

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election
2. Type of Filing: Original	and checks this box, the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be
Amendment to Items: Eff. Date:	automatically lost if the committee exceeds the \$1,000 threshold.
3. Full Name of Committee (must include Candidate's first	11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan
and last name): Comm Her to elect flow Cuits	Association)
4a. Candidate Full Name (Last, First, M.I.):	a. Official Depository $\angle AFC \cup$
Pau Smith Roulls	Lansiny, MI
4b. Political Party (if applicable): Pepulican	į.
4c. County of Residence: Washfenco	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	12. This item applies only to Guernatorial Canadate
WSU Gov. Supreme Court Appeals Court	Committees: Check if this committee interes to seek qualifying
Circuit Court District Court Probate Court	contributions or make qualifying expenditures.
Local or other please specify: Courty Commission	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not
4e. District/Circuit # or Jurisdiction:	apply to Candidate Committees that the with the County Clerk's office
5. Date Committee was Formed: 15 Apr 2010	The Campaign Finance Act requires and Commentee that files with the
6a. Committee Phone #: (734) 449-7985	Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to
6b. Committee Fax #:	file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
6c. Committee E-mail Address: elected an -Smithery	
6d. Committee Website Address: elect. clan-Smith.org	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
7a. Complete Comm. Mailing Address (May be PO Box):	** OR **
328 N. Pointe Dr.	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
Whitmore Lake, mt 48189	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
Dan Smith 328 N. Pointe Dr.	preparation of each statement electronically filed by this committee
528 N. tointe Ur.	and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name
Whitmox Lake, MI 48189 Phone #: (734) 449-2985	and Date)
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E-mail Address: Clert D dan - Swith ove	Candidate
9. Designated Record Keeper Name and Completé Address:	Candidate 15 Apr > 6/0
	Current Treasurer
Phone #: E-mail Address:	Designated Record Keeper (Required only if filing electronically)
CFR101 CAN SO.doc REV 10/07: Authority granted under Act 388 of 1976, as	, , , , , , , , , , , , , , , , , , , ,