

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

*2. Type of Filing: Original:

R-207 / 009	Z. Type of Filing: U	nendment to items:	#11	Eff.	Date:	10-11-17
*3. Date Committee was Formed:						
*4. Full Name of Committee:						
5. Acronym or Abbreviation (if any):						
*6. Complete Committee Mailing Addr	ess (May be PO Box):					
*7. Complete Committee Street Addre	ss (May not be PO Box):	,				
*Committee Phone:	Committee Email Add	lress:			r~.)	egyponi Priivita
Committee Fax #:	Committee Website A	Address:		224 867 		FAST.
*8. Treasurer Name and Complete Address:						
Phone #:	Email Address:					
9. Designated Record Keeper Name an	d Complete Address:				Ū	
Phone #:	Email Address:			775 Y	ل م	#¥C
an election. I/We understand that if the committee does not spend or receive in excess of \$1,000 in an election, the committee does not owe Pre, Post, Quarterly and Annual 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. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports or Petition Proposal Campaign Statements. 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 an election. I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in an election. I/We further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in Appendix C of the Ballot Question Manual. *11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) UNIVERSITY OF MICHIGAN CRIDIT UNION *Official Depository (name and address): P.O. Box 7850, ANN ARBOR ME 48107 Secondary Depository (name and address): CHASE BANK, 95 S. ZEABRD ANN ARBOR ME 48107						
12. List the specific ballot proposal(s) involved using the official ballot designation if available and mark support or oppose as appropriate: Support Oppose Description: Indicate the ballot proposal district below by selecting Statewide, County (include the county name), Multi-County or Local (include the name of the jurisdiction). If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside. Statewide County Multi-County Local						
13. ELECTRONIC FILING: This item applie not apply to committees that file with the Committee spent or received or expected committee did not spend or receive voluntarily. Further information regarding 14. Verification: I/We certify that all reactrue, accurate and complete to the best shall serve as the signatures that verify that all reasonable diligence will be used each statement will be true, accurate an *Current Treasurer Current Treasurer Current Treasurer	ne County Clerk's office. Pects to spend or receive in a	n excess of \$5000 and is and or receive in excess found in <u>Appendix D</u> of d in the preparation of t elief. If filing electronica ness of each statement of statement electronical	required to file elect of \$5,000 and would the Ballot Question the above statement ally, I/we further agre filed electronically b lly filed by this commelief.	tronically. like to file Manual. and that the ee that the y the comi	electr he cor signa mittee that th	ntents are tures below I/We certify ne contents of
V "VV" (\12 -						