



MICHIGAN DEPARTMENT OF STATE  
CAMPAIGN FINANCE REPORTING

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

FILED  
WASHTENAW COUNTY, MI  
DEC 22 1997

87-316

1. Committee Identification No.

2. Full Name of Committee

3. Type of Filing

Effective date of amendment

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

114411

Division of Internal Security

Original  
 Amendment

Mo. 12 Day 17 Year 97

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

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

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

7. Full Name and Mailing Address of Treasurer:

8. Type of Committee (Check one box)

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

Area code and phone:

10. REPORTING WAIVER SECTION

The Committee does not expect to receive or expend in excess of \$500.00 in an election.

\$100000

11. Names and addresses of depositories or intended depositories of committee funds, indicating both secondary depositories

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 an

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, it in which the great registered voters e 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 DIORINE S. GILL

Type or Print Name

[Signature]

Signature

Date 12/17/97  
Mo. Day Year



B-1144180004