No. 0309 P.

Jan. 13. 2016 1:05PM



MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

## ORIGINAL OR AMENDED

	STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES	
1. Committee ID #: 67113-50	*2. Type of Filing:  Original:	
	• Amendment to Items: 6, 7, 8, 9, 10, 12, 13 Eff. Date: 1/30/15	,
*3. Date Committee was Formed:		1
*4, Full Name of Committee: 1/	Anna C C C · · · · · · · · · · · · · · · ·	!
4, Full Marije by Committee.	Anse creuse Citizens Committee	ļ.
5. Acronym or Abbreviation (if any):		
*6. Complete Committee Mailing Ad	idress (May be PO Box):	
39363 West Archer		
*7. Complete Committee Street Add	Iress (May not be PO Box):	
Harrison Township, Mi 4804	15- TOUTS	
*Committee Phone: (586) 307-89	67 Committee Email Address: shushan70@hotmail.com	1.
		;
Committee Fax #:	Committee Website Address:	•
*8. Treasurer Name and Complete A	Address: 39363 West Aviher Hartson Township, M 48045 Emall Address: shushan70@hotmall.com	
Susan Silich	HALVITAM TOWNSHIP MI 40045	:
Phone #: (586) 307-8967	Email Address: shushan70@hotmail.com	;
9. Designated Record Keeper Name	and complete Address:	
Kelly Allen	Email Address: Valley II and Address: Valley	9102
Phone #: (586) 321-9798 `	Email Address: kellyalten712@gmall.com	J 84.76
*10. REPORTING WAIVER REQUEST:		1
TYES, I/WE WANT TO APPLY FO	OR THE REPORTING WAIVER. The committee does not expect to spend or receive in excess of \$1,000 in	1
	that if the committee does not spend or receive in excess of \$1,000 in an election, the committee does	
	nd Annual Campaign Statements. I/We further understand that the Reporting Walver will be	
	ittee exceeds the \$1,000 threshold and all required campaign statements must be filed. A Reporting	
	nmittee from filing Late Contribution Reports or Petition Proposal Campaign Statements.	
	APPLY FOR THE REPORTING WAIVER. The committee expects to spend or receive in excess of \$1,000 in	i
an <u>election</u> . I/We understand t	that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee	1
does not spend or receive in ex	xcess of \$1,000 in an election. I/We further understand that the Reporting Waiver cannot be	
requested retroactively to avo	oid filing requirements and to avoid paying late filing fees. Further information regarding Reporting	
Waivers can be found in Apper	ndix C of the Ballot Question Manual.	
*11. Name and Address of Deposito	ories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan	
Association)		
*Official Depository (name and ad	ddress):	
ometal population, (mains and an		
Secondary Depository (name and	d address):	
Secondary Depository (name and		
12. List the specific ballot proposal(	(s) involved using the official ballot designation if available and mark support or oppose as	
appropriate: Support Op		. :
Description:		. :
	below by selecting Statewide, County (include the county name), Multi-County or Local (include the	
	ounty, list the county where the greatest number of voters eligible to vote on the proposal reside.	
•		.0 : /
Taratemos Toquity T	Multi-County VAYSE Cheuse prishes &	chool
13. ELECTRONIC FILING: This item at	applies to committees that file with the Michigan Department of State Bureau of Elections only and does	
not apply to committees that file will	··	
	r expects to spend or receive in excess of \$5000 and is required to file electronically.	
Committee did not spend or see	ceive or does not expect to spend or receive in excess of \$5,000 and would like to file electronically	
voluntarily. Further information rea	garding Electronic Filing can be found in <u>Appendix D</u> of the Ballot Question Manual,	•
	Il reasonable diligence was used in the preparation of the above statement and that the contents are	
	best of my/our knowledge or belief. If filing electronically, I/we further agree that the signatures below	
	erify the accuracy and completeness of each statement filed electronically by the committee. I/We certify	İ
	used in the preparation of each statement electronically filed by this committee and that the contents of	
each statement will be true, accurat	te and complete to the best of my/our knowledge or belief.	
*Current Treasurer	Designated Record Keeper (Required only if filing electronically)	
Charles and an armone	00 000 11 1000 1110 1110 1110	
218an 8a	1/4/00/4 /W/00 7	;
FR BOSO.doc REV 01/2014: Author	rity granted under Act 388 of 1976, as amended  * = Required Field on Originals	