



**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.

FILED
WASHTENAW COUNTY MI
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NOV 4 2 45 PM '99

1. Committee Identification No. <u>C-99-028</u>	
2. Type of Filing a. <input type="checkbox"/> Original OR b. <input checked="" type="checkbox"/> Amendment to Item(s)# <u>10</u> c. Date Change(s) Took Place <u>11/5/99</u>	
3. Full Name Of Committee <u>COMMITTEE TO ELECT MARCIA HIGGINS</u>	
4. Candidate Last Name <u>Higgins</u>	First Name <u>MARCIA</u> M.I. <u>e</u>
4a. County of Residence <u>WASHTENAW</u> 4b. Political Party (If applicable) _____	
4c. Driver License # (Optional) _____	
4d. Office Sought: (Check one)	
<input type="checkbox"/> Governor <input type="checkbox"/> Lt. Governor <input type="checkbox"/> State Senator <input type="checkbox"/> State Representative <input type="checkbox"/> Secretary of State <input type="checkbox"/> State Board of Education <input type="checkbox"/> Bd of Regents UM <input type="checkbox"/> Bd of Trustees MSU <input type="checkbox"/> Bd of Gov WSU <input type="checkbox"/> Attorney General <input type="checkbox"/> Court of Appeals <input type="checkbox"/> District Court <input type="checkbox"/> Probate Court <input type="checkbox"/> Detroit Recorders Court <input type="checkbox"/> Supreme Court Justice <input type="checkbox"/> Circuit Court	
4e. District # or Jurisdiction _____ <input checked="" type="checkbox"/> Local or Other (Please Specify) <u>4th Ward Ann Arbor City Council</u>	
5. Date Committee Was Formed _____ (Mo/Day/Yr)	6. Committee Area Code and Phone Number _____
7. Committee Mailing Address (May be P. O. Box) Include Zip Code _____	7a. Committee Street Address (May <u>not</u> be P. O. Box) _____
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) _____ Area Code and Phone _____ Driver License # (Optional) _____	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 _____ Driver License # (Optional) _____
10. <input checked="" type="checkbox"/> 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: _____	12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
11b. Secondary Depository: _____	
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 <u>Patrick Putman</u>	Signature <u>[Signature]</u> Date <u>11 5 99</u> Mo. Day Year
Candidate _____	Signature _____ Date _____ Mo. Day Year

C-1999-028 0004001