



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

FILED
WASHTENAW COUNTY, MI

PEGGY H. JONES
COUNTY CLERK/REGISTER

AUG 10 2 51 PM '94

94-196

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. XXXXXXXXXXXX <i>130600</i>		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s) _____	
2. Full Name of Committee COMMITTEE TO ELECT DIANA MCKNIGHT MORTON		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name DIANA MCKNIGHT MORTON Office Sought (include district or jurisdiction served) WASHTENAW COMMUNITY COLLEGE BOARD OF TRUSTEE		County of Residence WASHTENAW Party (if applicable) N/A	
5. Committee Street Address (street, city, state, zip code) 2073 GARDEN CIRCLE ANN ARBOR MI 48103		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. 8 Day 5 Yr. 94	8. Full Name and Mailing Address of Treasurer DIANA MCKNIGHT MORTON 2073 GARDEN CIRCLE ANN ARBOR MI 48103		Area Code and Phone 313 994 4298
7. Committee Area Code and Phone 313 994 4298			
9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____ Area Code/Phone _____			

10. REPORTING WAIVER SECTION

The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). HURON RIVER AREA CREDIT UNION 2350 W. STADIUM BLVD. ANN ARBOR MI 48103		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.	
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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.

Treasurer <u>DIANA MCKNIGHT MORTON</u> Type or Print Name	<i>[Signature]</i> Signature	Date _____ Mo. Day Year
Candidate <u>DIANA MCKNIGHT MORTON</u> Type or Print Name	<i>[Signature]</i> Signature	Date <u>08 09 94</u> Mo. Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address

SUBMIT TO FILING OFFICIAL *C-1306000001001*