



STATEMENT OF ORGANIZATION FORM FOR LOCAL BALLOT QUESTION COMMITTEES FILED WITH COUNTY CLERK

Information on this form is made public.

1. Committee ID #: B-2010-002		*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to items: 10		Eff. Date: 9/7/2018
*3. Date Committee was Formed: 11/18/2009				
*4. Full Name of Committee: PARTNERS FOR TRANSIT				
5. Acronym or Abbreviation (if any):				
*6. Complete Committee Mailing Address (May be PO Box): PARTNERS FOR TRANSIT, PO BOX 8093, ANN ARBOR, MI 48107				
*7. Complete Committee Street Address (May not be PO Box): PARTNERS FOR TRANSIT, 339 E LIBERTY STE 300, ANN ARBOR, MI 48104				
*Committee Phone: 734-369-9263		*Committee Email Address: EJOLOKAI@GMAIL.COM		
Committee Fax #:		Committee Website Address:		
*8. Treasurer Name and Complete Address: ERICA JOLOKAI, 316 S STATE ST, ANN ARBOR, MI 48104				
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, and Quarterly 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. <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, and Quarterly 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 Committee 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): COMERICA BANK, 314 E WASHINGTON, ANN ARBOR, MI 48104 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 checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Description: TRANSIT FUNDING Indicate the ballot proposal district below by selecting 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"/> County <input type="checkbox"/> Multi-County <input checked="" type="checkbox"/> Local ANN ARBOR, YPSILANTI, YPSILANTI TWP				
13. 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. 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 (If Applicable)		
Date: 9/6/2018		Date:		

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