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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. FRIENDS OF CYNTHIA KALLGREN PO BOX 755 ADDRESS (number and street) (Check if address is changed) TRENTON 48183 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS KALLGRENFORCONGRESS@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address JGARZACPA@JGARZACPA.COM COMMITTEE'S WEB PAGE ADDRESS (URL) WWW.KALLGRENFORCONGRESS.COM (Check if address is changed) DATE 25 2012 C00522870 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. J Garza Type or Print Name of Treasurer J Garza [Electronically Filed] 10 25 2012 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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	СОММІТТЕЕ	
Candidat	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. (Corinformation below.)	mplete the candidate
Name of Candidate	CYNTHIA KALLGREN	
Candidate	Office	State
Party Affiliat	ion REP Sought: X House Senate President	District 12
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	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 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	draising 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

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Write or Type Committee Name			T ago 🗸
	YNTHIA KALLGREN		
	Prganization, Affiliated Committee, Joint Fo	undraising Representat	ive, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee	Joint Fundraising Represo	entative Leadership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number opi	tional) and position of th	e person in possession of committee
J Garza Full Name			
Mailing Address	29539 W Jefferson		
Mailing Address			
	Rockwood	MI	48173
Title or Pasition	OF	CTATE	710 0005
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	734 - 307 - 7923
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the commit	tee; and the name and address of
Full Name J Garza of Treasurer			
Mailing Address	29539 W Jefferson		
	Rockwood	MI	48173
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	734 - 307 - 7923

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Full Name of Designated	CYNTHIA KALLGREN	_ 1
Agent	2998 SYCKELMOORE	
Mailing Address	2390 STORELINOUNE	
	TRENTON MI 48183 CITY STATE	ZIP CODE
Title or Position	CITY STATE	ZIF CODE
ASSISTANT TE	REASURER Telephone number	
Name of Bank, Mailing Address	Pepository, etc. Fifth Third Bank 2040 West Road	
	I .	
	Trenton MI . 49192	
	Trenton MI 48183	
	Trenton MI 48183 CITY STATE	ZIP CODE
Name of Bank,	CITY STATE	ZIP CODE
Name of Bank,	CITY STATE	ZIP CODE
Name of Bank,	CITY STATE	ZIP CODE
Name of Bank, Mailing Address	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE
	CITY STATE Depository, etc.	ZIP CODE