

AMENDED

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed)	2. DATE
Michigan Independant Political Action Committee	4/11/94
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed)	3. FEC IDENTIFICATION NUMBER
150 West Jefferson, Suite 2500	
(c) City, State and ZIP Code	4. IS THIS STATEMENT AN AMENDMENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Detroit, MI 48226	

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 _____ (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.

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

Type of Connected Organization

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

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

Full Name	Mailing Address	Title or Position
Arthur J. Kubert	150 West Jefferson, Suite 2500 Detroit, MI 48226	Treasurer

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

Full Name	Mailing Address	Title or Position
Arthur J. Kubert	150 West Jefferson, Suite 2500 Detroit, MI 48226 (313) 963-6420	Treasurer

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

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Comerica	P.O. Box 7500 Detroit, MI 48275

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	SIGNATURE OF TREASURER	DATE
Arthur J. Kubert	<i>Arthur J. Kubert</i>	5/10/94

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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**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 checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>6-13-94</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
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<input type="checkbox"/> Other (Specify):	POSTMARKED
	and/or DATE OF RECEIPT

SSB
 PREPARER

6-13-94
 DATE PREPARED

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