PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) TROTT FOR CONGRESS, INC. 2085 E. WEST MAPLE ROAD ADDRESS (number and street) A-101 (Check if address is changed) COMMERCE 48390 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS TROTT@REDCURVE.COM (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.TROTTFORCONGRESS.COM (Check if address is changed) DATE 04 2013 C00548941 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR 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. THOMAS J. MCCARTHY Type or Print Name of Treasurer THOMAS J. MCCARTHY [Electronically Filed] 09 07 2013 Signature of Treasurer Date 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. **FEC FORM 1** 

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

F	EC Fo	orm 1 (Revised 02/2009)	Page <b>2</b>
TYPE	OF C	COMMITTEE	
Can	didate	e 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. (Comple information below.)	te the candidate
Name Cand		DAVID A. TROTT	
Cand		on REP Sought: Y House Senate President	State
Party	Affiliati	ion REP Sought: X House Senate President	District 11
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)			emocratic, oublican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.	cted organization is a:
		Corporation Corporation w/o Capital Stock	abor 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 segre committee. (i.e., nonconnected committee)	egated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.		
	4.		

FEC Form 1 (Revised 0	2/2009)		Page <b>3</b>
Write or Type Committee Name			
TROTT FOR CO	ONGRESS, INC.		
	rganization, Affiliated Committee, Joint Fundraising Rep	oresentative, or Leader	ship PAC Sponsor
NONE			<u> </u>
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising	g Representative Le	eadership PAC Sponsor
<ol> <li>Custodian of Records: Ident books and records.</li> </ol>	ify by name, address (phone number optional) and posi	ition of the person in po	ossession of committee
BRADLEY	T. CRATE		
Mailing Address	138 CONANT STREET		<u> </u>
Maining Address	FIRST FLOOR		
	BEVERLY	MA 01915	
Title or Position	CITY	STATE	ZIP CODE
ASSISTANT TREASURER	Telephone nu	mber 617 – [	848   -   8887
8. <b>Treasurer:</b> List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the ssistant treasurer).	e committee; and the n	ame and address of
Full Name THOMAS J. of Treasurer	MCCARTHY		
Mailing Address	2085 E. WEST MAPLE ROAD		
	A-101		
	COMMERCE	MI 48390	
Title or Position	CITY	STATE	ZIP CODE
TREASURER	Telephone nur	mber 248 – _	283   6637

	<b>n 1</b> (Revised 02/2009)		Page <b>4</b>
Full Name of Designated	BRADLEY T. CRATE		
Agent	120 CONANT STREET		
Mailing Address	138 CONANT STREET		
	FIRST FLOOR		
	BEVERLY	MA MA	01915
	CITY	STATE	ZIP CODE
Title or Position ASSISTANT TR	EASURER Telephone	e number	617 - 848 - 8887
	oxes or maintains funds.		
Name of Bank, [			
	Depository, etc.  CHAIN BRIDGE BANK		
Name of Bank, [	Depository, etc.  CHAIN BRIDGE BANK	VA	22101
Name of Bank, [	CHAIN BRIDGE BANK  1445-A MCLAUGHLIN AVENUE	VA	22101   ZIP CODE
Name of Bank, [	CHAIN BRIDGE BANK  1445-A MCLAUGHLIN AVENUE  MCLEAN  CITY		
Name of Bank, I	CHAIN BRIDGE BANK  1445-A MCLAUGHLIN AVENUE  MCLEAN  CITY		
Name of Bank, I	CHAIN BRIDGE BANK  1445-A MCLAUGHLIN AVENUE  MCLEAN  CITY  Depository, etc.		
Name of Bank, I	CHAIN BRIDGE BANK  1445-A MCLAUGHLIN AVENUE  MCLEAN  CITY  Depository, etc.		
Name of Bank, I	CHAIN BRIDGE BANK  1445-A MCLAUGHLIN AVENUE  MCLEAN  CITY  Depository, etc.		