

STATEMENT OF ORGANIZATION
FOR CANDIDATE COMMITTEES

FILED

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

FOR OFFICIAL USE ONLY

1. Committee Identification No. 33520 MAR 13 2 18 PM '00

2. Type of Filing a. Original OR b. Amendment to Item(s) # 3 c. Date Change(s) Took Place 3/10/2000
BY GENESEE COUNTY CLERK
DEPUTY CLERK

3. Full Name Of Committee JEFF WRIGHT 2000

4. Candidate Last-Name _____ First Name _____ M.I. _____

4a. County of Residence _____ 4b. Political Party (If applicable) _____

4c. Driver License # (Optional) _____

4d. Office Sought: (Check one)

Governor Lt. Governor State Senator State Representative Secretary of State State Board of Education

Bd of Regents UM Bd of Trustees MSU Bd of Gov WSU Attorney General Court of Appeals

District Court Probate Court Detroit Recorders Court Supreme Court Justice Circuit Court

Local or Other (Please Specify) _____ 4e. District # or Jurisdiction _____

5. Date Committee Was Formed (Mo/Day/Yr) _____ 6. Committee Area Code and Phone Number _____

7. Committee Mailing Address (May be P. O. Box) Include Zip Code _____ 7a. Committee Street Address (May not be P. O. Box) _____

<p>8. <u>Treasurer</u>. Name and Mailing Address of Committee Treasurer (Last Name, First Name, Middle Initial. Please include Zip Code.)</p> <p>Area Code and Phone _____ Driver License # (Optional) _____</p>	<p>9. <u>Designated Recordkeeper</u>. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will handle these responsibilities, leave this item blank.</p> <p>Area Code and Phone _____ Driver License # (Optional) _____</p>
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10. **REPORTING WAIVER** The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one election count toward the "amount received" for the next election. Please note: If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement cannot be waived.

<p>11. Names and Addresses of depositories or intended depositories of committee funds.</p> <p>11a. Official Depository: _____</p> <p>11b. Secondary Depository: _____</p>	<p>12. This item applies only to a Gubernatorial Candidate Committee.</p> <p><input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding.</p>
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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.

Current Treasurer JANE NIMCHESKI, Jane Nimcheski Date 3 10 2000
Type or Print Name _____ Signature _____ Mo. Day Year

Candidate JEFF WRIGHT, J Wright Date 3 10 2000
Type or Print Name _____ Signature _____ Mo. Day Year