



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

1. Committee ID #: 150449

2. Type of Filing:  
 Original  
 Amendment to Items: 10 Eff. Date: \_\_\_\_\_

3. Full Name of Committee (must include Candidate's first and last name):  
CTE MICHAEL DUKANOWYK

4a. Candidate Full Name (Last, First, M.I.):  
Dukanowyk, Michael J

4b. Political Party (if applicable):  
Dem

4c. County of Residence:  
Bay

4d. Office Sought (Check one):

<input type="checkbox"/> Governor	<input type="checkbox"/> Lt. Governor	<input type="checkbox"/> State Senator
<input type="checkbox"/> State Rep.	<input type="checkbox"/> Sec. of State	<input type="checkbox"/> Attorney Gen.
<input type="checkbox"/> State Bd. of Ed.	<input type="checkbox"/> UofM Reg.	<input type="checkbox"/> MSU Trustee
<input type="checkbox"/> WSU Gov.	<input type="checkbox"/> Supreme Court	<input type="checkbox"/> Appeals Court
<input type="checkbox"/> Circuit Court	<input type="checkbox"/> District Court	<input type="checkbox"/> Probate Court
<input type="checkbox"/> Municipal Court		

Local or other please specify: \_\_\_\_\_

4e. District/Circuit # or Jurisdiction: \_\_\_\_\_

5. Date Committee was Formed: \_\_\_\_\_

6a. Committee Phone #: \_\_\_\_\_

6b. Committee Fax #: \_\_\_\_\_

6c. Committee E-mail Address: \_\_\_\_\_

6d. Committee Website Address: \_\_\_\_\_

7a. Complete Comm. Mailing Address (May be PO Box): \_\_\_\_\_

7b. Complete Comm. Street Address (May not be PO Box): \_\_\_\_\_

8. Treasurer Name and Complete Address:  
Michael Dukanowyk  
710 Bermuda St  
Ann Arbor MI 48106

Phone #: 248-867-3272

E-mail Address: baycounty1st@aol.com

9. Designated Record Keeper Name and Complete Address:  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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 of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)

a. Official Depository  
 BY \_\_\_\_\_  
 BAY COUNTY CLERK  
 CYNTHIA A. LUCZAK  
 2015 NOV - 3 P 3:16  
 FILED CO CLERK  
 18TH JUDICIAL  
 CIRCUIT COURT

b. Secondary Depository  
 \_\_\_\_\_

12.  This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying contributions or make qualifying expenditures.

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.

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 spend or receive \$20,000 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.

Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.

\*\* 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.

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)

\_\_\_\_\_  
 Candidate 11/3/2015

\_\_\_\_\_  
 Current Treasurer 11/3/2015

\_\_\_\_\_  
 Designated Record Keeper (Required only if filing electronically)