



ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID #: C-2012-005	*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to Items: 10	Eff. Date: 1/1/18
*3. Date Committee was Formed:		
*4. Full Name of Committee:		
5. Acronym or Abbreviation (if any):		
*6. Complete Committee Mailing Address (May be PO Box): P.O. B. 130985, ANN ARBOR, MI 48113		
*7. Complete Committee Street Address (May not be PO Box):		
*Committee Phone: _____ Committee Email Address: _____ Committee Fax #: _____ Committee Website Address: _____		
*8. Treasurer Name and Complete Address:		
Phone #: _____ Email Address: _____		
9. Designated Record Keeper Name and Complete Address:		
Phone #: _____ Email Address: _____		
*10. REPORTING WAIVER REQUEST: <input checked="" type="checkbox"/> 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, Quarterly and Annual 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 or Petition Proposal Campaign Statements. <input type="checkbox"/> 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, Quarterly and Annual 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 Ballot Question 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): _____ 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: <input type="checkbox"/> Support <input type="checkbox"/> Oppose Description: Indicate the ballot proposal district below by selecting Statewide, 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. <input type="checkbox"/> Statewide <input type="checkbox"/> County <input type="checkbox"/> Multi-County <input type="checkbox"/> 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 committees that file with the County Clerk's office. <input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$5000 and is required to file electronically. <input type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$5,000 and would like to file electronically voluntarily. Further information regarding Electronic Filing can be found in Appendix D of the Ballot Question Manual.		
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, I/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.		
*Current Treasurer 		Designated Record Keeper (Required only if filing electronically) _____
Date: 1/20/18		Date: _____

FILED
WASHTENAW COUNTY, MI
2018 JAN 25 A 11:58
LAWRENCE KESTENBAUM
COUNTY CLERK/REGISTRAR