

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID#: 2-2012-009 FILED	 Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing: WASHTENAW COU	a. Official Depository
Original	<u> </u>
Amendment to Items: Eff. Date: 2012 SEP 1.3	2:17 Chase Bank
3. Date Committee was Formed: 9-1.3 - 1.2 COUNTY CLEDX / R 4. Full Name of Committee: COUNTY CLEDX / R 2. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
3. Date Committee was Formed: 973 - 104 - 1010 1010	ABAUM Ann Arbor, MI 48105
4. Full Name of Committee:	b. Secondary Depository
Protect Our Libraries	
Acronym or Abbreviation (if any):	
3. Actorism of Abbreviation (ii alis).	
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 or Doppose
3565 Fox Hunt Dr.	
	Description: Library Millage
Ann Arbor, M1 48105	If not a statewide proposal, list the county, city, township, village or school
7 Consider Committee Chart Addises (May not be DO Dec)	district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside:
7.Complete Committee. Street Address (May not be PO Box):	Statewide
,	County:
Same	l <u>—</u>
	Multi County:
Committee Phone #: 734 651-7906	Local:
Committee Fax #:	13. ELECTRONIC FILING: This item applies to committees that file with
Committee E-mail Address:	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: <u>Protect Our Libraries</u> ,	
8. Treasurer Name and Complete Address:	The Campaign Finance Act requires any committee that files with the 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
Katherine Griswold	file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
3565 Fox Hunt Dr	
Ann Arbor, M1 48105	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to fite electronically.
Phone # (734) 651-7900	** OR **
	Committee did not spend or receive or does not expect to spend or
E-mail Address: <u>Griswold KJ@gmail</u> , com	receive in excess of \$20,000 and would like to file electronically voluntarily.
Designated Record Keeper Name and Complete Address:	14. 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 electronically,
	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)
Phone #:	
	Katherise Journal 9-13-12
E-mail Address:	Current Treasurer (Date)
10. REPORTING WAIVER REQUEST: If the committee does not expect	
to feceive 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 filing electronically)
exceeds the \$1,000 threshold.	(required only it filling electronically)