



MICHIGAN DEPARTMENT OF STATE
CAMPAIGN FINANCE REPORTING

STATEMENT OF ORGANIZATION
For Independent, Political, Ballot Question and
Political Party Committees

FILED
MAR 19 12 21 PM '87
COURT CLERK

87-124

- Type or Print Clearly, In Ink
- Statement Must Be Signed By Committee Treasurer

1. Committee Identification No.

11441182

2. Full Name of Committee

Citizens Mortgage Committee

3. Type of Filing

Original
 Amendment

Effective date of amendment:

Mo. 2 Date 23 Year 87

If amendment, also complete items 1, 2, 3 and 15 in addition to the item(s) changed. Indicate by item number(s) which item(s) are being changed.

4, 4a, 5, 7, 9, 15

4. Committee Street Address (Street, City, State, Zip Code)

Clement C. Gill
2801 S. State St.
Ann Arbor, MI 48104

4a. Committee Mailing Address (if different from street address)

Clement C. Gill
P.O. Box 2987
Ann Arbor, MI 48106

5. Date Committee was formed

Mo. Day Yr.

6. Had the Committee spent or received \$200 or more by the date entered in item 5?

YES NO

Committee area code and phone: 313 761-6381

8. Type of Committee (Check one box)

- Independent Committee
- Ballot Question Committee
- Political Committee
- State Central Political Party Committee
- District Political Party Committee
- County Political Party Committee

9. Name, address and position held of Principal Officers of the Committee, other than the Treasurer

Ann Marie R. DeSève
Chairman

Area code and phone: 313 761-6381

10. REPORTING WAIVER SECTION

The Committee does not expect to receive or expend in excess of \$1000.00 in an election.

12. Attach a list of the names of groups and organizations which belong to this committee.

List Attached YES NO

13. If committee supports specific candidates, list their names below:

Office sought, including district number and community

County of residence

Party, if any

14. If committee supports or opposes specific ballot questions or issues, indicate below:

Ballot Questions or Issues

Support or Oppose

Type (statewide, multi-county, county, local)

If not statewide, id. in which the greater registered voters of the ballot question

15. Verification:

I 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 knowledge or belief.

Treasurer Clement C. Gill

Type or Print Name

Signature

Date 3 17 87
Mo. Day Year



8-1144180003