



ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

<b>1. Committee ID #:</b> 150694	<b>*2. Type of Filing:</b> <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to Items: #10	<b>Eff. Date:</b>
<b>*3. Full Name of Committee (must include Candidate's first and last name):</b> Committee To Elect Neil Froncek		
<b>*4a. Candidate Full Name: Last Name</b> Froncek		<b>First Name</b> Neil
		<b>M.I.</b> Co
<b>*4b. Political Party (if applicable):</b> Democrat		<b>*4c. County of Residence:</b>
<b>*4d. Office Sought:</b> County Road Commission		<b>*4e. District/Circuit # or Jurisdiction:</b>
<b>*5. Date Committee was Formed:</b>		
<b>*6a. Committee Phone:</b>		<b>6b. Committee Fax #:</b>
<b>6c. Committee Email Address:</b>		<b>6d. Committee Website Address:</b>
<b>*7a. Complete Committee Mailing Address (May be PO Box):</b>		
<b>*7b. Complete Committee Street Address (May not be PO Box):</b>		
<b>*8. Treasurer Name and Complete Address:</b>		
<b>Phone #:</b>		<b>Email Address:</b>
<b>9. Designated Record Keeper Name and Complete Address:</b>		
<b>Phone #:</b>		<b>Email Address:</b>
<b>*10. REPORTING WAIVER REQUEST:</b> <input checked="" type="checkbox"/> <b>YES, I/We WANT TO APPLY FOR THE REPORTING WAIVER.</b> 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 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. <u>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.</u>  <input type="checkbox"/> <b>NO, I/We DO NOT WANT TO APPLY FOR THE REPORTING WAIVER.</b> The committee expects to receive or expend in excess of \$1,000 in an election. I/We understand that the committee owes Pre, Post and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in an election. I/We 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 <u>Appendix C</u> of the Committee Manual.		
<b>*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings &amp; Loan Association) While this item must be completed, an account does not have to be opened until the first contribution is received.</b> <b>*Official Depository (name and address):</b>  <b>Secondary Depository (name and address):</b>		
<b>12. This item applies only to gubernatorial candidate committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.</b>		
<b>13. ELECTRONIC FILING:</b> 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. <input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.  <input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily. Further information regarding Electronic Filing can be found in <u>Appendix D</u> of the Committee Manual.		
<b>14. Verification:</b> 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)		
<b>*Candidate:</b> <i>Neil Froncek</i>		<b>*Current Treasurer</b> <i>Neil Froncek</i>
<b>Designated Record Keeper (Required only if filing electronically)</b>		<b>Date:</b> 7-29-14
		<b>Date:</b>

BY  
 EAST COUNTY CLERK  
 CYNTHIA A. L...  
 2014 JUL 29 5:24 PM  
 1ST CIRCUIT CLERK



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STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: <b>150694</b>		*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to Items: # <b>10</b>		Eff. Date:
*3. Full Name of Committee (must include Candidate's first and last name): <b>Committee To Elect Neil Froncek</b>				
*4a. Candidate Full Name: Last Name <b>Froncek</b>		First Name <b>Neil</b>		M.I. <b>C</b>
*4b. Political Party (if applicable): <b>Democrat</b>		*4c. County of Residence:		
*4d. Office Sought: <b>County Road Commissioner</b>		*4e. District/Circuit # or Jurisdiction:		
*5. Date Committee was Formed:				
*6a. Committee Phone:		6b. Committee Fax #:		
6c. Committee Email Address:		6d. Committee Website Address:		
*7a. Complete Committee Mailing Address (May be PO Box):				
*7b. Complete Committee Street Address (May not be PO Box):				
*8. Treasurer Name and Complete Address:				
Phone #:		Email Address:		
9. Designated Record Keeper Name and Complete Address:				
Phone #:		Email Address:		
<p>*10. REPORTING WAIVER REQUEST:</p> <p><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 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 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. <u>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.</u></p> <p><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 in an election. I/We understand that the committee owes Pre, Post and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in an election. I/We 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 <u>Appendix C</u> of the Committee Manual.</p>				
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*Candidate: <i>Neil Froncek</i>		*Current Treasurer: <i>Neil Froncek</i>		Date: <b>7-29-14</b>
Designated Record Keeper (Required only if filing electronically)				
Date:				

BY  
 FILED  
 10  
 CIRCUIT CLERK  
 2014 JUL 29 10:29 AM  
 EAST LANSING MI



**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 4-17-14 to July 20, 14

1. Committee I.D. Number  
150694

2. Committee Name  
Committee To Elect Neil French

4. Candidate Last Name French First Name Neil M.I. 6

4a. Office Sought Including District # or Community Served (If applicable)  
County Road Commissioner

4b. County of Residence Bay

5. Committee's Mailing Address  
4107 Alexandria Blvd  
Bay City MI 48706

Area Code and Phone 989-684-6660

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address  
SAME

Area Code & Phone \_\_\_\_\_

7. Treasurer's Business Address  
Same as above

Area Code and Phone \_\_\_\_\_

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)  
SAME

Area Code and Phone \_\_\_\_\_

9. TYPE OF STATEMENT

9a.  Pre-Election OR 9b.  Post-Election

Pre-Election or Post-Election Statement relates to:

Primary  General  
 Convention  School  
 Special  Caucus

Date of Election, Convention or Caucus  
8-5-14

9c.  Annual Statement Coverage Year \_\_\_\_\_

9d.  Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e.  Dissolution of Candidate Committee

Effective Date of Dissolution \_\_\_\_\_

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in Items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Neil French Signature [Signature] Date 7-25-14

Candidate Neil French Signature [Signature] Date 7-29-14



1. Committee I.D. Number 150694

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name Committee To Elect Neil French

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>0</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ _____	(18.) \$ _____
<b>4. Other Receipts (Schedule 1A -1, Column 6)</b>	(4.) \$ _____	(19.) \$ _____
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>0</u>	(20.) \$ _____
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
<b>6. In-Kind Contributions (Schedule 1-IK, Column 7)</b>	(6.) \$ <u>0</u>	(21.) \$ _____
<b>7. In-Kind Expenditures (Schedule 1B-IK, Column 6)</b>	(7.) \$ <u>0</u>	(22.) \$ _____
<b>EXPENDITURES</b>		
<b>8. Expenditures</b>		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>0</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
<b>9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)</b>	(9.) \$ <u>0</u>	(23.) \$ _____
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
<b>10. Disbursements</b>		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ _____
<b>DEBTS AND OBLIGATIONS</b>		
<b>12. Debts and Obligations</b>		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
<b>BALANCE STATEMENT</b>		
<b>13. Ending Balance of last report filed</b> (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0</u>	
<b>14. Amount received during reporting period</b> (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>0</u>	
<b>15. SUBTOTAL Add lines 13 and 14</b>	(15.) = \$ <u>0</u>	
<b>16. Amount expended during reporting period</b> (Add lines 9 and 11)	(16.) - \$ <u>0</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$ <u>0</u>	