

89-306



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

Nov 9 3 40 PM '89

MICHIGAN DEPARTMENT OF STATE
Elections Division

Type or Print Clearly

| | | | |
|---|---|---|--|
| 1. Committee Identification No. 114418 | | 3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 3, 5, 8, 13 Effective Date of Amendment November 1, 1989 Month Day Year | |
| 2. Full Name of Committee Citizens Millage Committee | | 4. Candidate Name County of Residence Office Sought Party (if applicable) | |
| 5. Committee Street Address (street, city, state, zip code) 1475 Roxbury Road Ann Arbor, MI 48104 | | 5a. Committee Mailing Address (if different from street address) | |
| 6. Date Committee Was Formed Mo Day Yr | 8. Full Name and Mailing Address of Treasurer Area Code and Phone Robert R. Gamble 1475 Roxbury Road Ann Arbor, MI. 48104 313-663-8983 | | |
| 7. Committee Area Code and Phone | | 9. Identify the Principal Officers of this Committee, other than the Treasurer Name Title or Position Mailing Address Area Code/Phone | |

10. REPORTING WAIVER SECTION
 The Committee does NOT expect to receive or expend in excess of \$1,000.00 in an election.

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| 11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories): | 12. This item applies only to a gubernatorial Candidate Committee. <input type="checkbox"/> Check if this committee intends to seek qualifying contributions for public funding. |
|---|---|

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.

Treasurer **Robert R. Gamble** / *Robert R. Gamble* Signature Date **11/8/89** Mo. Day Year

Candidate / Signature Date Mo Day Year

14. FOR OFFICEHOLDERS' USE ONLY (Complete only if you have established an Officeholder Expense Fund)

| | | |
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| 14a. Full Name and Address of Officeholder Expense Fund | 14b. Full Name and Address of Treasurer of Officeholder Expense Fund | 14c. Officeholder Expense Fund Depository Name and Address |
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