

# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEES



TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

FOR OFFICIAL USE ONLY

FILED

1. Committee Identification No. C-99-028

2. Type of Filing a.  Original OR b.  Amendment to Item(s)# c. Date Change(s) Took Place JUL 7 5 00 PM '99

3. Full Name Of Committee COMMITTEE TO ELECT MARCIA HIGGINS

4. Candidate Last Name Higgins First Name MARCIA M.I. C

4a. County of Residence WASHTENAW 4b. Political Party (If applicable) REPUBLICAN

4c. Driver License # (Optional) \_\_\_\_\_  
4d. Office Sought: (Check one)

- Governor
- Lt. Governor
- State Senator
- State Representative
- Secretary of State
- State Board of Education
- Bd of Regents UM
- Bd of Trustees MSU
- Bd of Gov WSU
- Attorney General
- Court of Appeals
- District Court
- Probate Court
- Detroit Recorders Court
- Supreme Court Justice
- Circuit Court

Local or Other (Please Specify) CITY COUNCIL 4e. District # or Jurisdiction 4TH WARD

5. Date Committee Was Formed 6-20-99 (Mo/Day/Yr) 6. Committee Area Code and Phone Number 734-662-0487

7. Committee Mailing Address (May be P. O. Box) Include Zip Code  
P.O. BOX 1865  
ANN ARBOR, MI. 48106

7a. Committee Street Address (May not be P. O. Box)  
1512 MARIAN AVE.  
ANN ARBOR, MI 48103

8. Treasurer: Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)  
~~PATRICK~~ PUTMAN, PATRICK A.  
1512 MARIAN AVE  
ANN ARBOR, MI 48103

9. Designated Recordkeeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.

Area Code and Phone 734-677-6428 Driver License # (Optional) P355676040858

10.  **REPORTING WAIVER**. The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: 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.

11. Names and Addresses of depositories or intended depositories of committee funds.

11a. Official Depository: HURON RIVER AREA CREDIT UNION

11b. Secondary Depository: 2350 STADIUM BLVD. BOX 1284  
ANN ARBOR, MI 48106

12. This item applies only to a Gubernatorial Candidate Committee.  
 Check if this committee intends to seek qualifying contributions for public funding.

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.

Current Treasurer Patrick Putman Signature [Signature] Date 6-25-99  
Type or Print Name Signature Mo. Day Year

Candidate Marcia C. Higgins Signature MARCIA HIGGINS Date 6/25/99  
Type or Print Name Signature Mo. Day Year

C-1999-0280001001