Image# 26950374142

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1 (See instructions)				
	(See IIIs	all detions)	Office use only	
1. NAME OF COMMITTEE (in	full) (Check if natise is changed)	me Example: If typying, type over the lines	12FE4M5	
Marathon Oil	Company Employees Politic	cal Action Committee (MEPAC	<u> </u>	
ADDRESS (number and	P.O. Box 75000	, MC 2250		
(Check if addrois changed)	Detroit		MI 48275 _ 2250	
	ADDDESO	CITY▲	STATE▲ ZIP CODE ▲	
committee's e-mai				
nascott@come				
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
		<u> </u>		
COMMITTEE'S FAX N 248-371-7272	IUMBER			
2. DATE 0.7	21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICA	TION NUMBER	C C00040568		
4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)				
I certify that I have exami	ned this Statement and to the best of	my knowledge and belief it is true, correct	and complete	
Type or Print Name of	Treasurer James Hoe	berling		
Type of Fillit Name of		<u> </u>		
Signature of Treasurer	Electronically Filed by Jame	es Hoeberling	Date 07 7 21 7 2006	
NOTE: Submission of fal	·	ion may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Communication Federal Election Communication From State 1, 2021 202, 504, 1,100	ission FEC FORM 1	

	FECForm 1 (Revised 02/2003)	Page 2
5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the calinformation below.)	ndidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		mocratic, ublican,etc.) Party. d or party
ŝ.	Name of Any Connected Organization or Affiliated Committee	
L	Marathon Oil Company	
L		
	Mailing Address 539 South Main Street, Room 2635	
	Findlay OH 458	3 40
	CITY▲ STATE ▲ Z	IP CODE A
	Relationship Connected	
	Type of Connected Organization:	
	X Corporation Corporation w/o Capital Stock Labor Organization	n
	Membership Organization Trade Association Cooperative	

FEC Form 1 (Revised 02/2003)				Page 3			
٧	Vrite or Type Commit		Formula on a Ballitia of Author Comm	·'u (MEDAO)			
			Employees Political Action Comm		ion of th	o porcon in	
 Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records. 							
	Full Name	James I	Hoeberling				
	Mailing Address		Comerica Bank				
			P.O. Box 75000, MC 2250				
			Detroit			48275 _	
	Title or Position ♥		CITY A	STATI	A	ZIP COD	DE 🛦
	Т	reasurer-l	ИЕРАС		248	371	5562
				Telephone number		. – –	
Full Name of Treasurer James Hoeberling Mailing Address P.O. Box 75000							
			MC 2250				
			Detroit		_	48275	
	Title or Position ♥		CITY A	STATI	A	ZIP COI	DE 🛦
		reasurer-l	ИЕРАС	Telephone number	248	371	5562
	Full Name of Designated						
	Agent Joseph		P. Horstman				
	Mailing Address		539 South Main Stree	t			
			Room 2635				
			Findlay		_	45840 –	
	Title or Position ▼		CITY A	STATE	A	ZIP COD	E A

419

Telephone number

422

2121

Asst Treas-MEPAC

9.

FEC Form 1 (Revised 02/2003)

Banks or Other Depositories: safety deposit boxes or maintains f	List all banks or other depositories in which the committee deposits funds, holds accounts, rents unds.
Name of Bank, Depository, etc.	
, , , , , , , , , , ,	

Page 4

