

1170



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION PRESENTED ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <u>14/91</u>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) _____	
2. Full Name of Committee <u>ANN W. MACHELSKI</u>		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name <u>ANN W. MACHELSKI</u> Office Sought (include district or jurisdiction served) <u>AUBURN CITY COMMISSION</u>		County of Residence <u>Bay</u> Party (if applicable) <u>None</u>	
5. Committee Street Address (street, city, state, zip code) <u>111 PRICE STREET AUBURN, MI 48611</u>		5a. Committee Mailing Address (if different from street address) <u>/</u>	

6. Date Committee Was Formed Mo. <u>6</u> Day <u>1</u> Yr. <u>79</u>	8. Full Name and Mailing Address of Treasurer <u>ANN W. MACHELSKI 111 PRICE STREET AUBURN, MI 48611</u>	Area Code and Phone <u>517 662 6535</u>
7. Committee Area Code and Phone <u>517 662-6535</u>		

9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If committee's treasurer will handle these responsibilities, leave this item blank. Name _____ Mailing Address _____	Area Code/Phone _____
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FILED - CO. CLERK  
MAY 5 1 51 PM '93  
BY BARBARA ALBERTSON  
BA COUNTY CLERK

10. REPORTING WAIVER SECTION  
 The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <u>NA.</u>	12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.
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13. 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.

Treasurer Type or Print Name <u>ANN W. MACHELSKI</u>	Signature <u>Ann W. Machelski</u>	Date Mo. _____ Day _____ Year _____
Candidate Type or Print Name <u>ANN W. MACHELSKI</u>	Signature <u>Ann W. Machelski</u>	Date Mo. <u>5</u> Day <u>24</u> Year <u>93</u>

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

14a. Full Name and Address of Officeholder Expense Fund	14b. Full Name and Address of Treasurer of Officeholder Expense Fund	14c. Officeholder Expense Fund Depository Name and Address
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SUBMIT TO FILING OFFICIAL