



STATEMENT OF ORGANIZATION FOR CANDIDATE COMMITTEE

91-195

MICHIGAN DEPARTMENT OF STATE
Elections Division

FILES COUNTY, MI

DEC 27 10 30 AM '91

Type or Print Clearly

1. Committee Identification No. <p style="font-size: 1.5em; text-align: center;">114418</p>	3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) 10 Effective Date of Amendment Month _____ Day _____ Year _____								
2. Full Name of Committee <p style="font-size: 1.2em;">Citizens Millage Committee</p>	4. Candidate Name Office Sought County of Residence Party (if applicable)								
5. Committee Street Address (street, city, state, zip code) <p style="font-size: 1.2em;">1011 Lincoln Ave Ann Arbor, MI 48104</p>	5a. Committee Mailing Address (if different from street address) <p style="font-size: 1.5em; text-align: center;">Same</p>								
6. Date Committee Was Formed Mo. _____ Day _____ Yr. _____	8. Full Name and Mailing Address of Treasurer <p style="font-size: 1.2em;">Ronald C. Bishop 1011 Lincoln Ave Ann Arbor, MI 48104</p> Area Code and Phone <p style="font-size: 1.2em;">(313) 663-8665</p>								
7. Committee Area Code and Phone <p style="font-size: 1.2em;">(313) 663-8665</p>									
9. Identify the Principal Officers of this Committee, other than the Treasurer <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Name</th> <th style="width: 30%;">Title or Position</th> <th style="width: 20%;">Mailing Address</th> <th style="width: 20%;">Area Code/Phone</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Title or Position	Mailing Address	Area Code/Phone				
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.

11. Names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories). <p style="font-size: 1.2em; text-align: center;">Ann Great Lakes Federal</p>	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.
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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	<p style="font-size: 1.2em; text-align: center;">Ronald C. Bishop</p>	<p style="font-size: 1.2em; text-align: center;">Ronald C. Bishop</p>	Date	12	27	91
	Type or Print Name	Signature	Mo.	Day	Year	
Candidate	-	/	Date	Mo.	Day	Year
	Type or Print Name	Signature	Mo.	Day	Year	

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

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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B-1144180007