



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**BALLOT QUESTION COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer or designated record keeper.

3. This Statement covers From: _____ To _____

1. Committee I.D. Number

4. Committee's Mailing Address

2. Committee Name

Area Code and Phone: _____
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

5. Treasurer's Name and Residential Address

Area Code and Phone

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address
(If the committee has a Designated Record Keeper)

Area Code and Phone

Area Code and Phone

8. TYPE OF STATEMENT:

8a. PRE- ELECTION

OR

POST- ELECTION

Pre-Election or Post-Election
Statement relates to:

PRIMARY

GENERAL

SCHOOL

SPECIAL

OTHER: _____

Date of Election:

8b.

FEBRUARY STATEMENT

APRIL STATEMENT

JULY STATEMENT

OCTOBER STATEMENT

8c. ANNUAL STATEMENT

(_____ Coverage Year)

8d:

Post Petition Sample Filing
under MCL 168.483a

(Required of Statewide Ballot
Question Committees only after
the submission of a sample petition
prior to circulating the petition)

8e. AMENDMENT TO
CAMPAIGN STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f
to indicate which Statement is
being amended)

8f. DISSOLUTION OF
COMMITTEE REQUEST

Effective Date of Dissolution

By checking this item, I certify that
the committee has no assets or
outstanding debts, including late
filing fees. Note: The disposition of
residual funds must be reported on
Schedule 4B and the Summary
Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. **If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.**

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or
Designated Record Keeper

Type or Print Name

Signature

COMPLETING BALLOT QUESTION COMMITTEE CAMPAIGN STATEMENT COVER PAGE

ITEM 3: CAMPAIGN STATEMENT COVERAGE PERIOD: Enter the dates covered by this Campaign Statement.

ITEM 4: COMMITTEE MAILING ADDRESS: Enter the committee's mailing address and telephone number.

ITEM 5: TREASURER'S NAME AND ADDRESS: Enter the committee treasurer's full name, residential address and home phone number.

ITEM 6: TREASURER'S BUSINESS ADDRESS: Enter the committee treasurer's business address and phone number.

ITEM 7: DESIGNATED RECORD KEEPER: If the committee has a designated record keeper, enter his or her full name, mailing address and phone number

ITEM 8: TYPE OF STATEMENT: Indicate the type of Campaign Statement being filed by checking the appropriate box or boxes.

ITEM 9: VERIFICATION: The treasurer or designated record keeper must verify that all reasonable diligence was used in completion of the Campaign Statement and that the contents of the statement are true, accurate and complete to the best of his or her knowledge and belief. Enter the treasurer's or the designated record keeper's name where indicated. The Cover Page must be signed and dated by the committee's treasurer or designated record keeper.