



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

Type or Print Clearly

1. Committee Identification No.		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <u>4</u>	
2. Full Name of Committee  00069133		Date Change Took Place  Month _____ Day _____ Year _____	
4. Candidate Name  Office Sought (include district or jurisdiction served) Macomb County Public Works Commissioner		County of Residence  Party (if applicable)	
5. Committee Street Address (street, city, state, zip code)		5a. Committee Mailing Address (if different from street address)	
6. Date Committee Was Formed Mo. _____ Day _____ Yr. _____	8. Full Name and Mailing Address of Treasurer		Area Code and Phone
7. Committee Area Code and Phone			
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 _____			

### 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).

12. 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	Stephen M. Rice		Date	6-5-92
	Type or Print Name	Signature	Mo.	Day
Candidate	Steve Rice		Date	6-5-92
	Type or Print Name	Signature	Mo.	Day

### 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



# STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

92-184013

JB  
M

Type or Print Clearly

1. Committee Identification No. <b>00069133</b>		3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) _____	
2. Full Name of Committee <b>Friends of STEVE RICE</b>		Date Change Took Place <b>5</b> <b>7</b> <b>92</b> Month      Day      Year	
4. Candidate Name <b>STEVE RICE</b> Office Sought (include district or jurisdiction served) <b>Macomb County</b>		County of Residence <b>Macomb</b> Party (if applicable) <b>Republican</b>	
5. Committee Street Address (street, city, state, zip code) <b>5427 Southlawn Sterling Heights, MI 48312</b>		5a. Committee Mailing Address (if different from street address) <b>Same</b>	
6. Date Committee Was Formed <b>5</b> <b>7</b> <b>92</b> Mo.      Day      Yr.	8. Full Name and Mailing Address of Treasurer <b>Same As Above</b>		
7. Committee Area Code and Phone <b>(313) 93946726</b>		Area Code and Phone	
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			

### 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). <b>Comerica Mich. Nat. Bank      14/Mound Utica/Van Dyke</b>		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
--	--	--

### 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 <b>STEPHEN M. RICE</b> Type or Print Name	<i>[Signature]</i> Signature	Date <b>5-22-92</b> Mo.      Day      Year
Candidate <b>Steve Rice</b> Type or Print Name	<i>[Signature]</i> Signature	Date <b>5 18 92</b> Mo.      Day      Year

### 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
--	---	---



MICHIGAN DEPARTMENT OF STATE  
Campaign Finance Reporting

STATEMENT OF ORGANIZATION  
FOR CANDIDATE COMMITTEE

Type or Print Clearly

69  
133-50

1. Committee Identification No. 69 133-50  
2. Full Name of Committee Committee to Elect Stephen Rice

3. Type of Filing  
 Original  
 Amendment

If amendment, complete items 1, 2, 3 and 13 in addition to the item(s) changed. Indicate by item number(s) which item(s) are being changed: 13

4. Candidate Name: STEPHEN M. RICE  
Office Sought: MACOMB COUNTY COLLEGE TRUSTEE (6 YEAR TERM)

County of Residence: MACOMB  
Party (if applicable): N/A

Effective date of amendment:  
Mo.    Day    Yr.   

5. Committee Street Address (Street, City, State, Zip Code)  
5427 SOUTHLAWN  
STERLING HEIGHTS  
MICHIGAN, 48077

5a. Committee Mailing Address (if different from street address)  
SAME

6. Date Committee was formed  
Mo.    Day    Yr.   

7. Committee area Code and phone  
313 - 939-6726

8. Full Name and Mailing Address of Treasurer  
CANDIDATE WILL BE  
TREASURER

9. Identify the Principal Officers of this Committee, other than the Treasurer.  
Name Title or Position Mailing Address  
TBA

Area code and phone: 939-6726

10. REPORTING WAIVER SECTION  
 The Committee does NOT expect to receive or expend in excess of \$500.00 in an election

11. Names and addresses of depositories or intended depositories of committee funds; indicating both official and any secondary depositories.  
NATIONAL BANK OF DETROIT  
BRANCH #60  
STERLING HEIGHTS

12. This Item Applies Only To A  
Governatorial 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 Stephen M. Rice Signature Stephen M. Rice Date Mo.    Day    Year     
Candidate Type or Print Name STEPHEN M. RICE Signature Stephen M. Rice Date Mo.    Day    Year   

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:

957