

## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## **ORIGINAL OR AMENDED**

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

	OTT. 1701COMMUNICATION
1. Committee ID #:	10. REPORTING WAIVER REQUEST: If the committee does
2. Type of Filing:	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
Original	campaign statements is waived. The Reporting Waiver will be
Amendment to Items: / O Eff. Date: /0/7//0	automatically lost if the committee exceeds the \$1,000 threshold.
3. Full Name of Committee (must include Candidate's first and last name): Frenk of Christine Steal	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loar Association)
11101100 01 (1)[1]3111(0 3 100	a. Official Depository
4a. Candidate Full Name (Last, First, M.I.):	2010 OCT
4b. Political Party (if applicable):	OCT - L
4c. County of Residence:	b. Secondary Depository
4d. Office Sought (Check one):	7 2
Governor Lt. Governor State Senator	b. Secondary Depository  COUNTY M  COUNTY M  COUNTY M  COUNTY M
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.
Municipal Court	
Local or other please specify:	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and
4e. District/Circuit # or Jurisdiction:	does not apply to candidates that file with the County Clerk's office.
5. Date Committee was Formed:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the
6a. Committee Phone #:	preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements
6b. Committee Fax #:	electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address:	Committee spent or received or expects to spend or receive in
7a. Complete Comm. Mailing Address (May be PO Box):	excess of \$20,000 and is required to file electronically.  ** 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):	
	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
8. Treasurer Name and Complete Address:	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)
Phone #:	Candidate:
E-mail Address:	Ella 10/5/10
9. Designated Record Keeper Name and Complete Address:	Current Treasurer:
	10/7/10
	Designated Record Keeper (Required only if filing electronically):
Phone #: E-mail Address:	