

## ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

UTATEMENT OF ORGANIZATION FORM	TOR BALLOT GOLOTION COMMENT TELO
1. Committee ID #: B - 20/0 -000	Name and Address of Depositories or Intended Depositories of committee funds.
2. Type of Filing:	a. Official Depository
Original	Annasyl Brok
Amendment to Items: Eff. Date:	SOIZ MOTHERS MI ARIOTE & S
3. Date Committee was Formed: 18 Nov 09	Dun Depository  De Secondary Depository
4. Eull Name of Committee: TRAUSIT	b. Secondary Depository
LYBUNESS LOG IKANOSI	R
5. Acronym or Abbreviation (if any):	COUN A I
6. Complete Committee Mailing Address (May be PO Box):	12. Complete if Committee is being régistered to support or oppose a specific ballot proposal: Support or Oppose
300 E NINE MILE PO	Description: Transit Found in Mashierm
FERNOALE MI 48220	
7.Complete Committee. Street Address (May not be PO Box):	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:
300 E HIVE MICE RO	Statewide
FERNOLE MI 48220	Mounty: Washtevan
(easter )	Multi County:
Committee Phone #: 246 546 2380	Local:
Committee Fax #:	13. ELECTRONIC FILING: This item applies to committees that file with
Committee E-mail Address: partuerstor Transitiogooglegicops, com	the Michigan Department of State Bureau of Elections only and does not apply to Ballot Question Committees that file with the County Clerk's
Committee Website Address: PARTNERS FOR TRANSIT, ORC	office.
O. Taranama Nama and Ocumelata Addisona	The Campaign Finance Act requires any committee that files with the
8. Treasurer Name and Complete Address:  Conon Smith	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
234 8TH ST	file campaign statements electronically. MERTS Plus software is provided to you free of charge to assist you in meeting this requirement.
Van Vsbor WI ABIO3	
Man Hickory	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
Phone #: 734 lale Z 0268	** OR **
	Committee did not spend or receive or does not expect to spend or
E-mail Address: COVANMICHAELSMATH & GMAIL , 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
Left Ieww	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,
Stys Bylmos, WI ARIOA	we further agree that the signatures below shall serve as the signatures that verify the accuracy and completeness of each statement filed electronically by
Min proof WI LABION	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
Phono #:	of my/our knowledge or belief. (Sign Name and Date below)
Phone #:	HT 1-15
E-mail Address: Jeff munio granticon	Current Treasurer (Date)
<u> </u>	
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;	·
the filing requirement of pre, post and annual campaign statements is	Designated Record Keeper (Date)
waived. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold.	(Required only if filing electronically)