MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ORIGINAL OR AMENDED
STATEMENT OF ORGANIZATION FORM FOR INDEPENDENT AND POLITICAL COMMITTEES (PAC'S)

1. Committee ID #:

2. Type of Filing:
☐ Original
☑ Amendment to Items: our address Eff. Date: _____

3. Committee Type (Check one):
☐ **Independent:** We acknowledge that we must meet certain requirements before we are legally qualified to make contributions at a limit that is 10 times greater than the applicable contribution limit for an individual.

☑ **Political:** We acknowledge that we can never be legally qualified to make contributions at a limit that is greater than the applicable contribution limit for an individual.

4a. Full Name of Committee-Must include affiliate or sponsor:

Local 1250 People Fund

4b. Acronym or Abbreviation (if any):

4c. Are you a Separate Segregated Fund (SSF)? ☐ YES ☑ NO

4d. If YES, the sponsor is a: ☐ Corporation ☐ Labor Organization ☐ D.D.S.

The sponsor's name is:

5a. Complete Comm. Mailing Address (May be PO Box):

30500 Van Dyke Ave., Suite 207
Warren, MI 48093

5b. Complete Comm. Street Address (May *not* be PO Box):

30500 Van Dyke Ave., Suite 207
Warren, MI 48093

6 Date Committee was Formed in MI: _____

7a. Committee Phone #: (586) 574-1360

7b. Committee Fax #: (586) 574-1460

7c. Committee E-mail Address: local1250@yahoo.com

7d. Committee Website Address: _____

8. Treasurer Name and Complete Address:

Pamela Roy
31725 Wellston Dr.
Warren, MI 48093

Phone #: (586) 274-3444

E-mail Address: proy@cityofwarren.org

☐ OUT-OF-STATE COMMITTEE TREASURER IRREVOCABLE WRITTEN STIPULATION:
I 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 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:

Pamela Roy
31725 Wellston Dr.
Warren, MI 48093

Phone #: (586) 274-3444

E-mail Address: proy@cityofwarren.org

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 automatically lost if the committee exceeds the $1,000 threshold.

11. Name and Address of Depositories or Intended Depositories of committee funds.

a. Official Depository

b. Secondary Depository

FILED
09 FEB 20 PM 4:44
CARMELLA SABAUGH
MACOMB COUNTY CLERK
MT. CLEMENS, MICHIGAN

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.

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 software is provided to you free of charge to assist you in meeting this requirement.

☐ Committee spent or received or expects to spend or receive in excess of $20,000 and is required to file electronically.

** OR **

☐ Committee did not spend or receive or does not expect to spend or receive in excess of $20,000 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, 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)**

Pamela Roy 2/20/09
Current Treasurer (Date)

..... _____
Designated Record Keeper (Date)
(Required only if filing electronically)

CFR103 PAC SO.doc REV 11/05: Authority granted under Act 388 of 1976, as amended

02/20/09 FRI 16:40 [TX/RX NO 8776]