



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

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.

FILED

WASHTE... CITY...

1. Committee Identification No. 130600

2. Type of Filing a. Original OR b. Amendment to Item(s) # 3 10, 13 c. Date Change(s) Took Place 08/03/2000

3. Full Name Of Committee Committee to Elect DIANA MCKNAIGHT MORTON

4. Candidate Last Name MCKNAIGHT MORTON First Name DIANA M.I. J

4a. County of Residence WASHTEENAW 4b. Political Party (If applicable) _____

4c. Driver License # (Optional) _____

4d. Office Sought: (Check one) Bd of Trustees WCC

- Governor Lt. Governor State Senator State Representative Secretary of State State Board of Education
- Bd of Regents UM Bd of Trustees MSU Bd of Gov WSU Attorney General Court of Appeals
- District Court Probate Court Detroit Recorders Court Supreme Court Justice Circuit Court

4e. District # or Jurisdiction _____ Local or Other (Please Specify _____)

5. Date Committee Was Formed 08/03/2000 Mo/Day/Yr

6. Committee Area Code and Phone Number 734 994-4298

7. Committee Mailing Address (May be P. O. Box) Include Zip Code
2073 Garden Circle, A2 48103

7a. Committee Street Address (May not be P. O. Box)
2073 Garden Circle

8. **Treasurer.** Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please Include Zip Code.)
JAMES, Daniel A
292 Fairhills Dr
483102 MI 48197
Area Code and Phone 734 434 1552 Driver License # (Optional) J520135044559

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 _____ Driver License # (Optional) _____

10. **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) Key Bank
100 S. Main
ANN ARBOR MI 48104

12. This item applies only to a Gubernatorial Candidate Committee.
 Check if this committee intends to seek qualifying contributions for public funding.

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 Daniel A. James | Daniel A. James | Date 8 7 2000
Type or Print Name Signature Mo. Day Year

Candidate DIANA MCKNAIGHT MORTON | Diana McKnight Morton | 08 07 2000
Type or Print Name Signature Mo. Day Year

C-1306000002001