

MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR LOCAL BALLOT QUESTION COMMITTEES FILED WITH COUNTY CLERK Information on this form is made public.

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1. Committee ID #: 5 - 20,8 - 005	*2. Type of Filing: 🔀 Original:	nent to items:	Eff. Date: 08/18/2017
*3. Date Committee was Formed: 8/16/2018			
*4. Full Name of Committee: Voters for a Responsible Ann Arbor			
5. Acronym or Abbreviation (if any):			
*6. Complete Committee Mailing Address (May be PO Box): PO Box 3497 Ann Abov, MT 48106			
*7. Complete Committee Street Address (May not be PO Box):			
*Committee Phone: 734 474-3935	*Committee Email Address:	responsibleannarbor@gmai	il.com '
Committee Fax #:	Committee Website Address	•	
*8. Treasurer Name and Complete Residential Address: Brad O'Furey 105 Fieldcrest #203 Ann Arbor,MI 48103			
Phone #: 734 474-3935	Email Address: responsib	leannarbor@gmail.com	:
9. Designated Record Keeper Name and Complete Address:			
Phone #:	Email Address:	And the state of t	
does not owe detailed campaign s committee exceeds the \$1,000.00 exempt a committee from filing L NO, I/WE DO NOT WANT TO APP \$1,000.00 in an election. I/We underspend or receive in excess of \$1,000 retroactively to avoid filing requibe found in Appendix C of the Cor *11. Name and Address of Depositorie Association) *Official Depository (name and address of Depository (name address of Deposit	tatements. I/We further understathreshold and all required campa ate Contribution Reports. LY FOR THE REPORTING WAIVER derstand that the committee owe 100,00 in an election. I/We further rements and to avoid paying later mittee Manual. Is or Intended Depositories of cortess): Bank of Ann Arbord deress):	or 2204 W. Stadium Ann	e automatically lost if the orting Waiver does not receive in excess of a lift the committee does not niver cannot be requested arding Reporting Waivers can it Union or Savings & Loan Arbor, MI 48 03
12. List the specific ballot proposal (s) involved using the official ballot designation if available and mark support or oppose appropriate: Support Oppose O			
13. 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. 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.			
*Current Treasurer	Date: 08/8/2017	signated Record Keeper (If Applicable	e) Date: