

## ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

| THE MENT OF OROAME ATTOM TOTAL   | AT OR DALLOT GOLDTION COMMITTEES  |
|--|---|
| 1. Committee ID#: B 2017 - 003   | <ol> <li>Name and Address of Depositories or Intended Depositories of<br/>committee funds.</li> </ol>   |
| 2. Type of Filing:   | a. Official Depository  |
| Amendment to Items: 7,7,10,11 Eff. Date:   | committee funds.  a. Official Depository  Key bank  301 West Michryson Ave  b. Secondary Depository  VP31 July 14819 7  |
| 3. Date Committee was Formed:  | 301 West Michigan Ave   |
| 4. Full Name of Committee:   | b. Secondary Depository   |
|  |   |
| 5. Acronym or Abbreviation (if any):   |   |
| Complete Committee Mailing Address (May be PO Box):  | 12. Complete if Committee is being registered to support of pppose 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:  |
| Y8511-2: 48197   | County:   |
|  | Multi County:   |
| Committee Phone #: 313 207 1076  | Local:  |
| Committee Fax #:   | 13. ELECTRONIC FILING: This item applies to committees that file with   |
| Committee E-mail Address: C4 Syps In 1:09 all agm  | 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: emich 55 dp. org  | office.   |
| 8. Treasurer Name and Complete Address:  | 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 spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.  |
| Phone #:   | ** 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:  MT (S Geros  47708 Fox Court  Conton MT 18187  | 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 |
| Centon MJ 48187  | 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   |
| Phone #: 334-754-0107  | of my/our knowledge or belief. (Sign Name and Date below)   |
| E-mail Address: Macrologich ich  | of my/our knowledge or belief. (Sign Name and Date below)  Current Treasurer  (Date)  |
| 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. | Designated Record Keeper (Date)  (Date)   |
| onosta die \$1,550 dilectione.   |   |