

MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**

ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID#: P Conscionation FORM FC	R BALLOT QUESTION COMMITTEES
B-2008-012	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing:	a. Official Depository
Original	CHARTER ONE
Amendment to Items:Eff. Date:	
3. Date Committee was Formed:	b. Secondary Depository
4. Full Name of Committee:	DEC .
STOP CITY INCOME TAX	
Acronym or Abbreviation (if any):	12. Complete if Committee is being registered to support ecopose a
6. Complete Committee Mailing Address (May be PO Box):	specific ballot proposal: Support Depose 2
309 OAK ST.	If not a statewide proposal, list the county of the township.
YPSILANTI, MI	district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside:
48198	Statewide
401/0	
7.Complete Committee. Street Address (May not be PO Box):	County Multi: County:
SAME	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.
Committee Phone #: 734-483-1296 Committee Fax #:	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 file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
Committee E-mail Address:	
8. Treasurer Name and Complete Address:	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
JOHN DELCAMP	** OR **
309 OAK ST.	Committee did not spend or receive or does not expect to spend or
YPSILANTI, MI	would like to file electronically voluntarily.
48198	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
Phone #: 734 - 483 1296	we further agree that the signatures below shall serve as the signatures that
E-mail Address:	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
Designated Record Keeper Name and Complete Address:	proparation of Each Statement electronically filed by this committee and that
SAME	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)
٠١١٠١٠	Current Treasurer:
	11 000
Phone #: SAME	John C V elean 11-06-06
E-mail Address:	Designated Record Keeper (Required only if filing electronically):
10. 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. CFR BQSO 11/05: Authority granted under Act 388 of 1976, as amended	