

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

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1. Committee ID #: B - Z009 - 006	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing: √ Original	a. Official Depository
	TCF National Bank
Amendment to Items: Eff. Date:	1CF National Bank 1135 S Main St. Chelsea, MI 48118
3. Date Committee was Formed: 10/02/09	Chelsea, MI 48118
4. Full Name of Committee:	b. Occordary Depository
Coalition for Taxpayer Relief	
5. Acronym or Abbreviation (if any):	T E
6. Complete Committee Mailing Address (May be PO Box):	12. Complete if Committee is being registered to support or oppose a specific ballot proposal: Support or Oppose
18328 Lehman Rd.	
Manchester, MI 48158	Description: WISP Proposal I, Regional Enhancement Millage Proposal
7.Complete Committee. Street Address (May not be PO Box): 18328 Lehrnan Rd. Manchester, MI 48158	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: Washtenaw Multi County:
Committee Phone #:(734) 904-5604	Local:
Committee Fax #:	
Committee E-mail Address: washtenawcountytaxpayers@yahoo.com	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not
Committee Website Address:	apply to Ballot Question Committees that file with the County Clerk's office.
8. Treasurer Name and Complete Address:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to
Seth Bechtel 18328 Lehman Rd.	file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
Manchester, MI 48158	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
Phone #: (734) 904-5604	** OR **
E-mail Address: seth.bechtel@gmail.com	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.
Designated Record Keeper Name and Complete Address:	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 #:	
E-mail Address:	Current Treasurer (Date)
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.	Designated Record Keeper (Date) (Required only if filing electronically)