurer Name and Complete Addres Megan Golden Der 9	si 2770 Haraned		2 A	
Medan Grown mer 2	SALLYNU MI IO'	76		onEF
Phone #: (906) 869-6372	Email Add	76 ress: goldenbergn	NEC ANSON	60
9. Designated Record Keeper Name and Co	omplete Address:			Cin.
			10 B	1
 Phone #:	Email Add	ress:		***:0p
*10. REPORTING WAIVER REQUEST:	·		<u> </u>	I Processor
YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to receive or expend in excess of \$1,000 in an election. I/We understand that if the committee does not spend or received in excess of \$1,000 in an election, the committee does not owe Pre, Post, Quarterly 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 receive or expend in excess of \$1,000 in an election. I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 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): UNIVERSITY of MICHIGAN CREDIT UNION				
Secondary Depository (name and address):				
12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.				
13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Candidate 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. Further information regarding Electronic Filing can be found in <u>Appendix D</u> of the Committee Manual.				
14. 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 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: 3/10/10	*Current Treasurer	ver of Dai	te: (3/11/110
Designated Record Keeper (Required only i			/	- yr yr se
			/ Dat	e: