



Recd. 12/10/14
8:10 AM

ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID #: 150708	*2. Type of Filing: <input checked="" type="checkbox"/> Original: <input type="checkbox"/> Amendment to items:	Eff. Date: 12/10/14
*3. Date Committee was Formed: 12/09/2014		
*4. Full Name of Committee: Friends of Essexville-Hampton Public Schools		
5. Acronym or Abbreviation (if any): Friends of EHPS		
*6. Complete Committee Mailing Address (May be PO Box): 315 Mulholland, Bay City, Michigan 48708		
*7. Complete Committee Street Address (May not be PO Box): 315 Mulholland, Bay City, Michigan 48708		
*Committee Phone: (989) 894-9551 Committee Email Address: friendsofehps@gmail.com		
Committee Fax #: Committee Website Address:		
*8. Treasurer Name and Complete Address: Shawna Walraven, 2105 Garside Dr. Essexville, MI 48732		
Phone #: (989) 450-5236 Email Address: shawnawalraven@gmail.com		
9. Designated Record Keeper Name and Complete Address:		
Phone #: Email Address:		
*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 in an election. I/We understand that if the committee does not spend or receive in excess of \$1,000 in an election, the committee does not owe Pre, Post, Quarterly 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. <u>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports or Petition Proposal Campaign Statements.</u> <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 in an election. I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 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 Ballot Question 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): United Bay City Credit Union, 1309 N. Lincoln St., Bay City, MI 48708 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: Support the bond and sinking fund proposals in the Essexville-Hampton School District. Indicate the ballot proposal district below by selecting Statewide, 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"/> Statewide <input type="checkbox"/> County <input type="checkbox"/> Multi-County <input checked="" type="checkbox"/> Local Essexville-Hampton School District		
13. 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 \$5000 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. Further information regarding Electronic Filing can be found in <u>Appendix D</u> of the Ballot Question Manual.		
14. 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.		
*Current Treasurer Shawna Walraven		Designated Record Keeper (Required only if filing electronically) _____
Date: 12/9/14		Date:



ORIGINAL OR AMENDED

STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

<p>1. Committee ID #: 150708</p>	<p>*2. Type of Filing: <input type="checkbox"/> Original: <input checked="" type="checkbox"/> Amendment to Items: Treasurer</p>	<p>Eff. Date: 12/19/2014</p>
<p>*3. Date Committee was Formed: 12/09/2014</p>		
<p>*4. Full Name of Committee: Friends of Essexville-Hampton Public Schools</p>		
<p>5. Acronym or Abbreviation (if any): Friends of EHPS</p>		
<p>*6. Complete Committee Mailing Address (May be PO Box): 315 Mulholland, Bay City, MI 48708</p>		
<p>*7. Complete Committee Street Address (May not be PO Box): 315 Mulholland, Bay City, MI 48708</p>		
<p>*Committee Phone: (989) 894-9551 Committee Email Address: friendsofehps@gmail.com</p> <p>Committee Fax #: _____ Committee Website Address: _____</p>		
<p>*8. Treasurer Name and Complete Address: Rodrigo Barassi, 23 Burrell Ct., Midland, MI 48640</p> <p>Phone #: (989) 430-9987 Email Address: rodrigoarassi@gmail.com</p>		
<p>9. Designated Record Keeper Name and Complete Address:</p> <p>Phone #: _____ Email Address: _____</p>		
<p>*10. REPORTING WAIVER REQUEST:</p> <p><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 in an election. I/We understand that if the committee does not spend or receive in excess of \$1,000 in an election, the committee does not owe Pre, Post, Quarterly 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. <u>A Reporting Waiver does not exempt a committee from filing Late Contribution Reports or Petition Proposal Campaign Statements.</u></p> <p><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 in an election. I/We understand that the committee owes Pre, Post, Quarterly and Annual Campaign Statements even if the committee does not spend or receive in excess of \$1,000 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 Ballot Question Manual.</p>		
<p>*11. Name and Address of Depositories or Intended Depositories of committee funds. (Michigan Bank, Credit Union or Savings & Loan Association)</p> <p>*Official Depository (name and address): United Bay City Credit Union, 1309 N. Lincoln St., Bay City, MI 48708</p> <p>Secondary Depository (name and address): _____</p>		
<p>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</p> <p>Description: Support the bond and sinking fund proposals in the Essexville-Hampton School District</p> <p>Indicate the ballot proposal district below by selecting Statewide, 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.</p> <p><input type="checkbox"/> Statewide <input type="checkbox"/> County <input type="checkbox"/> Multi-County <input type="checkbox"/> Local Essexville-Hampton School District</p>		
<p>13. 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.</p> <p><input type="checkbox"/> Committee spent or received or expects to spend or receive in excess of \$5000 and is required to file electronically.</p> <p><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. Further information regarding Electronic Filing can be found in <u>Appendix D</u> of the Ballot Question Manual.</p>		
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<p>*Current Treasurer </p>		<p>Designated Record Keeper (Required only if filing electronically)</p>
<p>Date: 12-19-2014</p>		<p>Date: _____</p>

FILED CO. CLERK
18TH JUDICIAL
CIRCUIT COURT
2014 DEC 22 A 11:54
BAY COUNTY CLERK
CYNTHIA A. LUCZAK



STATEMENT OF ORGANIZATION FORM FOR BALLOT QUESTION COMMITTEES

1. Committee ID #: 150708	*2. Type of Filing: <input type="checkbox"/> Original; <input checked="" type="checkbox"/> Amendment to Items: Address	Eff. Date: 01/30/2015
*3. Date Committee was Formed: 12/09/2014		
*4. Full Name of Committee: Friends of Essexville-Hampton Public Schools		
5. Acronym or Abbreviation (if any): Friends of EHPS		
*6. Complete Committee Mailing Address (May be PO Box): 1353 N. Jones Road, Essexville, MI 48732		
*7. Complete Committee Street Address (May not be PO Box): 1353 N. Jones Road, Essexville, MI 48732		
*Committee Phone: (989) 322-0916 Committee Email Address: friendsofehps@gmail.com		
Committee Fax #: _____ Committee Website Address: _____		
*8. Treasurer Name and Complete Address: Rodrigo Barassi, 23 Burrell Ct., Midland, MI 48640		
Phone #: (989) 430-9987 Email Address: rodrigoarassi@gmail.com		
9. Designated Record Keeper Name and Complete Address:		
Phone #: _____ Email Address: _____		
*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 in an election. I/We understand that if the committee does not spend or receive in excess of \$1,000 in an election, the committee does not owe Pre, Post, Quarterly 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 or Petition Proposal Campaign Statements.		
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<input type="checkbox"/> Statewide <input type="checkbox"/> County <input type="checkbox"/> Multi-County <input checked="" type="checkbox"/> Local Essexville-Hampton School District		
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*Current Treasurer:		Designated Record Keeper (Required only if filing electronically)
Date: 1-30-15		Date: _____

FILED CO CLERK
18TH JUDICIAL
CIRCUIT COURT
2015 JAN 30 P 3:49
BAY COUNTY CLERK
CYNTHIA A. LUCZAK