2009 OCT 13 AM 7: 55-

FEC FORM 1

29030170146

STATEMENT OF ORGANIZATION

			Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example:If is changed) ever the lin	typing, type 12FE4	M5
Sixth District Mic	higan Democratic Political	Action Committee	
	and the second s	manakan capatan kaman mangalan apada sa pada sa ma	
ADDRESS (number and street)	125 W. Chicago Road	er e mandradure gangaloù diskrau di martinia nya-managan e erok-add ballandoù sidh. Adam	proprietative constitutive delicities, qui consequence de la consequence est republicaries e
· (Check if address is changed)	Sturgis	M	49091
	CITY	STATE	ZIP CODE
OMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-mail address)	one sign	Security 5030
(Check if address is changed)			
COMMITTEE'S WEB PAGE AD	CONTROL OF THE CONTROL OF SCHOOL EST DRESS: (URL) (3 JUNEOUS ROLL WAY SENTING TO SE	en en alfoliste des 2 secular. Halt Office et 1884 (0.75%)	the first start and the man at the first and the second
(Check if address is changed)		in the second se	
2. DATE 09 12 2 3. FEC IDENTIFICATION NO. 4. IS THIS STATEMENT		MENDED (A)	
certify that I have examined ti	als Statement and to the best of my knowled	dge and belief It is true, con	rect and complete.
Type or Print Name of Treasure	Michael A. Mestelle Mohn a. Mestelle		09 12 2009
	ous, or incomplete information may subject the		
Office /: Use Only	Federal Toll Free	ther Information contact: Election Commission e 800-424-9530 02-694-1100	FEC FORM 1 (Revised 02/2009)

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TYPE OF C	OMMITTEE 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		1 1 1 2 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 2				
Candidate Party Affiliation	Office on Sought: House Senate President	State				
		District				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
Party Com	nmittee:					
(d)	(National, State This committee is a subordinate or subordinate) committee of the Democratic	(Democratic, Republican, etc.) Party.				
Political A	ction Committee (PAC):	•				
(e) .	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	segregated fund or party				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	•				
Joint Fund	raising Representative:	· ·				
(g) :	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Com	mittees Participating in Joint Fundräiser					
1.	The state of the s	and the second s				
2.	FEC ID number C	e e was se vere de				
3.	FEC ID number C					
4.	FEC ID number	and the second second				

FEC Form	1 (Revised 0	2/2009)	<u> </u>	•	· .		Page 3
Write or Type Com	ımittee Name				· · · · · ·	•	
					-		
i. Name of Any C	Connected O	rganization, Affiliated	i Committee, J	Joint Fund	draising Re	presentative,	or Leadership PAC Sponsor
Michigan De	mocratic	State Centra	1 Committ	ee	111] []]	
				<u> </u>			
Mailing Address	3	606 Townsen	a lili	<u>i i i</u>	<u>: , </u>		
	·	Lansing, MI	48933		! ; !		
			<u> </u>	<u> </u>			<u> </u>
			CITY			STATE	ZIP CODE
Relationship:	Connected	Organization Affili	iated Committee	e Joi	nt Fundraisin	ng Representa	ative Leadership PAC Spon
Custodian of R books and recor		tify by name, address	(phone numbe	r optior	nal) and pos	ition of the p	erson in possession of committ
	tige is		er :	-	•	. •	•
Full Name	David	P., Taylor,	المناسف		<u> </u>	<u> </u>	<u>i-l-l-i-l-l-l-l-l-l-</u>
Mailing Address		P.O. Box 433		<u> </u>	<u> </u>	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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Title or Position			CITY			STATE	ZIP CODE
Custodian	of Reco	rds	<u> </u>	T	elephone nu	ımber 2	69 - 663 - 3230
		l address (phone num ssistant treasurer).	ber optional)	of the tre	easurer of the	ne committee;	; and the name and address of
Full Name of Treasurer	Michae	1 A. Mestelle	<u> </u>	<u> </u>	! • ! •	للللل	I I I i i i i i i i i i i i i i i i i i
Mailing Address		P.O. Box 744	4	<u></u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
		Sturgis		.,	<u></u>		
		Sturgis	· · · : :	سناللن	لبين	MI	49091
Title or Position		•	CITY	•	•	STATE	ZIP CODE
Treasurer		<u> </u>	<u> </u>	Ti	elephone nu	imber 26	69. - 651 - 3800

Telephone number

€.	Banks or Other Depositories: List all banks or other depositories in	which the committee deposits funds, holds accounts, re	ents
	safety deposit boxes or maintains funds.	· '	

Name of Bank, Depository, etc.

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		Sturgis	<u>.! ; ; } ! ; ; ;</u>		MI	49091
			CITY		STATE	ZIP CODE
Name of Bank, De	pository, et	lC.	·	*.		
L	· ·	<u> </u>				
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		•	CITY		STATE	ZIP CODE

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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. **Date of Receipt** Hand Delivered Postmarked **USPS First Class Mail USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 10/13/09 80 **PREPARER** DATE PREPARED