

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID#: 15 - 2012 - 012	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing:	a. Official Depository
<u>M</u> Original	DAMILERS TO E KLIPHIGAL
Amendment to Items: Eff. Date:	ON TOTAL POLICE AND
3. Date Committee was Formed: 10/02/20/2	UNIVERSITY OF MICHIGAN CREDIT UNION
4. Full Name of Committee:	b. Secondary Depository
LOL = Love Our Library	b. Secondary Depository VS STERVING
5. Acronym or Abbreviation (if any):	
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 Sppose
1528 Greennew	Description: Library Down
7. Complete Committee. Street Address (May not be PO Box):	If not a statewide proposal, list the county, cfty 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:
1528 Greennew	Statewide
Ann Arbor Mi 48103	County:
	Multi County:
Committee Phone #: <u>7349450116</u>	\(\int\)Local:
Committee Fax #:	13. ELECTRONIC FILING: This item applies to committees that file with
Committee E-mail Address: RICESTRO hot Mail. Com	the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's
	office.
Committee Website Address:	
9. Traceurer 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
8. Treasurer Name and Complete Address:	year OR expects to spend or receive \$20,000 in the current calendar year to
SHEILA RICE	file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
1575 GROSWNEW	
1528 GREENNEW ANN ARBORNIUS	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
Phone #: 734 9450116	** OR **
E-mail Address: RICE SIR @ NOTWELL COM	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
SHEILA RICE	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
1528 GREENMEN AND ARBOL MI 48103	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
ANN TICBOL NO COLO	preparation of each statement electronically filed by this committee and that
Phone #: 734 945 0116	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)
E-mail Address: RICESSRC Notmail Com	$\frac{10/2/20/2}{\text{Current Treasurer}}$
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	Designated Record Keeper (Date)
exceeds the \$1,000 threshold.	(Required only if filing electronically)