## MICHIGAN DEPARTMENT OF STATE BUREAU OF ELECTIONS

OAKLAND COUNTY CLERK - ELECTIONS DIVISION 1200 N TELEGRAPH RD, DEPT 417 PONTIAC MI 48341-0417

## **ORIGINAL OR AMENDED**

## STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT AND POLITICAL COMMITTEES (PAC'S)

1. Committee ID#: 95627 2. Type of Filing:	10. REPORTING WAIVER REQUEST: If the committee does not expect to receive or expend in excess of \$1,000 in a calendar year and checks this box; the filing requirement of pre, post, annual, triannual and
	quarterly campaign statements is waived. The Reporting Waiver will be
Original	automatically lost if the committee exceeds the \$1,000 threshold.
Amendment to Items: Eff. Date:	11. Name and Address of Depositories or Intended Depositories of
3a. Full Name of Committee-Must include affiliate or sponsor:	committee funds.
SAVE DAKPARK	a. Official Depository
3b. Acronym or Abbreviation (If any): $eta$ $\mathcal O$ $\mathcal P$	TCF Bank 3 3 5
3c. Are you a Separate Segregated Fund (SSF)? ☐ YES ☑NO	TCF Bank 8mile Rd
3d. If YES, the sponsor is a: Corporation Labor Organization D.D.S. The sponsor's name is:	a. Official Depository  TCF Bank  Smile Rd  Ferndale M1 48280  b. Secondary Depository
4. Complete Comm. Mailing Address (May be PO Box):	CLE 33 CLE
15201 Oak Park Blod	<b>N P P O</b>
-	12. ELECTRONIC FILING: This item applies to committees that file with the
	Michigan Department of State Bureau of Elections only and does not apply to
· · · · · · · · · · · · · · · · · · ·	PAC's that file with the County Clerk's office.
a a how	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 file campaign statements electronically. Merts Plus
5. Date Committee was Formed in MI: 5-7-13-	software is provided to you free of charge to assist you in meeting this requirement.
6a. Committee Phone #: <u>2484592350</u>	
6b. Committee Fax #:	Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
6c. Committee E-mail Address:	** OR **
7. Treasurer Name and Complete Address:	
Ashley Thurman	Committee did not spend or receive or does not expect to spend or receive
and marrial	in excess of \$20,000 and would like to file electronically voluntarily.
2015d Brokshire Snithell, MI 48076	
- Shithheld, M/ 100/P	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
LOUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION:	and complete to the best of my/our knowledge or belief. If filing electronically,
I stipulate and agree that any legal process affecting this committee served on	we further agree that the signatures below shall serve as the signatures that
the Secretary of State or an agent designated by the Secretary of State shall have the same effect as if personally served on me and all other principals of this committee. I further agree that this appointment shall remain in force as	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
long as any liability of this committee remains outstanding within the State of Michigan.	of my/our knowledge or belief. (Sign Name and Date below)
Phone #:	
E-mail Address:	
8. Committee Type (Check one): Independent Political (Must	
observe the same contribution limits that apply to individuals unless and until an amendment is filed changing the committee type to Independent.)	Current Treasurer:
9. Designated Record Keeper Name and Complete Address:	(i) /.
	ashleythus 518/12
Phone #:	Designated Record Keeper (Required only if filing electronically):
E-mail Address:	