



STATEMENT OF ORGANIZATION FOR INDEPENDENT, POLITICAL, BALLOT QUESTION AND POLITICAL PARTY COMMITTEES

90-195

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

<p>1. Committee Identification No. 114418</p>	<p>3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <u>3, 10</u> Effective Date of Amendment <u>May 11, 1990</u> Month Date Year</p>								
<p>2. Full Name of Committee Citizen Millage Committee</p>	<p>5. Committee Mailing Address (if different from street address)</p>								
<p>4. Committee Street Address (street, city, state, zip code) Area Code and Phone</p>	<p>7. Date Committee Was Formed Month Date Year</p>								
<p>6. Full Name and Mailing Address of Treasurer Robert R. Gamble 313 1475 Roxbury Road 663-8983 Area Code and Phone (business hours) Ann Arbor, MI 48104</p>	<p>8. Type of Committee (check one box)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Independent Committee</td> <td><input type="checkbox"/> Ballot Question Committee</td> <td><input type="checkbox"/> District Political Party Committee</td> </tr> <tr> <td><input type="checkbox"/> Political Committee</td> <td><input type="checkbox"/> State Central Political Party Committee</td> <td><input type="checkbox"/> County Political Party Committee</td> </tr> </table>	<input type="checkbox"/> Independent Committee	<input type="checkbox"/> Ballot Question Committee	<input type="checkbox"/> District Political Party Committee	<input type="checkbox"/> Political Committee	<input type="checkbox"/> State Central Political Party Committee	<input type="checkbox"/> County Political Party Committee		
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<p>9. Principal Officers of this Committee, other than the Treasurer</p> <table style="width: 100%;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Title or Position</th> <th style="width: 30%;">Mailing Address</th> <th style="width: 10%;">Area Code and Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Title or Position	Mailing Address	Area Code and Phone				
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<p>10. REPORTING WAIVER SECTION <input type="checkbox"/> The committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.</p>									
<p>11. List the names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).</p>	<p>12. Attach a list of names of groups or organizations which belong to this committee. Is a list attached? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>13. Complete if committee is being registered to support or oppose specific candidates.</p> <table style="width: 100%;"> <thead> <tr> <th style="width: 40%;">Name of Candidate</th> <th style="width: 20%;">Office Sought (include district number and community)</th> <th style="width: 20%;">County of Residence</th> <th style="width: 20%;">Party (if any)</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name of Candidate	Office Sought (include district number and community)	County of Residence	Party (if any)				
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<p>14. Complete if committee is being registered to support or oppose specific ballot proposals.</p> <table style="width: 100%;"> <thead> <tr> <th style="width: 20%;">Ballot Proposal</th> <th style="width: 20%;">Support or Oppose</th> <th style="width: 30%;">Type (statewide, multi-county county, local)</th> <th style="width: 30%;">If not a statewide ballot proposal, list the county where the greatest number of voters eligible to vote on the proposal reside.</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Ballot Proposal	Support or Oppose	Type (statewide, multi-county county, local)	If not a statewide ballot proposal, list the county where the greatest number of voters eligible to vote on the proposal reside.				
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<p>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.</p>									
<p>Treasurer <u>Robert R. Gamble</u> Type or Print Name</p>	<p><u>Robert R. Gamble</u> Date <u>May 11, 1990</u></p>								

