STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

W

92120001 W

Type or Print Clearly

1. Committee Identification No. 68297-50

2. Full Name of Committee: COMMITTEE FOR BUCCELLATO

3. Type of Filing
☐ Original
☒ Amendment to Item(s) #4
Date Change Took Place
Month Day Year

4. Candidate Name: J. J. BUCCELLATO
Office Sought (include district or jurisdiction served): PUBLIC WORKS COMMISSIONER
County of Residence: MACOMB
Party (if applicable): DEMOCRATIC

FILED APR 28 4 59 PM '92 MACOMB COUNTY CLERK MT. CLEMENS, MICHIGAN

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.

7. Committee Area Code and Phone

8. Full Name and Mailing Address of Treasurer
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 responsibilites, 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 J. J. BUCCELLATO (Type or Print Name) J. J. Buccellato (Signature) Date 4-28-92 (Mo. Day Year)

Candidate J. J. BUCCELLATO (Type or Print Name) (Signature) 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

CFR 101 (5/89)

Authority granted under Act 388 of 1976, as amended.

SUBMIT TO FILING OFFICIAL

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W
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STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

Type or Print Clearly

1. Committee Identification No. 68297-50

2. Full Name of Committee: COMMITTEE FOR BUCCELLATO

3. Type of Filing
☐ Original
☒ Amendment to Item(s) #9
Effective Date of Amendment: 11 - 25 - 87 (Month Day Year)

4. Candidate Name: J. J. BUCCELLATO
County of Residence: MACOMB
Office Sought: COUNTY COMMISSIONER DIST. 7
Party (if applicable): DEMOCRATIC

5. Committee Street Address (street, city, state, zip code)

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

FILED
NOV 25 11 24 AM '87
EDNA MILLER
MACOMB COUNTY CLERK
CLEMENS, MICHIGAN

6. Date Committee Was Formed
Mo. Day Yr.

7. Committee Area Code and Phone

8. Full Name and Mailing Address of Treasurer
Area Code and Phone

9. Identify the Principal Officers of this Committee, other than the Treasurer

Name	Title or Position	Mailing Address	Area Code/Phone
NONE			

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 J. J. BUCCELLATO / J. J. Buccellato — Type or Print Name / Signature — Date 11-25-87 (Mo. Day Year)

Candidate J. J. BUCCELLATO / J. J. Buccellato — Type or Print Name / Signature — Date 11-25-87 (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

CFR 101 (2/86)

Authority granted under Act 388 of 1976, as amended.

MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting
Type or Print Clearly

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

FILED

6731 WMK

1. Committee Identification No.: 68297-50

2. Full Name of Committee: John Joseph Buccellato

3. Type of Filing
☐ Original
☒ Amendment
Effective date of amendment: 4/11/84 (Mo. Day Yr.)

If amendment, complete items 1, 2, 13 and item(s) being amended.
Indicate by item number(s) which item(s) are being changed:

APR 1 10 50 AM '84
EDWARD MILLER
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

4. Candidate Name; Office Sought, including District and Community; County of Residence

5. Committee Street Address (Street, City, State, Zip Code)
11750 15 Mile Road
Sterling Heights, MI 48077

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

6. Date Committee was formed (Mo. Day Yr.)

7. Committee area code and phone

8. Full Name and Mailing Address of Treasurer

Area code and phone:

9. Identify the Principal Officers of this Committee, other than the Treasurer.

Name	Title or Position	Mailing Address	Area Code/Phone

10. Check if item applies (see instructions)
☐ The Committee does not expect to receive or expend in excess of $500.00 in an election

11. List depositories or intended depositories of committee funds, indicating official depository first, and then the secondary depositories.

Name of Bank or Other Depository	Mailing Address and Zip Code

12. This Item Applies Only To A Gubernatorial Candidate Committee
☐ Check if this committee intends to seek qualifying contributions for public funding, or make qualifying expenditures.

