

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID#: B-2012-003	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing:	a. Official Depository CNOSE BOWK
Original Amendment to Items: Eff. Date:	an nakwood
3. Date Committee was Formed: 2-15-12	Ypsilanti, MI 48197
4. Full Name of Committee;	b. Secondary Depository
Committee for a Safer Yosilanti	NA P S
5. Acronym or Abbreviation (if any):	7 50 50 50 50 50 50 50 50 50 50 50 50 50
CIJCN	
6. Complete Committee Mailing Address (May be PO Box): 149 COOOV WONDOWH MI 48197	12. Complete if Committee is being registered to support or oppose a specific ballot proposal: Support or Oppose
199 COOK 104010011 111 -101912	Description: Toward Lowest Law Entorchment Priority
	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
7.Complete Committee. Street Address (May not be PO Box):	voters eligible to vote on the proposal reside:
1455 ENPOONY Apt. 26	Statewide County:
Ypsilanti MI 48197	- Proteins
Committee Phone #: 313-2076	Multi County:
Committee Fax #: NONE	''
Committee E-mail Address: c4sypsilanti@gmail.com	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not
Committee Website Address: + MiChssop. ovo	apply to Ballot Question Committees that file with the County Clerk's office.
	The Campaign Finance Act requires any committee that files with the
8. Treasurer Name and Complete Address:	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
Antonio Cosme	file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
1455 Gregory Apt. 26	Committee spent or received or expects to spend or receive in excess of
Ypsilanti MI 48197	\$20,000 and is required to file electronically.
Phone #: 3\3-207-2076	** OR **
E-mail Address: <u>ACOSMP & LMiCh. LAV</u>	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
Chilor Evan	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,
1955 EVRGORY APT. 26	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
Vixilanti MI 49107	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
Phone #: 419-699-7237	of my/our knowledge or belief. (Sign Name and Date below)
	2-21-12
E-mail Address: COVON 20 @ PMiCh. PdU	Current Treasurer (Date)
10. REPORTING WAIVER REQUEST: If the committee does not expect	Mari / A and
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	Designated Record Keeper (Date)
exceeds the \$1,000 threshold.	(Required only if filing electronicall)