

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED

2013 APR 16 AM 9:09

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5  
FEC MAIL CENTER

GRAND TRAVERSE COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street)

PO BOX 1532

X (Check if address  
is changed)

SUITE #13, 1650 BARLOW ST.

TRAVERSE CITY

CITY ▲

MI

STATE ▲

49685-1532

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

X (Check if address  
is changed)

gtdemo@sbcglobal.net

Optional Second E-Mail Address

dynamodid@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

X (Check if address  
is changed)

NONE + PREVIOUS

grandtraverse.dems.org

2. DATE

04 01 2013

3. FEC IDENTIFICATION NUMBER ►

C00402842

4. IS THIS STATEMENT

NEW (N)

OR

X

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Robert J. Scheele

Signature of Treasurer

Robert J. Scheele

Date

04 01 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate Committee:**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

- (d) This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

**Joint Fundraising Representative:**

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

**Committees Participating in Joint Fundraiser**

1.

FEC ID number:

C

2.

FEC ID number:

C

3.

FEC ID number:

C

4.

FEC ID number:

C

13031060054

Write or Type Committee Name

Grand Traverse County Democratic Committee

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

DIANA KETOLA

Mailing Address

16232 Selsey LN

Traverse City

MI

49684-1

Title or Position

CITY

STATE

ZIP CODE

Chair

Telephone number

231-943-1894

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Robert J. Scheele

Mailing Address

4815 Lands End

Traverse City

CITY

MI

49686-8069

ZIP CODE

Title or Position

Inter-Treasurer

Telephone number

231-995-0994

13031060055

Grand Traverse County Democratic CommitteeFull Name of  
Designated  
AgentNONE

Mailing Address

Title or Position

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

HONOR STATE BANK

Mailing Address

PO BOX 1532HONORMI49640-0067

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

HONOR STATE BANK

Mailing Address

1112 S Garfield AVETRAVERSE CITYMI49686-

CITY

STATE

ZIP CODE

13031060056

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>4/16/13</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Am P</i> PREPARER	<i>4/16/13</i> DATE PREPARED

(3/2005)

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