## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES 11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan 1. Committee ID#: (-2004-001 Association) Type of Filing: a. Official Depository Coriginal UM CREDIT UNION ☐ Amendment to Items: \_\_\_\_\_ Eff. Date: \_\_\_/\_ P.O.BOX 7850 Full Name of Committee: LAWRENCE b. Secondary Depository KESTENBAUM FOR CIERKREGISTER 4a. Candidate Full Name (Last, First, M.I.): KESTENBAUM, LAWRENCE 12. ☐ This item applies only to Gubernatorial Candidate Committees: Check if this committee intends to seek qualifying 4b. Political Party (if applicable): DEMOCRATIC contributions or make qualifying expenditures. WASHTENAW 13. ELECTRONIC FILING: This item applies to committees that file 4d. Office Sought (Check one): with the Michigan Department of State Bureau of Elections only and ☐State Senator □Lt. Governor □Governor does not apply to candidates that file with the County Clerk's office. □Attorney Gen. □Sec. of State ☐State Rep. **□MSU Trustee** □UofM Reg. □State Bd. of Ed. The Campaign Finance Act requires any committee that files □ Appeals Court ☐Supreme Court with the Secretary of State and spends or receives \$20,000 in the □WSU Gov. □Probate Court **□District Court** preceding calendar year OR expects to receive or spend \$20,000 □Circuit Court in the current calendar year to file campaign statements □Municipal Court electronically. Merts Plus software is provided to you free of Local or other please specify: WASHDENAW COUNT CCERK-REGISTER OF OCEOS 4e. District/Circuit # or Jurisdiction: charge to assist you in meeting this requirement. ☐ Committee spent or received or expects to spend or receive in 1,26,2004 5. Date Committee was Formed: \_\_\_ excess of \$20,000 and is required to file electronically. 769 - 7388 6a. Committee Phone #: (734) \*\* 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 6b. Committee Fax #: voluntarily. 6c. Committee E-mail Address: 14. Verification: I/We certify that all reasonable diligence was used 7a. Complete Comm. Mailing Address (May be PO Box): in the preparation of the above statement and that the contents are true, accurate and complete to the best of my/our knowledge or P.O.BOX 2563 belief. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and ANN ARBOR MI 48106 completeness of each statement filed electronically by the committee. 7b. Complete Comm. Street Address (May not be PO Box): 1726 W. STADIUM BLVD 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 ANN ARBOR MI 48103 complete to the best of my/our knowledge or belief. (Sign Name 8. Treasurer Name and Complete Address: and Date) PARMA YARKIN 2330 A DAKE, ANN MEBOR MI 48104 Phone #: 734) 332 - 0207 Capdidate: Phone #: pyarkin@ yahoo. com E-mail Address: 9. Designated Record Keeper Name and Complete Address: Current Treasurer: Phone #: E-mail Address: Designated Record Keeper (Required only if filing electronically): 10. ☐ REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election

automatically lost if the committee exceeds the \$1,000 threshold.

CFR101 CAN SO.doc REV 08/03: Authority granted under Act 388 of 1976, as amended

and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be