Seq. #20013370012B

MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

STATEMENT OF ORGANIZATION
INDEPENDENT AND POLITICAL COMMITTEES

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. 00137008-50

2. Type of Filing
☑ 2a. Original
☐ 2b. Amendment to Item(s)#
2c. Date Change(s) Took Place
Month Day Year

3. Full Name Of Committee (Must Include Sponsor or Affiliate)
CITIZENS FOR RESPONSIVE AND ETHICAL GOVERNMENT

3a. Acronym or Abbreviation (If any) C.R.E.G

3b. Name of Sponsor or Affiliate:

3c. Are you a Separate Segregated Fund (SSF)? ☐YES ☐ NO

3d. The sponsor is a (check one box): ☐ Corporation ☐ Labor Organization ☐Domestic Dependent Sovereign

4. Committee Mailing Address (May be P.O. Box): 39295 RIVERCREST, HARRISON TWP. MI. 48045

4a. Committee Street Address (May not be P.O. Box) 39295 RIVERCREST, HARRISON TWP. MI. 48045

5. Date Committee Was Formed (In Michigan) Mo 9 Day 16 Year 01 6. Committee Area Code and Phone Number (810) 465-1595

7. Name and Mailing Address of Committee Treasurer
ULINSKI (Last Name) JAMES (First Name) A (M. I.) 39295 RIVERCREST (Street Address or P. O. Box) HARRISON TWP. (City) MI (State) 48045 (Zip Code)

Area Code and Phone (810) 465-1595 Driver License # (Optional)

8. Type of Committee (Please check one box) ☐ Political Committee ☑ Independent Committee

9. Designated Record keeper. 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.
ULINSKI (Last Name) JAMES (First Name) A. (M.I.) 39295 RIVER CREST (Street Address) HARRISON TWP. (City) MI. (State) 48045 (Zip Code)

Area Code and Phone (810) 465-1595 Driver License # (Optional)

10. ☐ REPORTING WAIVER The Committee does NOT expect to receive or expend in excess of $1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the $1,000 threshold. (Please note that direct and in-kind contributions, expenditures, loans and outstanding debt all count against the $1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the "$ amount received" for the next calendar year. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

11. Names and Addresses of depositories or intended depositories of committee funds.
11a. Official Depository:
Name HUNTINGTON BANK Street Address 39840 BRIDGEVIEW City HARRISON TWP. State MI Zip Code 48045
11b. Secondary Depository:
Name Street Address City State Zip Code

12. Complete if committee is being registered to support or oppose specific candidates.
Candidate Name Office Sought County of Residence Party (if any)

13. Complete if committee is being registered to support or oppose specific ballot proposals. ☐ Support ☐ Oppose
Ballot Proposal:
If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside.

☐ Statewide ☐ Multi-County ☐ County ☐ Local

14. Verification: I 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 knowledge or belief.
Current Treasurer JAMES A. ULINSKI (Type or Print Name) [signature] (Signature) Date 11-12-01 (Mo. Day Year)