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FEC

FORM 1

Use

Only

STATEMENT OF ORGANIZATION

	(See instructions)		Of	fice use only	
1. NAME OF (Ch COMMITTEE (in full) is c		ble: If typying, type ne lines	12FE4M5	1	
International Transmission Compa	any Political Action C	ommittee			
ADDRESS (number and street)	vnsend Street				
Check if address	0				
is changed)	1 1			48933	
COMMITTEE'S E-MAIL ADDRESS	CITY		STATE	ZIP CODE 🔺	
wsiegel@dykema.com					
1					
COMMITTEE'S WEB PAGE ADDRESS (URL)				·	
COMMITTEE'S FAX NUMBER 5173749191					
2. DATE M M / D D / Y Y 1 1 28 / 2	006				
3. FEC IDENTIFICATION NUMBER	C C003	88462]		
4. IS THIS STATEMENT NEW (N) OR X	AMENDED (A)			
I certify that I have examined this Statement and to the	he best of my knowledge and	belief it is true, correct and	d complete		
Type or Print Name of Treasurer Wendy Siegel					
Signature of Treasurer Electronically Filed by Wendy Siegel Date Date Date Date Date Date					
NOTE: Submission of false, erroneous, or incomplet ANY CHANG	te information may subject the E IN INFORMATION SHO			of 2 U.S.C. S437g.	
Office Use		or further information c		FEC FORM 1	

Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

(Revised 02/2003)

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5. TYPE OF COMMITTEE (Chec	ck One)					
(a) This committee	e is a principal campaign committee. (Complete the candidate information below.)					
(b) This committee information below	e is an authorized committee, and is NOT a principal campaign committee. (Complete t low.)	the candidate				
Name of Candidate						
Candidate Party Affiliation	Office Sought: House Senate President	State				
(c) This committee	supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate						
(d) This committee	(National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
(e) X This committee	is a separate segregated fund					
(f) This committee committee.	supports/opposes more than one Federal candidate, and is NOT a separate segregate	ed fund or party				
6. Name of Any Connected Org	Name of Any Connected Organization or Affiliated Committee					
International Transmissio	on Company					
Mailing Address	39500 Orchard Hill Place, Ste 205					
	$L_{+++++++++++++++++++++++++++++++++++$					
	L,,,,,Novi,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	48375				
	CITY STATE	ZIP CODE 🛦				
Relationship	ns org/connected					
Type of Connected Organization	on:					

x	Corporation]	Corporation w/o Capital Stock	Labor Organization
	Membership Organization]	Trade Association	Cooperative

Title or Position ¥

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Vrite or Type Com					
		mpany Political Action Committ			
	Records: Identify by f Committee books a	name, address, (phone number nd records.	optional), and position of the	ne person in	
Full Name	Wendy Siegel				
Mailing Address 201 Townsend Street					
		Suite 900			
		Lansing	MI	48933 _	
Title or Position	¥		STATE	ZIP CODE 🛦	
	Asst Treas/Record		Telephone number		134
Treasurer : Li name and ad Full Name	st the name and add dress of any designa	Ikee ress (phone number optional) o ted agent (e.g., assistant treasure	Telephone number		134
name and ad	st the name and add	ress (phone number optional) o	Telephone number		134
name and ad Full Name	st the name and add dress of any designa Anne Jinks	ress (phone number optional) o	Telephone number		134
name and ad Full Name of Treasurer	st the name and add dress of any designa Anne Jinks	ress (phone number optional) o ted agent (e.g., assistant treasure	Telephone number		134
name and ad Full Name of Treasurer	st the name and add dress of any designa Anne Jinks	ress (phone number optional) o ted agent (e.g., assistant treasure 39500 Orchard Hill Place	Telephone number		134
name and ad Full Name of Treasurer	st the name and add dress of any designa 	ress (phone number optional) o ted agent (e.g., assistant treasure 39500 Orchard Hill Place Suite 200	Telephone number		134
name and ad Full Name of Treasurer Mailing Address	st the name and add dress of any designa 	ress (phone number optional) o ted agent (e.g., assistant treasure 39500 Orchard Hill Place Suite 200 Novi	Telephone numberf the treasurer of the comminant provide the comminant provid		250
name and ad Full Name of Treasurer Mailing Address	st the name and add dress of any designa 	ress (phone number optional) o ted agent (e.g., assistant treasure 39500 Orchard Hill Place Suite 200 Novi	Telephone number		

Asst Treas/Recordkee Telephone number

48933 _ _

9134

ZIP CODE 🔺

374

MI

STATE 🛦

517

Suite 900

Lansing

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9.	Banks or Other Depositories: safety deposit boxes or maintains f Name of Bank, Depository, etc.	List all banks or other depositories in which the committee deposits funds, hold unds.	ls accounts, rents

	LaSalle Bank	
Mailing Address	201 Townsend Street	
		48933
	CITY 🛆	STATE 🗠 ZIP CODE 🛆