



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: C-Z003-019	11. Name and Address of Depositories or Intended Depositories
2. Type of Filing:	of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
Original	a. Official Depository
Amendment to Items: 16 Eff. Date: 4 128/06	21
 	ASI 2006 JAT
3. Full Name of Committee: 70 ELECT DES MENT COTTE 4a. Candidate Full Name (Last, First, M.I.):	AWASHTE AVAILABLE AND APR
DEB MEXICOTTE	b. Secondary Depository
4a. Candidate Full Name (Last, First, M.I.):	28
4b. Political Party (if applicable):	
	12. This item applies only to Gubernatorial Candidate
4c. County of Residence:	Committees: Check if this committeents to seek qualifying contributions or make qualifying expenditures:
4d. Office Sought (Check one):	
Governor Lt. Governor State Senator	13. ELECTRONIC FILING: This item applies to committees that file
State Rep. Sec. of State Attorney Gen.	with the Michigan Department of State Bureau of Elections only and does not apply to candidates that file with the County Clerk's office.
State Bd. of Ed. UofM Reg. MSU Trustee	does not apply to candidates that he with the County Clerk's office.
WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court	The Campaign Finance Act requires any committee that files
☐ Circuit Court ☐ District Court ☐ Probate Court ☐ Municipal Court	with the Secretary of State and spends or receives \$20,000 in the
The Local or other please specify:	preceding calendar year OR expects to receive or spend \$20,000 in the current calendar year to file campaign statements
Sizesour of ourier produce opening.	electronically. Merts Plus software is provided to you free of
4e. District/Circuit # or Jurisdiction:	charge to assist you in meeting this requirement.
5. Date Committee was Formed://	Committee spent or received or expects to spend or receive in
J. Bate committee was Formed.	excess of \$20,000 and is required to file electronically.
6a. Committee Phone #: ()	** OR **
6b. Committee Fax #: () -	Committee did not spend or receive or does not expect to spend
ob. Sommittee rax #. ()	or receive in excess of \$20,000 and would like to file electronically voluntarily.
6c. Committee E-mail Address:	
7a. Complete Comm. Mailing Address (May be PO Box):	14. Verification: I/We certify that all reasonable diligence was used
ru. complete commitmaning rical coo (may be to be confi	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
7b. Complete Comm. Street Address (May <i>not</i> be PO Box):	below shall serve as the signatures that verify the accuracy and
7b. Complete Comm. Street Address (May not be 1 0 box).	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
C. Transcourse Names and Commisto Address:	and that the contents of each statement will be true, accurate and
8. Treasurer Name and Complete Address:	complete to the best of my/our knowledge or belief. (Sign Name
	and Date)
Dhana #. ()	Candidate:
Phone #: ()	STORY WAS IN A CITY OF
2 mail / ladi oos.	DEBEAL. MEXICOTTE 4 28,06
9. Designated Record Keeper Name and Complete Address:	
	Current Treasurer:
	DORAL MINIONTE
Phone #: ()	DERSKA L. MEXICOTK 428,06
E-mail Address:	Designated Described Section of the State of Section 11 (1)
10. REPORTING WAIVER REQUEST: If the committee does	Designated Record Keeper (Required only if filing electronically):
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	,