

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LOCAL BALLOT QUESTION COMMITTEES FILED WITH COUNTY CLERK Information on this form is made public.

1. Committee ID #:	*2. Type of Filing: Original:		
<u> </u>	Amendment to item	ns: Eff. Date:	
*3. Date Committee was Formed: 09/05/2016			
*4. Full Name of Committee: Citizens for Voter Turnout			
5. Acronym or Abbreviation (if any):			
*6. Complete Committee Mailing Address (May be PO Box): 502 Burson PI, Ann Arbor, MI 48104			
*7. Complete Committee Street Address (May not be PO Box): 502 Burson PI, Ann Arbor, MI 48104			
*Committee Phone: (734) 761-5248 *Committee Email Address: jhlowen@comcast.net			
Committee Fax #:	Committee Website Address:		-
*8. Treasurer Name and Complete Address: Joan Lowenstein, 502 Burson PI, Ann Arbor, MI 48104 Phone #: (734) 761-5248 Email Address: jhlowen@comcast.net			
Phone #: (734) 761-5248	Email Address: jhlowen@comcast.n	net SEP SEP	 53
9. Designated Record Keeper Name and Complete Address: Joan Lowenstein, 502 Burson PI, Ann Arbor, MI 48104			
Phone #: (734) 761-5248	Email Address: jhlowen@comcast.i		
*10. REPORTING WAIVER REQUEST:		4 9 7	
YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to spend or receive in excess of \$1,000 in			
an election. I/We understand that if the committee does not spend or receive in excess of \$1,000 in an election, the committee does			
not owe Pre, Post, and Quarterly Campaign Statements. I/We further understand that the Reporting Waiver will be automatically			
lost if the committee exceeds the \$1,000 threshold and all required campaign statements must be filed. A Reporting Waiver does not			
exempt a committee from filing Late Contribution Reports.			
NO, I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to spend or receive in excess of \$1,000 in			
an election. I/We understand that the committee owes Pre, Post, and Quarterly Campaign Statements even if the committee does			
not spend or receive in excess of \$1,000 in an election. I/We further understand that the Reporting Waiver cannot be requested			
retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can			
be found in Appendix C of the Committee Manual.			
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan			
Association)			
*Official Depository (name and address): Bank of Ann Arbor, 125 S. Fifth Ave., Ann Arbor, MI 48104			
Secondary Depository (name and address):			
12. List the specific ballot proposal(s) involved using the official ballot designation if available and mark support or oppose as			
appropriate: ✓ Support Oppose			
Description: City of Ann Arbor Ballot Proposal (Charter Amendment)			
Indicate the ballot proposal district below by selecting County (include the county name), Multi-County or Local (include the name of			
the jurisdiction). If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside.			
	ci-County	Local City of Ann Arbor	
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13. 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. 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.			
HOWN COUNTY TO TOOM COUNTY OF			
*Current Treasurer *Designated Record Keeper (If Applicable)			
	Date: 09/07/2016	Date: 09	9/07/2016