

## MICHIGAN DEPARTMENT OF STATE **BUREAU OF ELECTIONS**



## **ORIGINAL OR AMENDED** STATEMENT OF ORGANIZATION FORM FOR BALL OF QUESTION COMMITTEES

1. Committee ID #: B-2006-012	THE DALLOT GOESTION COMMITTEES
2. Type of Filing:	<ol> <li>Name and Address of Depositories or Intended Depositories of committee funds.</li> </ol>
l	a. Official Depository
Original 40	RECEIVED
Amendment to Items: 10 Eff. Date: 12/06/07	
3. Date Committee was Formed:	DEC - § 2007
	b. Secondary Depository  WASHTENAW COUNTY, MI
4. Full Name of Committee:	CLERK / REGISTER'S OFFICE
Stop City Income Tax	
5. Acronym or Abbreviation (if any):	12. Complete if Committee is being registered to support or oppose a
6. Complete Committee Mailing Address (May be PO Box);	specific ballot proposal: Support or Oppose
	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:
7.Complete Committee. Street Address (May not be PO Box):	Statewide
	County Multi: County:
	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 #:	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
Committee Fax #:	you free of charge to assist you in meeting this requirement.
Committee E-mail Address:	Committee spent or received or expects to spend or receive in excess of
8. Treasurer Name and Complete Address:	\$20,000 and is required to file electronically.
	** OR **
	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.
Phone #:  E-mail Address:  9. 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)
	Current Treasurer:
Phone #:	Here J'ene 12/6/07
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.	