

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 C- 3011 - 039 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 campaign statements is waived. The Reporting Waiver will be Original automatically lost if the committee exceeds the \$1,000 threshold. Amendment to Items: ____ Eff. Date: 12/31/11 11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Chaff Union or Savings & Loan 3. Full Name of Committee (must include Candidate's first Association) and last name): JANE LUMM for CITY COUNCIL a. Official Depository 4a. Candidate Full Name (Last, First, M.I.): LUMM, JANE B. 4b. Political Party (if applicable): 4c. County of Residence: WASHTENAW 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 Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying WSU Gov. Supreme Court Appeals Court contributions or make qualifying expenditures. Probate Court Circuit Court District Court Municipal Court 13. ELECTRONIC FILING: This item applies to committees that file with Local or other please specify: the Michigan Department of State Bureau of Elections only and does not apply to Candidate Committees that file with the County Clerk's office. 4e. District/Circuit # or Jurisdiction: 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 preceding calendar 6a. Committee Phone #: _____ year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to 6b. Committee Fax #: 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 6d. Committee Website Address: ____ excess of \$20,000 and is required to file electronically. 7a. Complete Comm. Mailing Address (May be PO Box): ** OR ** 3350 GELDES ROWL Committee did not spend or receive or does not expect to spend Am Arber, He 44105 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 completeness of each statement filed electronically by the committee. 8. Treasurer Name and Complete Address: 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 #: E-mail Address: 9. Designated Record Keeper Name and Complete Address: Phone #: Designated Record Keeper (Required only if filing electronically) E-mail Address: