

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 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. 11. Name and Address of Depositories or Intended Depositories
3. Full Name of Committee (must include Candidate's first and last name):	of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)
4a. Candidate Full Name (Last, First, M.I.):	a. Official Depository
4b. Political Party (if applicable):	
4c. County of Residence:	h Secondary Denository
4d. Office Sought (Check one):	TOOUNTY 2:
☐ Governor ☐ Lt. Governor ☐ State Senator ☐ State Rep. ☐ Sec. of State ☐ Attorney Gen.	20 D Z
State Bd. of Ed. UofM Reg. MSU Trustee WSU Gov. Supreme Court Appeals Court Circuit Court District Court Probate Court	12. This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.
Municipal Court Local or other please specify:	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 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 ** 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.
7b. Complete Comm. Street Address (May <i>not</i> 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: JANE A. MILLER 760 WATERSHED DR ANN ARBON, MI 48105 Phone #: (313) 330-6403	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)
E-mail Address: Jambow@hotmail.com	(AUV) (100 1040 21 3/79 12
9. Designated Record Keeper Name and Complete Address:	Mark I. Enskine 8/24/12 Current Treasurer
Phone #: E-mail Address:	Designated Record Keeper (Required only if filing electronically)