12030761214

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 MAR 26 AM 10: 11

Office UseroEiC MAIL CENTER

| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | | |
|-----------------------------------|---|---|-----------------------|---------------------------------|--|
| Committee | tion Ellierciti K | urit Haske | <u></u> | | |
| | | 111111 | | | |
| ADDRESS (number and street) | 4305 Polin | tie Aux Pier | NUXI I | | |
| (Check if address | | | | | |
| is changed) | Merupoiriti 14.8.1.6.6- | | | | |
| | | CITY | STATE | ZIP CODE | |
| COMMITTEE'S E-MAIL ADDRE | SS (Please provide only one e- | mail address) | | | |
| (Check if address | Kurit @Kurit | has Kellilifion | ricioing, rie | CSISIOIM I | |
| is changed) | | · <u> </u> | 1 1 1 1 1 1 | | |
| COMMITTEE'S WEB PAGE AD | DRESS (URL) | | | | |
| 15 41 | | as Kell I for | Cioiniairieis | Si Cioimi I I | |
| (Check if address is changed) | | | · · · · · · · | | |
| | | | | | |
| 2. DATE 03 1 | 9 12012 | ; | | • | |
| 3. FEC IDENTIFICATION N | UMBER C | many many passage and passage | | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | | |
| I certify that I have examined to | his Statement and to the best | of my knowledge and belief | it is true, correct a | nd complete. | |
| Type or Print Name of Treasure | Kory SI | nimek | | | |
| Signature of Treasurer | hong St | his | Date 0.3 | 1912012 | |
| NOTE: Submission of false, erron | eous, or incomplete information ANY CHANGE IN INFORMATION | • • • | | e penalties of 2 U.S.C. §437g. | |
| Office Use Only | | For further Information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 02/2009) | |

| TYPE OF C | MMITTEE | |
|------------------------------|--|--------------------------|
| | Committee: | |
| (a) X | 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 candid information below.) | late |
| Name of Candidate | Kurt, Richard Haskell | |
| Candidate Party Affiliati | DEM Office State Sought: X House Senate President District | m'I 07 |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Con | nittee: | |
| (d) | (National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc. | .) Party. |
| Political A | ion Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organiza | ition is a: |
| | Corporation Corporation w/o Capital Stock Labor Organiz | zation |
| | Membership Organization Trade Association Cooperative | |
| | In addition, this committee is a Lobbyist/Registraot PAC. | |
| (f) [] | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee) | 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 | aising Representative: | |
| (g) 🚺 | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a fedoral candidate. | cal |
| h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate. | cal |
| Com | ittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | | kanalanasi Kanalanasi |

| | | | · | |
|---|--|-----------------------|---------------------|------------------------|
| 6. Name of Any Connected (| Organization, Affiliated Committee, Joint Fo | ındraising Represe | ntative, or Leader | ship PAC Sponsor |
| | | | 11111 | |
| | | | | |
| Mailing Address | | | 1 1 1 1 1 | |
| | | | <u>.</u> | |
| | | | | <u> L </u> |
| | CITY | · S | TATE | ZIP CODE |
| Custodian of Records: Idea books and records. | ntify by name, address (phone number opt | ional) and position (| of the person in po | ossession of committee |
| Full Name KOLT | y, Ke, i, t, h, S, h, i, m, e, K, | | 11111 | |
| Mailing Address | 4305, Polinte Au | x Pleans | <u>K </u> | |
| | | 1111 | | |
| | Mcuport | ا لنب | n_I [4,8] | 16.6- |
| | | | | |
| Title or Position | CITY | STA | ATE | ZIP CODE |

Page 3

| any designated agent (e.g. | , assistant treasurer). | • | | |
|----------------------------|-------------------------|-------------|--|-------|
| Full Name of Treasurer | y Keith Shimek | <u> </u> | 1. | 1 1 1 |
| Mailing Address | 14305 Pointe Aux Pea | | | |
| • | | | 1 1 1 1 1 1 | |
| | We wiplointi | MI STATE | ZIP CODE | |
| Title or Position | • | | 5,41-2,8,51- <u>15</u> | 6,25 |

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

Page 4

Name of Bank, Depository, etc.

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Mailing Address CITY STATE ZIP CODE

STATE

12030761

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(3/2005)