

-- POST-ELECTION CAMPAIGN FINANCE COMPLIANCE STATEMENT --

- This form must be filed by any candidate subject to Michigan’s Campaign Finance Act who is elected to a state, county, city, township, village or school office. The form must be filed *before* the candidate assumes office. Exceptions: an elected candidate whose Candidate Committee did not receive or expend more than \$1,000.00 during the election cycle is *not* required to submit this form. In addition, this form does not have to be filed by an individual elected to a U.S. Senate, U.S. House or precinct delegate position.
- An elected candidate who is required to file a Post-Election Campaign Finance Compliance Statement must submit this form to the filing official designated to receive the elected candidate’s campaign finance disclosure filings.
- An elected candidate subject to the Post -Election Campaign Finance Compliance Statement filing requirement who fails to submit this form prior to assuming office is guilty of a misdemeanor.
- If you need information on your current compliance status under the Michigan Campaign Finance Act, contact the Michigan Department of State’s Bureau of Elections and/or the appropriate county clerks as necessary.

By signing this affidavit, I swear (or affirm) that the facts contained in the statement set forth below are true.

At this date, all statements, reports, late filing fees, and fines due from me or any Candidate Committee organized to support my election to office under the Michigan Campaign Finance Act, PA 388 of 1976, have been filed or paid.

I further acknowledge that making a false statement in this affidavit is perjury – a felony punishable by a fine up to \$1,000.00 or imprisonment for up to 5 years, or both. (MCL 168.848, 933 and 936)

Signature of Candidate: _____

Printed Name of Candidate: _____

Residential Address: _____

Phone: _____

Office You Will Assume: _____

Subscribed and sworn to by _____

Name of Notary: _____

before me on the _____ day of _____, _____

Notary Public, State of Michigan, County of _____

My commission expires _____

Acting in the County of _____

Signature of notary public