



MICHIGAN DEPARTMENT OF STATE
Elections Division
Campaign Finance Reporting

STATEMENT OF ORGANIZATION
For Independent, Political, Ballot Question and
Political Party Committees

- READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.
- TYPE OR PRINT CLEARLY, IN INK.
- AFTER YOUR INITIAL FILING, A COMMITTEE IDENTIFICATION NUMBER WILL BE ASSIGNED TO YOU.
- USE IT ON ALL SUBSEQUENT REPORTS, STATEMENTS AND CORRESPONDENCE.

For Office Use Only
FILED
WASHTENAW COUNTY, MI
MAY 13 9 17 AM '85
ROBERT M. HARRISON
COUNTY CLERK

05-2444

1. Committee Identification No. **114418**

2. Full Name of Committee **Citizens' Village Committee**

3. Type of Filing
 Original
 Amendment
 Effective date of amendment: Mo. ___ Day ___ Yr. ___

4. Committee Street Address (Street, City, State, Zip Code)
**3070 Williamsburg
Ann Arbor, MI 48104**

4a. Committee Mailing Address (If different from street address)
 Mo. ___ Day ___ Yr. ___

5. Date Committee was formed
 Mo. **5** Day **8** Yr. **85**

6. Committee area code and phone
(313) 971-5566

7. Full Name and Mailing Address of Treasurer:
**Patricia Ann Przygodski
3070 Williamsburg
Ann Arbor, MI 48104**

8. Type of Committee (Check one box)
 Independent Committee
 Ballot Question Committee
 Political Committee
 State Central
 District
 County

9. Identify the Principal Officers of this Committee, other than the Treasurer.
 Name Title or Position Mailing Address: Area Code/Phone
Henry S. Hurdless co-chairperson **2997 Devens Lane
Ann Arbor, MI 48104** **(313) 971-5310**
Eugene Fowler co-chairperson **P.O. Box 8601
Ann Arbor, MI 48107** **(313) 995-8109**

Area code and phone: **(313) 971-5566**

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

NBD
**1501 E. Stadium
Ann Arbor, MI 48104**

12. Attach a list of the names of groups and organizations which belong to this committee. W.C. 112 Party, if any

13. If committee supports candidates, list their names below: Office sought, including district number and community County of residence

Full Name

14. If committee supports or opposes ballot questions or issues, indicate below:
Ballot Questions or Issues Support or Oppose Type (statewide, multi-county, county, local)
Milling Initiative Proposal Support Local (in Washington Co)
If not statewide, identify the county in which the greatest number of registered voters eligible to vote on the ballot question reside.

15. 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.

Treasurer Richard Ann Pizzocchetti / Rick Date 5 Mo. 10 Day 95 Year
Signature

