
SINGH PAC

RECEIVED
FEC MAIL ROOM

2000 JUN -5 P 1:50

7125 Orchard Lake Road
Suite 200
West Bloomfield, MI 48322
Telephone: (248) 865-1800
Facsimile: (248) 865-1630

G. Michael Kahn - President
Lushman S. Goyal - Secretary
Lawrence A. Kilgore - Treasurer

May 31, 2000

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

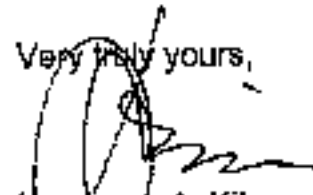
re: Statement of Organization

Gentlemen:

Enclosed for filing is **FEC Form 1, Statement of Organization**, for the Singh PAC. When the form has been filed and an Identification Number has been issued, I would appreciate it if you would return a copy of the filed form to me for our records.

Thank you for your attention to this matter.

Very truly yours,



Lawrence A. Kilgore
Treasurer

STATEMENT OF ORGANIZATION RECEIVED FEC MAIL ROOM

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) SINGH PAC	2. DATE 2000 JUN -5 P 1:50 5-30-2000
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 7125 Orchard Lake Rd. #200, W. Bloomfield, MI 48322	3. FEC Identification Number
(c) City, State and ZIP Code West Bloomfield, Michigan 48322	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

5. TYPE OF COMMITTEE (Check one)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

- Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Lushman S. Grewal	7125 Orchard Lake Road, Suite 200, W. Bloomfield, MI	Secretary

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Lawrence A. Kilgore,	7125 Orchard Lake Road, Suite 200 W. Bloomfield, MI 48322	Treasurer

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Comerica Bank -- Attn: Rella May	500 Woodward Avenue, 7th Floor Mail Code 3255 Detroit, MI 48226

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER Lawrence A. Kilgore	SIGNATURE OF TREASURER 	DATE 5-30-2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
 Federal Election Commission
 Toll-free 800-424-9530
 Local 202-694-1100

F69AN114PDF

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 5-31-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JL</i> PREPARER	6-5-00 DATE PREPARED