

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

1. Committee ID#: $\beta - 2013 - 003$	<ol> <li>Name and Address of Depositories or Intended Depositories of committee funds.</li> </ol>
2. Type of Filing:	a. Official Depository
Original  Amendment to Items: 10 Eff. Date: 12/31//2	8 <b>-</b>
Amendment to items:	DUNTY CLERKE
3. Date Committee was Formed:	b. Secondary Depository
4. Full Name of Committee:	b. Secondary Depository
Committee For a Safer Ypsilanti	
5. Acronym or Abbreviation (if any):	COUNTY OF THE PROPERTY OF THE
6. Complete Committee Mailing Address (May be PO Box):	12. Complete if Committee is being registered to support or oppose a specific ballot proposal: Support or Oppose
	Description:
,	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:
	County:
,	Multi County:
Committee Phone #:	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 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.
	14. Verification: I/We certify that all reasonable diligence was used in the
9. Designated Record Keeper Name and Complete Address:	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)
Phone #:	
E-mail Address:	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 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)