STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

MICHIGAN DEPARTMENT OF STATE
Elections Division

Type or Print Clearly

14159 KW m

FILED
MAY 3 10 44 AM '88
EDNA MILLER
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

1. Committee Identification No. 68999-50

2. Full Name of Committee

3. Type of Filing
☒ Original
☐ Amendment to Item(s) _____
Effective Date of Amendment
Month Day Year

4. Candidate Name

Office Sought

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.

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. 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 Judy L. Furgal (Type or Print Name) — Judy L. Furgal (Signature) — Date 3-29-88 (Mo. Day Year)

Candidate Charles T. Busse (Type or Print Name) — Charles T. Busse (Signature) — Date 3-29-88 (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
Charles T. Busse Officeholder's Expense Fund 21356 Masch Warren, MI 48091	Judy L. Furgal 21356 Masch Warren, MI 48091	Warren Bank 27248 Van Dyke Warren, MI 48090 Ryan Branch

CFR 101 (2/86)

Authority granted under Act 388 of 1976, as amended.

STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

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MICHIGAN DEPARTMENT OF STATE
Elections Division

Type or Print Clearly

FILED
FEB 20 10 33 AM '87
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

1. Committee Identification No. 68999-50

2. Full Name of Committee: Committee to Elect Chuck Busse

3. Type of Filing
☐ Original
☒ Amendment to Item(s) 4, 5, 7, 9, 11
Effective Date of Amendment: 2 (Month) 17 (Day) 87 (Year)

4. Candidate Name: Charles T. Busse
County of Residence: Macomb
Office Sought: Warren City Council
Party (if applicable): NA

5. Committee Street Address (street, city, state, zip code): 21356 Masch, Warren, Michigan 48091

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

6. Date Committee Was Formed: Mo. 5 Day 20 Yr. 84

7. Committee Area Code and Phone: 313-754-4574

8. Full Name and Mailing Address of Treasurer: Judy L. Furgal, 21356 Masch, Warren, Michigan 48091
Area Code and Phone: 313-754-4574

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

Name	Title or Position	Mailing Address	Area Code/Phone
Charles Busse	Candidate	27610 Parkview Blvd, Apt 122, Warren, MI. 48092	313-573-9834
Richard Sulaka	Campaign Manager	5601 8 mile, Warren, MI 48091	313-754-8370

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).
Warren Bank - Ryan Branch
22859 Ryan
Warren, MI 48091

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: Judy L. Furgal (Type or Print Name) / Judy L. Furgal (Signature) Date 2-17-87 (Mo. Day Year)

Candidate: CHARLES T. BUSSE (Type or Print Name) / Charles T. Busse (Signature) Date 2-17-87 (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 DE[illegible] OF STATE
Elections Division
Campaign Finance Reporting
Type or Print Clearly

STATEMEN[illegible] ORGANIZATION FOR CANDI[illegible]ATE COMMITTEE

FILED

68835 W MK

1. Committee Identification No. 68999-50

2. Full Name of Committee: COMMITTEE TO ELECT CHUCK BUSSE

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

JUN 5 9 40 AM '84
EDNA MILLER
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

If 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
CHARLES BUSSE, COUNTY COMMISSIONER, DISTRICT 8 (WARREN, STERLING HEIGHTS) MACOMB COUNTY

5. Committee Street Address (Street, City, State, Zip Code)
4282 AUGUSTINE
STERLING HEIGHTS, MI 48077

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

6. Date Committee was formed
Mo. JUNE Day 5 Yr. 1984

7. Committee area code and phone
313 977 6635

8. Full Name and Mailing Address of Treasurer
ANNA GIATTINA BUSSE
6111 ARDEN
WARREN, MICHIGAN 48092
Area code and phone: 313 977-6635

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

Name	Title or Position	Mailing Address	Area Code/Phone
JANET PIERCE	CO-CHAIR	24559 SCHOENHERR WRN 48093	313 294-1208
JEANNE BUSSE	CO-CHAIR	32030 KNOLLWOOD WRN 48092	313 264-2185

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	40840 VAN DYKE STERLING HEIGHTS 48077

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 ANNA GIATTINA BUSSE (Type or Print Name) / Anna Giattina Busse (Signature) Date JUNE 5 1984 (Mo. Day Year)

Candidate CHARLES T. BUSSE (Type or Print Name) / Charles T. Busse (Signature) Date JUNE 5 1984 (Mo. Day Year)

EDNA MILLER
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

JUN 5 9 38 AM '84

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:

FILED