STATEMENT OF ORGANIZATION

(See reverse side for instructions)

JAN 22 9 13 AM '96

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)
Midwest Area Political Action Committee

2. DATE
January 1, 1996

(b) Number and Street Address ☐ (Check if address is changed)
47 Building, Room 2453

3. FEC IDENTIFICATION NUMBER
C00040873

(c) City, State and ZIP Code
Midland, MI 48667

4. IS THIS STATEMENT AN AMENDMENT?
X YES ☐ NO

5. TYPE OF COMMITTEE (Check one)

☐ (a) 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 candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

☐ (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

X (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.

Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
No Change		

Type of Connected Organization
☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☐ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number — optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Thomas Slabisak	47 Building, Midland, MI 48667	Assistant Treasurer

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	Mailing Address	Title or Position
John Larkin	47 Building, Room 2453, Midland, MI 48667	Treasurer

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.	Mailing Address and ZIP Code
No Change	

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
John Larkin	John Larkin	1/19/96

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.

For further information contact:
Federal Election Commission
Toll Free (800) 424-9530

FEC FORM 1

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
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☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

PREPARER

1-22-96
DATE PREPARED

FEC FORM 70-2 (12/92)

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