



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. 150083		3. Type of Filing <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment to Item(s)	
2. Full Name of Committee Tom Putt for Williams Township Comm.		Date Change Took Place Month _____ Day _____ Year _____	
4. Candidate Name Thomas J. Putt		County of Residence Bay	
Office Sought (include district or jurisdiction served) Trustee - Williams Township		Party (if applicable) Democratic	
5. Committee Street Address (street, city, state, zip code) 3837 Garfield Rd. Auburn, MI 48611		5a. Committee Mailing Address (if different from street address)	

6. Date Committee Was Formed Mo. March Day 13 Yr. 1996	8. Full Name and Mailing Address of Treasurer Mary Anne Putt 3837 Garfield Rd. Auburn, MI 48611	Area Code and Phone (517) 662-6689
7. Committee Area Code and Phone (517) 662-6689		

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

FILED-00. CLERK
 MAY 20 11 59 AM '96
 BAY COUNTY CLERK
 BARBARA ALBERS/STL
 BY *[Signature]*

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).

**Mutual Savings
Auburn, MI 48611**

This item applies only to a gubernatorial Candidate Committee.
 Check if this committee intends to seek qualifying contributions for public funding.

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 Mary Anne Putt	<i>Mary Anne Putt</i> Signature	Date Mo. 5 Day 20 Year 96
Candidate Type or Print Name Thomas J. Putt	<i>Thomas J. Putt</i> Signature	Date Mo. 5 Day 20 Year 96

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