

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID#: 13-2017 - 011	11. Name and Address of Depositories or Intended Depositories of
2. / Type of Filing:	committee funds. a. Official Depository
Original	ANN ARBOR STATE BANK
Amendment to Items: Eff. Date:	DE W. WILLIAM STE PE
3. Date Committee was Formed:	ANN ARBOR, MI 48104
4. Full Name of Committee:	b. Secondary Depository
FREIMSS OF THE PARKS	
Acronym or Abbreviation (if any):	
A Company of the Martine Address (Martha DO Bard)	12. Complete if Committee is being registered to support or oppose a
6. Complete Committee Mailing Address (May be PO Box):	12. Complete if Committee is being registered to support or oppose a specific ballot proposal: Support ot □ Oppose A
ANN ARBOR, MI 48105	Description: NOV - 6th PROPOSAL A CITY OF A
VIDIO VIERNIE (MIL 10102	If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of
7.Complete Committee. Street Address (May not be PO Box):	voters eligible to vote on the proposal reside: Statewide
2531 MEADE CT.	County:
ANN APROR, MI 48105	
Committee Phone #: (734) 65-6032	Multi County: Local: ANN ARBUR
Committee Fax#: NA Committee E-mail Address: RENEW 4 PARKS @ GMAIL. Com	13. ELECTRONIC FILING: This item applies to committees that file with the Michigan Department of State Bureau of Elections only and does not
	apply to Ballot Question Committees that file with the County Clerk's office.
Committee Website Address: NA	The Campaign Finance Act requires any committee that files with the
8. Treasurer Name and Complete Address:	Secretary of State and spends or receives \$20,000 in the preceding calendar year OR expects to spend or receive \$20,000 in the current calendar year to
KIRGIEN I. AULT	file campaign statements electronically. MERTS Plus software is provided to
2531 MEADE CT.	you free of charge to assist you in meeting this requirement.
ANN ARBOR, MI 48105	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
Phone #: (734) 665-6632	** OR **
E-mail Address: Ingahuffa gmail. com	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.
	14. Verification: I/We certify that all reasonable diligence was used in the
9. Designated Record Keeper Name and Complete Address: No. 14 14 14 14 14 14 14 14 14 14 14 14 14	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,
KIRSTEN I. AULT	we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by
2531 MEADE CT.	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
AND ARBOR, MI 48105	the contents of each statement will be true, accurate and complete to the best of my/our knowledge of belief. (Sign Name and Date below)
Phone #: (734) 665-6632	of myour knowledge of benefit. Cognitivante and bate boom,
E-mail Address: hgahuff@gmail.com	Current Treasurer (Date)
E-mail Address	Culter Headure)
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:	Shoralm C. Und 10/1/2
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 filling electronically)