



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, POLITICAL AND INDEPENDENT EXPENDITURE COMMITTEES (PACS)

1. Committee ID #: <b>95627</b>	2. Type of Filing: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment to Item: Eff. Date: <b>2-5-14</b>
Committee Type (Check one): For more information regarding committee types, please see Appendix H of the committee manual. *3a <input type="checkbox"/> Independent: I/We acknowledge that the committee must meet certain requirements before being legally qualified to make contributions at a limit that is 10 times greater than the applicable contribution limit for an individual. *3b <input type="checkbox"/> Political: I/We acknowledge that the committee can never be legally qualified to make contributions at a limit that is greater than the applicable contribution limit for an individual. Is this a Separate Segregated Fund (SSF)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If Yes, the sponsor is a <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> D.D.S. The sponsor's name is:	
*3c <input type="checkbox"/> Independent Expenditure PACs: This committee is organized exclusively for the purpose of making independent expenditures that are not in any way directly or indirectly "coordinated" with any candidate, candidate committee, political party, or political party committee, consistent with applicable case law, including but not limited to Michigan Chamber of Commerce et al v Terri Lynn Land, ___ F.Supp2d ___ (WD MI, 2010). This committee also intends to raise funds in unlimited amounts. These committees are commonly referred to as Super PACs.	
*4a. Full Name of Committee (Must include affiliate or sponsor): <b>SAVE OAK PARK</b>	
*4b. Acronym or Abbreviation (if any):	
*5a. Complete Committee Mailing Address (May be PO Box):	
*5b. Complete Committee Street Address (May not be PO Box): <b>3952 ABBOTTS BRIDGE RD., DULUTH, GA 30096</b>	
*6. Date Committee was Formed in MI: <b>5-2012</b>	
*7a. Committee Phone: <b>2484592350</b>	*7c. Committee E-mail Address: <b>genevamarieconnors@yahoo.com</b>
*7b. Committee Fax:	*7d. Committee Website Address:
*8. Treasurer Name and Complete Address: Phone #: <b>GENEVA CONNORS</b> Email Address: <b>GENEVAMARIECONNORS@yahoo.com</b> <input type="checkbox"/> OUT OF STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION: I/We stipulate and agree that any legal process affecting this committee served on 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/We further agree that this appointment shall remain in force as long as any liability of this committee remains outstanding within the State of Michigan.	
9. Designated Record Keeper Name and Complete Address: Phone #: <b>GENEVA CONNORS</b> Email Address: <b>GENEVAMARIECONNORS@yahoo.com</b>	
10. REPORTING WAIVER REQUEST: <input checked="" 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 in a calendar year. I/We understand that if the committee does not spend or receive in excess of \$1,000 in a calendar year, the committee does not owe Quarterly, Pre, Post and Annual Campaign Statements. I/We further understand that the Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold and all required campaign statements must be filed. A Reporting Waiver does not exempt a committee from filing late Contribution Reports. <input 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 in a calendar year. I/We understand that the committee owes Quarterly, Pre, Post and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 in a calendar year. I/We further understand that the Reporting Waiver cannot be requested retroactively to avoid filing requirements and to avoid paying late filing fees.	
*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): Secondary Depository (name and address):	
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 committees that file with the County Clerk's office. <input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$5,000 and is required to file electronically. <input checked="" type="checkbox"/> Committee did not spend or receive or does not expect to spend or receive in excess of \$5,000 and would like to file electronically voluntarily.	
*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. If filing electronically, I/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) *Current Treasurer: <b>Geneva Connors</b> Date: <b>2-11-14</b> Designated Record Keeper (Required only if filing electronically) Date:	

CR103 PAC SO.doc REV 01/2014: Authority granted under Act 388 of 1976, as amended \* = Required Field on Originals