

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 2. Type of Filing: X Original Amendment to Items: Eff. Date:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.
3. Full Name of Committee (must include Candidate's first and last name): Friends of Christine Stead	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
4a. Candidate Full Name (Last, First, M.I.): Strad, Christine, M	a. Official Depository Ann Arbor State Bank. 125 W. Williams Street
4b. Political Party (if applicable):	Ann Arbon, MU 48104
4c. County of Residence: Washtenaw	b. Secondary Depository b. Secondary Depository
4d. Office Sought (Check one):	
Governor Lt. Governor State Senator State Rep. Sec. of State Attorney Gen. State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Local or other please specify: Ann Arbor Board of Education	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bursau of Elections only and does not apply to condidate that file with the County Clark's office.
4e. District/Circuit # or Jurisdiction:	does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed: 7/20/10 6a. Committee Phone #: 734. 662.1167 6b. Committee Fax #:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
6b. Committee Fax #: 6c. Committee E-mail Address: Chn's time. Stead Came; 7a. Complete Comm. Mailing Address (May be PO Box):	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
515 Huron View Blvd Ann Arbor, MI 48103	** OR ** 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.
7b. Complete Comm. Street Address (May not be PO Box): 8. Treasurer Name and Complete Address: James Stead	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
515 Huron View Blvd Ann Arbor, MV 48103	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)
Phone #: 734.730.5440 E-mail Address: jrs@unimerco.com	Candidate: 2121/10 7/21/10
9. Designated Record Keeper Name and Complete Address: Steve Norton 1217 Olivia Ave. Ann Arbur, MI 48104	Current Treasurer: 7/t1/10
Phone #: <u>734. 730. 22</u> 16 E-mail Address:	Designated Record Keeper (Required only if filing electronically):
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