

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID #: 2009 - 00 4	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing: Original Amendment to Items: 10,12,13 Eff. Date: 11-26-12 3. Date Committee was Formed: 7-9-09	a. Official Depository Fifth Third Bank 2090 W Stadwin Blod- Ann Arbo MI 48103
4. Full Name of Committee: FRICADS OF EDWATURE	b. Secondary Depository
5. Acronym or Abbreviation (if any):	,
6. Complete Committee Mailing Address (May be PO Box): FOLOWS OF EDUCATION POBOX 157 DEXTER MI A8130 7. Complete Committee. Street Address (May not be PO Box): CONTRAGY OF STREET MI A8130 Committee Phone #: 73A 97H 0277 Committee Fax #: Committee E-mail Address: JWAGYAF O GACCI. OF STREET MI Address: JWAGYAF O GACCI. OF STREET MAGYAF O GACCI. OF	12. Complete if Committee is being registered to support or oppose a specific ballot proposal: Support or Oppose Description: 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 County: Multi County: Local: 13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's office. The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
Dexter MI 48180	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
Phone #: 734 9710277	** OR **
E-mail Address: Wagyar @ agen . 05	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
9. Designated Record Keeper Name and Complete Address: Scanne Rowlette 6491 Shore Breeze Brighton MI 48114	14. 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. If filing electronically, we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best of my/our knowledge or belief. (Sign Name and Date below)
Phone #: 313 300 1448	1) [1]
E-mail Address: Two lette @ att. wet 10. X REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.	Current Treasurer Current Treasurer Current Treasurer Change 11-26-2012 Change 11