FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See inst	ructions)	Office use only
NAME OF COMMITTEE (in	(Check if nan full) is changed)	ne Example: If typying, type over the lines	12FE4M5
Friends of Sno	owmobiling PAC		
ADDRESS (number and	1640 Haslett Ro	ad, Suite 170	
X (Check if addr is changed)	ess Haslett		MI 48840 _
		CITY	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI wsiegel@dyke			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		'
COMMITTEE'S FAX N 5173749191	IUMBER		
2. DATE 0.6			
3. FEC IDENTIFICA	TION NUMBER	C C00380196	
4. IS THIS STATEM	MENT NEW (N)	OR X AMENDED (A)	
I certify that I have exami	ned this Statement and to the best of n	ny knowledge and belief it is true, correct	and complete
Type or Print Name of	Treasurer Wendy Sieg	el	
Signature of Treasurer	Electronically Filed by Wend	ly Siegel	Date 06 / D6 / YYYO6
NOTE: Submission of fa	·	on may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS
Office Use Only		For further information Federal Election Communication From Toll Free 800-424-953	ission FEC FORM 1

This committee is a principal campaign committee. (Complete the candidate information below.) Candidate	Page 2	FEOForm 1 (Revised 02/2003)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Candidate Candidate Party Affiliation Office Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee is a separate segregated fund This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. Mailing Address CITY STATE X ZIP CODE A		. TYPE OF COMMITTEE (Check One)
information below.) Name of Candidate Party Affiliation Candidate Party Affiliation Candidate Party Affiliation Candidate President Candidate President Candidate (National, State (or subordinate) committee of the Candidate Candidate	plete the candidate information below.)	(a) This committee is a principal campai
Candidate Candidate Party Affiliation City	principal campaign committee. (Complete the candidate	(-)
Party Affiliation Sought: House Senate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part (e) This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. Amme of Any Connected Organization or Affiliated Committee CITY STATE STATE ZIP CODE A		
Name of Candidate (d) This committee is a (National, State (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. 3. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY STATE ZIP CODE	Senate President	
Candidate (d) This committee is a (or subordinate) committee of the Republican,etc.) Part (e) X This committee is a separate segregated fund (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. 3. Name of Any Connected Organization or Affiliated Committee Mailing Address CITY STATE ZIP CODE	is NOT an authorized committee.	(c) This committee supports/opposes onl
(d) This committee is a		
Mailing Address CITY STATE A ZIP CODE A	te) committee of the Republican,etc.) Party.	(e) X This committee is a separate segrega (f) This committee supports/opposes mo
CITY STATE A ZIP CODE A		. Name of Any Connected Organization or Affiliate
CITY STATE A ZIP CODE A		
CITY STATE A ZIP CODE A		
CITY STATE ZIP CODE A		Mailing Address
Relationship	STATE ▲ ZIP CODE ▲	
		Relationship
Type of Connected Organization:		
Corporation Corporation w/o Capital Stock Labor Organization	apital Stock Labor Organization	Corporation
Membership Organization Trade Association Cooperative	Cooperative	Membership Organization

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W	rite or Type Commit	tee Name					
	Friends of Sno	owmobiling	PAC				
7.		ustodian of Records: Identify by name, address, (phone number optional), and position of the person in ossession of Committee books and records.					
	Full Name						
	Mailing Address						
	Title or Position ▼		CITY A		STATE	ZIP CODE A	
				Telephone nu	ımber		
8.	name and addre	the name a ess of any o	nd address (phone number optio lesignated agent (e.g., assistant tre	asurer).			
	of Treasurer Mailing Address	Welldy	201 Townsend Street				
			Suite 900				
			Lansing		<u>MI</u>	48933	
	Title or Position ♥		CITY A		STATE▲	ZIP CODE ▲	
		Assitant Tre	easurer	Telephone nu	mber 517	374 9134	
	Full Name of Designated Agent	Wendy S	Siegel				
	Mailing Address		201 Townsend Street				
			Suite 900				
			Lansing		<u>MI</u>	48933_ –	
	Title or Position ♥		CITY A		STATE A	ZIP CODE A	
	a	ssistant tr	easurer	Telephone nu	ımber <u>517</u>	<u>374</u> _ <u>9134</u>	

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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.						
	LaSalle Mailing Address	Bank 					
	Mailing Address						
		Lansing MI 4893	33 - [

STATE ∠

ZIP CODE △

CITY 🗷