

ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID#: B-114418	Name and Address of Depositories or Intended Depositories of committee funds.
Type of Filing: Original	a. Official Depository
Amendment to Items: 8 / 10 Eff. Date: 03/01/10	
William Contents 770 En. Date.	©
3. Date Committee was Formed:	AS S
4. Full Name of Committee:	b. Secondary Depository
Citizens Millage Committee	
5. Acronym or Abbreviation (if any);	SKS - SE
Complete Committee Mailing Address (May be PO Box):	12. Complete if Committee is being registered to support or oppose a
PO Box 8131	specific ballot proposal: Support of Oppose
Ann Arbor, MI 48107-8131	Description:
7 (11,7 (135), (4), 10,07 (10)	If not a statewide proposal, list the county, city, township, village or school
7.Complete Committee. Street Address (May not be PO Box):	district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside:
(, ,,, ,,, ,,, ,,, ,,, ,,, ,,,,,,,	Statewide
	County:
	Multi County:
Committee Phone #:	Local:
Committee Fax #:	13. ELECTRONIC FILING: This item applies to committees that file with
Committee E-mail Address:	the Michigan Department of State Bureau of Elections only and does not
Committee Website Address:	apply to Ballot Question Committees that file with the County Clerk's office.
Obstituted Woods (Maries).	
Treasurer Name and Complete Address:	The Campaign Finance Act requires any committee that files with the Secretary of State and spends or receives \$20,000 in the preceding calendar
Steven J. Norton	year OR expects to spend or receive \$20,000 in the current calendar year to file campaign statements electronically. MERTS Plus software is provided to
1217 Olivia Ave	you free of charge to assist you in meeting this requirement.
Ann Arbor, MI 48104	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
Phone #: (734) 730-2216	** OR **
E-mail Address: steve@a2cmc.org	Committee did not spend or receive or does not expect to spend or receive in excess of \$20,000 and would like to file electronically voluntarily.
Designated Record Keeper Name and Complete Address:	14. 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. If filing electronically, we further agree that the signatures below shall serve as the signatures that
	verify the accuracy and completeness of each statement filed electronically by the committee. I/We certify that all reasonable diligence will be used in the
•	preparation of each statement electronically filed by this committee and that the contents of each statement will be true, accurate and complete to the best
Phone #:	of my/our knowledge or belief. (Sign Name and Date below)
THOREW.	Current Treasurer (Date)
E-mail Address:	Current Treasurer (Date)
10. REPORTING WAIVER REQUEST: If the committee does not expect	
to receive or expend in excess of \$1,000 in an election and checks this box;	
the filing requirement of pre, post and annual campaign statements is waived. The Reporting Waiver will be automatically lost if the committee	Designated Record Keeper (Date) (Required only if filing electronically)
exceeds the \$1,000 threshold.	(response only it ming electronicisty)