



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED

MAY 05 2025

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

KAREN D. BUIE
MUSKEGON COUNTY CLERK

1. Committee ID #: 84291	*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to items: Change of record keeper Eff. Date: 5/1/2025
*3. Date Committee was Formed: 02/27/2024	
*4. Full Name of Committee: Muskegon Partnership for Reasonable Limits	
5. Acronym or Abbreviation (if any):	
*6. Complete Committee Mailing Address (May be PO Box): 354 W Muskegon Ave, Muskegon, MI 49440	
*7. Complete Committee Street Address (May not be PO Box): 354 W Muskegon Ave, Muskegon, MI 49440	
*Committee Phone: (231) 215-8952	*Committee Email Address: littlej2700@gmail.com
Committee Fax #:	Committee Website Address:
*8. Treasurer Name and Complete Residential Address: John Richard Allen, 354 W Muskegon Ave, Muskegon, MI 49440	
Phone #: (231) 215-8952	Email Address: littlej2700@gmail.com
9. Designated Record Keeper Name and Complete Address: Irma Carney 1474 Albert Ave, Muskegon, MI 49442	
Phone #: (231) 288-9790	Email Address: icarney@sandproductscorp.com
*10. REPORTING WAIVER REQUEST: <input type="checkbox"/> YES, I/WE WANT TO APPLY FOR THE REPORTING WAIVER. The committee does not expect to spend or receive in excess of \$1,000.00 in an election . I/We understand that if the committee does not spend or receive in excess of \$1,000.00 in an election , the committee does not owe detailed campaign statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000.00 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing Late Contribution Reports. <input checked="" type="checkbox"/> NO, I/WE DO NOT WANT TO APPLY FOR THE REPORTING WAIVER. The committee expects to spend or receive in excess of \$1,000.00 in an election . I/We understand that the committee owes detailed campaign statements even if the committee does not spend or receive in excess of \$1,000.00 in an election . I/We further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees. Further information regarding Reporting Waivers can be found in <u>Appendix C</u> of the Committee Manual.	
*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association) *Official Depository (name and address): Fifth Third Bank, 5217 Harvey St, Muskegon, MI 49444 Secondary Depository (name and address):	
12. List the specific ballot proposal(s) involved using the official ballot designation if available and mark support or oppose as appropriate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Description: Indicate the ballot proposal district below by selecting County (include the county name), Multi-County or Local (include the name of the jurisdiction). If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside. <input type="checkbox"/> County <input type="checkbox"/> Multi-County <input checked="" type="checkbox"/> Local City of Muskegon	
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 R. Allen	*Designated Record Keeper (If Applicable) Irma L. Carney
Date: 5-2-25	Date: 5/1/25