

MICHIGAN DEPARTMENT OF STATE

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTIES	
1. Committee ID #: 130214	11. Name and Address of Depositories or Intended Depositories
2. Type of Filing:	Association)
Original Amendment to Items: 7a,7b Eff. Date:01/20/2004	of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) a. Official Depository
3. Full Name of Committee:	
4a. Candidate Full Name (Last, First, M.I.):	b. Secondary Depository
4b. Political Party (if applicable):	
4c. County of Residence:	12 This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
4d. Office Sought (Check one):	
GovernorLt. GovernorState SenatorState RepSec. of StateAttorney GenState Bd. of EdUofM RegMSU TrusteeWSU GovSupreme CourtAppeals Court	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
_WSU Gov Supreme Court _ Appeals Court _ Circuit Court _ District Court _ Probate Court _ Municipal Court _ Local or other please specify:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000 in the preceding calendar year OR expects to receive or spend \$20,000
4e. District/Circuit # or Jurisdiction:	in the current calendar year to file campaign statements electronically. Merts Plus software is provided to you free of charge to assist you in meeting this requirement.
5. Date Committee was Formed:/	Committee spent or received or expects to spend or receive in
6a. Committee Phone #: ()	excess of \$20,000 and is required to file electronically. ** OR **
6b. Committee Fax #: ()	 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 voluntarily.
6c. Committee E-mail Address:	, and the second
7a. Complete Comm. Mailing Address (May be PO Box): PO BOX 7025 ANN ARbor W1 48107-7025 7b. Complete Comm. Street Address (May not be PO Box): 3035 Whisperwood ANN ARbor W1 48105 8. Treasurer Name and Complete Address:	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. 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:	Candidate:
9. Designated Record Keeper Name and Complete Address:	one marks 7,21,04
Phone #: () E-mail Address:	Designated Record Keeper (Required only if filing electronically):
10 REPORTING WAIVER REQUEST: If the committee does 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 automatically lost if the committee exceeds the \$1,000 threshold.	//