



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID#: B-200612	11. Name and Address of Depositories or Intended Depositories of
	committee funds.
2. Type of Filing: Original	a. Official Depository
Amendment to Items: 7, 8, 10 Eff. Date: 12/31/12	
3. Date Committee was Formed:	
4. Full Name of Committee:	b. Secondary Depository
Stop City Income Tax	
5. Acronym or Abbreviation (if any):	·
6. Complete Committee Mailing Address (May be PO Box):	Complete if Committee is being registered to support or oppose a specific ballot proposal: Support or Oppose
	Description:
7.Complete Committee. Street Address (May not be PO Box):	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:
(70.1) 050 077.	Multi County:
Committee Phone #:(734) 252-9774	Local:
Committee Fax #:	13. ELECTRONIC FILING: This item applies to committees that file with
Committee E-mail Address:	the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's
Committee Website Address:	office.
8. Treasurer Name and Complete Address:	The Campaign Finance Act requires any committee that files with the
Steve Pierce	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
118 S Washington St	file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
Ypsilanti MI 48197	Committee spent or received or expects to spend or receive in excess of
	\$20,000 and is required to file electronically.
Phone #: (734) 252-9774	** OR **
E-mail Address:	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.
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 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 #:	1 CLAND DIDAD ILAILA
E-mail Address:	Stepe Pierce 1/31/13 Current Treasurer (Date)
10. REPORTING WAIVER REQUEST: If the committee does not expect	ı
to receive or expend in excess of \$1,000 in an election and checks this box; the filling 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)
exceeds the \$1,000 threamon.	, , , , , , , , , , , , , , , , , , , ,