Image# 201706279066458280			_	PAGE 1/4
FEC FORM 1	STATEME ORGANIZ			
1. NAME OF	(Check if name	Example:If typing, type		ffice Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
ADDRESS (number and street)	32720 NORFOLK ST			
(Check if address				
is changed)			MI48'	152-1312
			L L⊥ STATE ▲	ZIP CODE
COMMITTEE'S E-MAIL ADDI	RESS			
(Check if address is changed)		COM		
	Optional Second E-Mail Ad			
COMMITTEE'S WEB PAGE A (Check if address is changed)	ADDRESS (URL)			
2. DATE 06	26 / Y Y Y Y 2017			
3. FEC IDENTIFICATION	NUMBER ► C C	00568154		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined	this Statement and to the best	t of my knowledge and belief	it is true, correct and	d complete.
Type or Print Name of Treasu	Irer Lee, Christopher, , ,			
Signature of Treasurer	e, Christopher, , ,	[Electronically Filed]	Date 06	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing		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 06/2012)

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FEC	C Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE C	DF COMMITTEE	
Candio	date Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below	<i>l</i> .)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name o Candida		
Candida Party Af		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candida		
Party (	Committee:	
(d)	X     This committee is a     (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Part
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is
	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 part
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising 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 a committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
C	Committees Participating in Joint Fundraiser	
1	1 FEC ID number C	
2	2 FEC ID number C	
3	3 FEC ID number	
2	4 FEC ID number	

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## LIVONIA DEMOCRATIC CLUB

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N																																				
	Mailing Address																																			
																							L				L			_		-	- L			
											CI	ΓY											S	TAT	E					Z	IP	СО	DE			
	Relationship:	Conne	ecte	d Or	gan	izati	on		Affi	liat	ed	Coi	mm	nitte	e		Jc	oint	Fui	ndra	aisir	ng l	Rep	ore	ser	itati	ve		Le	ead	ers	hip	PA	CS	spor	isor
7.	Custodian of Records.			-	-		ie, a	addı	ress	6 (p	hoi	ne	nur	mbe	er -	0	ptic	onal	l) a	nd	pos	sitic	on d	of t	he	pe	SO	n in	р	DSS	ess	ion	of	cor	nmi	tee
	Full Name	_ee, C	hris	toph	ner,	,, 																		I												
	Mailing Address			36	6797	7 Bri	stol	St																												
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	Title or Position										СП	ſΥ											STA	ATE	Ξ					Z	IP	СО	DE			
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8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Lee, Christopher, , ,
Mailing Address	36797 Bristol St
	Livonia
	CITY STATE ZIP CODE
Title or Position	

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Full Name of Designated Agent	Burnett, Karl, , ,
Mailing Address	32720 Norfolk St
	Livonia
	CITY STATE ZIP CODE
Title or Position	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Community Choice Credit Union		
Mailing Address	15420 Farmington Rd.		
	Livonia	MI 48	8154
	CITY	STATE	ZIP CODE
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY	STATE	ZIP CODE