



STATEMENT OF ORGANIZATION FOR INDEPENDENT, POLITICAL, BALLOT QUESTION AND POLITICAL PARTY COMMITTEES

MICHIGAN DEPARTMENT OF STATE
Bureau of Elections

Type or Print Clearly

<p>1. Committee Identification No. <u>114418</u></p>	<p>3. Type of Filing <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item(s) <u>4, 5, 6</u> Date Change Took Place <u>March</u> <u>1</u> <u>1995</u> mo. day yr.</p>
<p>2. Full Name of Committee <u>CITIZEN MILLAGE COMMITTEE</u></p>	<p>5. Committee Mailing Address (if different from street address)</p>
<p>4. Committee Street Address (street, city, state, zip code) <u>411 Orchard Hills</u> <u>ANN ARBOR MI 48104</u> Area Code and Phone <u>(313) 663-7125</u></p>	<p>7. Date Committee Was Formed _____ mo. day yr.</p>
<p>6. Full Name and Mailing Address of Treasurer <u>Michael B. Lisoff</u> <u>411 Orchard Hills</u> <u>Ann Arbor MI 48104</u> Area Code and Phone (business hours) <u>(313) 665-6688</u></p>	

8. Type of Committee (check one box)

<input type="checkbox"/> Independent Committee	<input checked="" type="checkbox"/> Ballot Question Committee	<input type="checkbox"/> District Political Party Committee
<input type="checkbox"/> Political Committee	<input type="checkbox"/> State Central Political Party Committee	<input type="checkbox"/> County Political Party Committee

9. Identify the person who will be responsible for the committee's records and Campaign Statement filings. If the committee's treasurer will handle these responsibilities, leave this item blank.

Name	Mailing Address	Area Code/Phone
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10. REPORTING WAIVER SECTION

a. **INDEPENDENT, POLITICAL AND POLITICAL PARTY COMMITTEES:** The committee does not expect to receive or spend more than \$1,000.00 in a calendar year.

b. **BALLOT QUESTION COMMITTEES:** The committee does not expect to receive or spend more than \$1,000.00 for any election.

11. List the names and addresses of depositories or intended depositories of committee funds (list both official depository and any secondary depositories).

12. Complete if committee is being registered to support or oppose specific candidates.

Name of Candidate	Office Sought (include district number and community)	County of Residence	Party (if any)
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13. Complete if committee is being registered to support or oppose specific ballot proposals.

Ballot Proposal	Support or Oppose	Type (statewide, multi-county, etc.)
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14. Verification: I certify that all reasonable diligence was used in the preparation of the knowledge or belief.

Treasurer Michael B Lisoff / [Signature] Date May 30 1995
 Type or Print Name Signature mo. day yr.

Authority granted under Act 388 of 1976, as amended.