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FEC FORM 1

STATEMENT OF ORGANIZATION

				Office Use Only				
NAME OF COMMITTEE (in full)	(Check if nam is changed)	ne Example:If typing, type over the lines.	12FE4M	am and promjerding 5 () realizantis (-15 anti				
Marty Kno	lilenberg	For Congres	S					
-	100 E.D	in Beauer						
ADDRESS (number and street) 198 E Big Beaver !!!!!!								
(Check if address is changed)								
io onaligoo,	troy		MI	48.083-				
	•	CITY	STATE	ZIP CODE				
COMMITTEE'S E-MAIL ADI	ORESS (Please provide only	one e-mail address)						
(Check if address is changed)	s							
								
COMMITTEE'S WEB PAGE	ADDRESS (URL)							
(Check if addres	s							
is changed)								
2. DATE 0.3	åª aoii							
3. FEC IDENTIFICATION	N NUMBER							
4. IS THIS STATEMENT	NEW (N)	OR AMENDED (A)					
I certify that I have examine	ed this Statement and to the	e best of my knowledge and belie	ef it is true, correc	et and complete.				
Type or Print Name of Trea	surer Debra La	ze Joslin Klin	29					
Signature of Treasurer	Dela Lee Jos	liklig	Date O.	3 29 2011				
NOTE: Submission of false, e		nation may subject the person signing	_					
Office Use		For further information Federal Election Communication Toll Free 800-424-9530	nission	FEC FORM 1				

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TYP	E OF C	OMMITTEE				- · · · · · · · ·					
Can	didat	Committee:									
(a)	X	This committee is a princi	pal campaiç	gn commi	ttee. (Co	mplete	the candida	ite infori	mation belov	<i>i.</i>)	
(b)		This committee is an auth	orized com	mittee, an	d is NO	T a prin	cipal camp	aign cor	nmittee. (Co	mplete the cand	lidate
Name	e of didate	Martin	J Kn	01/1	enb	000C	}		<u> </u>	1111	1 1 1
Cano	didete	a Namen and annual	Office				•	2.:-		State	M
Party	/ Affiliat	on Rep	Sought:	X	House	1.4	Senate	· • T.	President	District	q
(c)		This committee supports/o	opposes only	y one car	ndidate,	and is N	NOT an aut	horized	committee.		
Name Cand	e of lidate		1 1 1 1								
Part	tv Cor	nmittee:									
(d)					nal, Stat oordinate		ittee of the			(Democratic, Republican, e	c.) Party
Poli	tical A	ction Committee (PAC	;):				3 · 3			ME Part I I I to collected helpfureness Part Piles years and helf Suprement Man	
(e)	. =	This committee is a separ	rate segrega	ated fund.	(Identify	connec	ted organiz	ation on	line 6.) Its co	onnected organiz	ation is
		Corporation			Cor	poration	w/o Capita	l Stock	: }	Labor Orgar	ization
		Membership Orga	nization		Trac	le Assor	ciation		.]	Cooperative	
		In addition	, this commi	ttee is a L	obbyist/l	Registra	nt PAC.				
(f) : This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)						segregated fund	or party				
		In addition, this cor	nmittee is a	Lobbyist/l	Registra	nt PAC.					
		In addition, this cor	nmittee is a	Leadersh	ip PAC.	(Identify	sponsor on	line 6.)			
Join	t Fund	raising Representativ	e:			Interior Miles	·····		1		
(g)	7 T - X	This committee collects corcommittees/organizations,									tical
(h)	* *	This committee collects cor committees/organizations,	•	•	-	-				two or more poli	ical
	Com	mittees Participating in J	oint Fundr	aiser							
	1,						FEC II) numbe	er 'C		
	2.						FEC II	O numbe	er C	The second of th	
	3.						FEC II) numbe	er C	erverent value v	
	4.			111	111	1.1	I FEC ID	numbe	r.C		

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Write or Type Committee Name	3		
Marty Knoll	enberg for C	onaress	
V	Organization, Affiliated Committee,	£1	tative, or Leadership PAC Sponsor
Mailing Address			
•			
			.
	CITY	ST	ATE ZIP CODE
(Tues)		ुम्म् -	
Relationship:	d Organization Affiliated Committe	ee Joint Fundraising Rep	resentative Leadership PAC Sponsor
Custodian of Records: Idea books and records.	ntify by name, address (phone numb	er optional) and position of	the person in possession of committee
Full Name Deby	in Lee Joshin	n Kling	
Mailing Address	416 E Sible	_	<u> </u>
		. 	
	Howell		TH 148843-
Title or Position	CITY	STA	TE ZIP CODE
treasurer		Telephone number	5070-10401-1703
		relephone number	
8. Treasurer: List the name an	d address (phone number optional) of the treasurer of the com	mittee; and the name and address of
any designated agent (e.g.,	assistant treasurer).		
Full Name	ra Lee Joslin	N. V. Lingson	
of Treasurer	in a T C is I a	Thursday,	
Mailing Address	HILL BUDILE	3	
	Howell	<u>M</u>	四 [488]43-[
Title or Position	CITY	STAT	E ZIP CODE
tireasurer		Telephone number	5171-5401-0703

CITY

CITY.

STATE

STATE

ZIP CODE

ZIP CODE

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Name of Bank, Depository, etc.

Mailing Address

10302016

(3/2005)

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