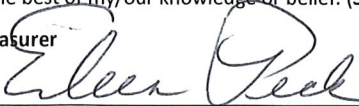




MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED  
STATEMENT OF ORGANIZATION FORM FOR LOCAL INDEPENDENT, POLITICAL AND INDEPENDENT EXPENDITURE COMMITTEES (PACS)  
FILED WITH THE COUNTY CLERK  
Information on this form is made public

1. Committee ID #: <b>P2019-001</b>	*2. Type of Filing: <input type="checkbox"/> Original: <b>11</b> <input checked="" type="checkbox"/> Amendment to items:	Eff. Date: <b>10/30/2019</b>
Committee Type (Check one): For more information regarding committee types, please see Appendix H of the committee manual.		
*3a <input checked="" type="checkbox"/> Independent: I/We acknowledge that the committee must meet certain requirements before being legally qualified to make contributions at a limit that is 10 times greater than the applicable contribution limit for an individual.		
*3b <input type="checkbox"/> Political: I/We acknowledge that the committee can never be legally qualified to make contributions at a limit that is greater than the applicable contribution limit for an individual.		
Is this a Separate Segregated Fund (SSF)? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, the sponsor is a <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> D.D.S The sponsor's name is:		
*3c. <input type="checkbox"/> Independent Expenditure PACs: I/We recognize this committee is organized exclusively for the purpose of making independent expenditures that are not in any way directly or indirectly "coordinated" with any candidate, candidate committee, political party, or political party committee, consistent with applicable case law, including but not limited to Michigan Chamber of Commerce et al v Terri Lynn Land, ___FSupp2d___(WD MI, 2010). This committee also intends to raise funds in unlimited amounts. These committees are commonly referred to as Super PACs.		
*4a. Full Name of Committee (Must include affiliate or sponsor): <b>Committee for the Responsible Governance of Washtenaw Community College</b>		
4b. Acronym or Abbreviation (if any): <b>CRGWCC</b>		
*5a. Complete Committee Mailing Address (May be PO Box): <b>214 N Hewitt Road Ypsilanti MI 48197</b>		
*5b. Complete Committee Street Address (May not be PO Box): <b>214 N Hewitt Road Ypsilanti MI 48197</b>		
*6. Date Committee was Formed in MI: <b>07/01/2019</b>		
*7a. Committee Phone: <b>734-485-1339</b>		*7c. Committee E-mail Address: <b>info@wccwatch.org</b>
7b. Committee Fax:		7d. Committee Website Address: <b>https://wccwatch.org</b>
*8. Treasurer Name and Complete Address: <b>Eileen M Peck 214 N Hewitt Road Ypsilanti MI 48197</b> Phone #: <b>(734) 485-1339</b> Email Address: <b>treasurer@wccwatch.org</b> <input type="checkbox"/> OUT OF STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION: I/We stipulate and agree that any legal process affecting this committee served on the Secretary of State or an agent designated by the Secretary of State shall have the same effect as if personally served on me and all other principals of this committee. I/We further agree that this appointment shall remain in force as long as any liability of this committee remains outstanding within the State of Michigan.		
9. Designated Record Keeper Name and Complete Address:  Phone #: Email Address:		
10. REPORTING WAIVER REQUEST: <input type="checkbox"/> YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to spend or receive in excess of \$1,000 in a calendar year. I/We understand that if the committee does not spend or received in excess of \$1,000 in a calendar year, the committee does not owe Quarterly, Pre and Post Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold and all required campaign statements must be filed. <u>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports.</u> <input checked="" type="checkbox"/> NO, I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to spend or receive in excess of \$1,000 in a calendar year. I/We understand that the committee owes Pre and Post Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in a calendar year. I/We further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees.		
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) *Official Depository (name and address): <b>TCF Bank 2170 Packard Ypsilanti MI 48197</b>  Secondary Depository (name and address):		
*12. 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 campaign statements electronically, I/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 of my/our knowledge or belief. (Sign Name and Date below)		
*Current Treasurer 		*Designated Record Keeper (If Applicable)  Date: <b>10/30/2019</b> Date:

FILED  
 WASHTENAW COUNTY, MI  
 2019 OCT 21 P 1:32  
 LAWRENCE KESTENBAUM  
 COUNTY CLERK / REGISTER