



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.

2002 APR 17 A 3:48
 PEGGY M. HAINES
 COUNTY CLERK/REGISTRAR
 WASHTEENAW COUNTY, MI
 FILED
 WASHTEENAW COUNTY, MI
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1. Committee Identification No. <u>C-2002-028</u>	
2. Type of Filing a. <input checked="" type="checkbox"/> Original OR b. <input type="checkbox"/> Amendment to Item(s)# c. Date Change(s) Took Place _____	
3. Full Name Of Committee <u>CONAN SMITH FOR COUNTY COMMISSION</u>	
4. Candidate Last Name <u>SMITH</u> First Name <u>CONAN</u>	
4a. County of Residence <u>WASHTEENAW</u> 4b. Political Party (If applicable) <u>DEMOCRAT</u>	
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 <u>10</u> <input checked="" type="checkbox"/> Local or <input type="checkbox"/> Other (Please Specify <u>CNTY COMMISSION</u>)	
5. Date Committee Was Formed <u>4/02/02</u> (Mo/Day/Yr)	6. Committee Area Code and Phone Number <u>734 662 0268</u>
7. Committee Mailing Address (May be P. O. Box) Include Zip Code <u>234 6TH</u> <u>ANN ARBOR MI 48103</u>	7a. Committee Street Address (May not be P. O. Box) <u>234</u> <u>ANN ARBOR, MI 48103</u>
8. Treasurer. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.) <u>WARREN, REBEKAH L</u> <u>234 6TH</u> <u>ANN ARBOR, MI 48103</u>	9. Designated Record keeper. 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 <u>734 662 0268</u> Driver License # (Optional) _____	Area Code and Phone _____ Driver License # (Optional) _____
10. <input 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. (Bank, Credit Union or Savings & Loan Association)	12. This item applies only to a Gubernatorial Candidate Committee.
11a. Official Depository: <u>BANK ONE, DETROIT MI</u>	<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>REBEKAH WARREN</u> Type or Print Name	<u>Rebekah Warren</u> Signature
Candidate <u>CONAN SMITH</u> Type or Print Name	<u>[Signature]</u> Signature
Date <u>04 03 02</u> Mo. Day Year	Date <u>4 02 02</u> Mo. Day Year