



STATEMENT OF ORGANIZATION
INDEPENDENT AND POLITICAL COMMITTEES

RECEIVED

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

AUG 02 2002

1. Committee Identification No. F-2002-010

3. Full Name Of Committee (Must Include Sponsor or Affiliate)
The Committee for Better County Government

3a. Acronym or Abbreviation (If any) _____

3b. Name of Sponsor or Affiliate: _____

3c. Are you a Separate Segregated Fund (SSF)? YES NO

3d. The sponsor is a (check one box): Corporation Labor Organization Domestic Dependent Sovereign

4. Committee Mailing Address (May be P.O. Box): 118 S. Washington Street Ypsilanti MI 48197

4a. Committee Street Address (May not be P.O. Box) _____

5. Date Committee Was Formed (In Michigan) Mo 07 Day 27 Year 2002 6. Committee Area Code and Phone Number (734) 482-9683

7. Name and Mailing Address of Committee Treasurer

| | | | | |
|---|---------------|----------------------------------|---------------------|----------------|
| <u>Pierce</u> | <u>Steven</u> | <u>118 S. Washington</u> | <u>Ypsilanti MI</u> | <u>48197</u> |
| Last Name | First Name | M. I. Street Address or P.O. Box | City | State Zip Code |
| Area Code and Phone (734) <u>482-9683</u> | | | | |

8. Type of Committee (Please check one box) Political Committee Independent Committee

9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will personally handle these responsibilities, leave this item blank.

Same as above

| | | | | | |
|-------------------------------|------------|-------|----------------|-------|----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| Last Name | First Name | M.I. | Street Address | City | State Zip Code |
| Area Code and Phone () _____ | | | | | |

10. **REPORTING WAIVER** The committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures, loans and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the " amount received" for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement can not be waived.

11. Names and Addresses of depositories or intended depositories of committee funds.

11a. Official Depository:
Name Bank of Ann Arbor Street Address 7 Michigan Avenue City Ypsilanti State MI Zip Code 48197

11b. Secondary Depository:
Name _____ Street Address _____ City _____ State _____ Zip Code _____

12. Complete if committee is being registered to support or oppose specific candidates.

| | | | |
|---------------------------|----------------------------|-------------------------|-------------------|
| Candidate Name | Office Sought | County of Residence | Party (if any) |
| <u>Ann Cleary Kettles</u> | <u>County Commissioner</u> | <u>Washtenaw County</u> | <u>Republican</u> |

13. Complete if committee is being registered to support or oppose specific ballot proposals. Support Oppose

Ballot Proposal: _____

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 voters eligible to vote on the proposal reside.

Statewide Multi-County County Local

14. Verification: I 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 knowledge or belief.

Current Treasurer Steven Pierce Date 07-27-2002

Type or Print Name _____ Signature _____ Mo. Day Year