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 _____ / _____ Date _____
Type or Print Name — Signature — Mo. Day Year

Candidate JOHN JOSEPH BUCCELLATO / John Joseph Buccellato Date 4. 11. 84
Type or Print Name — Signature — Mo. Day Year

14. Officeholder — Complete only if you have an officeholder expense fund (see instructions)

14a. Full Name, Mailing Address and Zip Code of Treasurer of Officeholder Expense Fund:

14b. Officeholder Expense Fund Depository Name and Mailing Address:

CFR-1A

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MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting
Type or Print Clearly

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

(6812)

1. Committee Identification No.
68297-50

2. Full Name of Committee
John Joseph Buccellato

3. Type of Filing
☐ Original
☒ Amendment
Effective date of amendment.
Mo. Day Yr.

If amendment, complete items 1, 2, 13 and item(s) being amended
Indicate by item number(s) which item(s) are being changed:

FILED
JUL 19 9 20 AM '82
EDNA MILLER
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

4. Candidate Name; Office Sought, including District and Community; County of Residence
County Commissioner #7

5. Committee Street Address (Street, City, State, Zip Code)
11440 Peyton Dr.
Sterling Hts, MI

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

6. Date Committee was formed
Mo. Day Yr.

7. Committee area code and phone

8. Full Name and Mailing Address of Treasurer

Area code and phone:

9. Identify the Principal Officers of this Committee, other than the Treasurer.

Name	Title or Position	Mailing Address	Area Code/Phone

10. Check if item applies (see instructions)
☐ The Committee does not expect to receive or expend in excess of $500.00 in an election

11. List depositories or intended depositories of committee funds, indicating official depository first, and then the secondary depositories.

Name of Bank or Other Depository	Mailing Address and Zip Code

12. This Item Applies Only To A Gubernatorial Candidate Committee
☐ Check if this committee intends to seek qualifying contributions for public funding, or make qualifying expenditures.

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 _____ Signature _____ Date _____
Type or Print Name — Mo. Day Year

Candidate John Joseph Buccellato — Signature John Joseph Buccellato — Date 7 19 82
Type or Print Name — Signature — Mo. Day Year

14. Officeholder – Complete only if you have an officeholder expense fund (see instructions)

14a. Full Name, Mailing Address and Zip Code of Treasurer of Officeholder Expense Fund:

14b. Officeholder Expense Fund Depository Name and Mailing Address:

CFR 101

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MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting
Type or Print Clearly

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

M.L.

FILED

4337

1. Committee Identification No. 68297-50

2. Full Name of Committee: Committee for Buccellato

3. Type of Filing
☒ Original
☐ Amendment
Effective date of amendment: Mo. Day Yr.

JUN 23 9 01 AM '80
EDNA MILLER
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

Amendment, complete items 1, 2, 13 and item(s) being amended
Indicate by item number(s) which item(s) are being changed:

4. Candidate Name; Office Sought, including District and Community; County of Residence
John Joseph Buccellato
County Commissioner Dist. 9
Macomb County

5. Committee Street Address (Street, City, State, Zip Code)
11440 Peyton Drive
Sterling Heights, Mich. 48077

5a. Committee Mailing Address (If different from street address)
Same

6. Date Committee was formed
Mo. 4 Day 28 Yr. 80

7. Committee area code and phone
313-979-7520

8. Full Name and Mailing Address of Treasurer
John Joseph Buccellato
same as above
Area code and phone:

9. Identify the Principal Officers of this Committee, other than the Treasurer.

Name	Title or Position	Mailing Address	Area Code/Phone
Art Madar	Co-Chairman		
Lyn Janiga			

10. Check if item applies (see instructions)
☐ The Committee does not expect to receive or expend in excess of $500.00 in an election

11. List depositories or intended depositories of committee funds, indicating official depository first, and then the secondary depositories.

Name of Bank or Other Depository	Mailing Address and Zip Code
Michigan National Bank of Sterling	16 Mile + Van Dyke

12. This Item Applies Only To A Gubernatorial Candidate Committee
☐ Check if this committee intends to seek qualifying contributions for public funding, or make qualifying expenditures.

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 JOHN JOSEPH BUCCELLATO / John Joseph Buccellato Date 6-12-80
Type or Print Name Signature Mo. Day Year

Candidate SAME / Date
Type or Print Name Signature Mo. Day Year

14. Officeholder — Complete only if you have an officeholder expense fund (see instructions)

14a. Full Name, Mailing Address and Zip Code of Treasurer of Officeholder Expense Fund:

14b. Officeholder Expense Fund Depository Name and Mailing Address:

CFR-1A

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