



BART'S BRIDGE PAC

A Multicandidate Committee

P.O. BOX 1021

MENOMINEE, MI 49858

715.587.2447 bridgepac@gmail.com

RECEIVED
FEC MAIL CENTER
DEC -9 PM 12:43

November 20, 2008

Federal Election Commission
999 E. Street, NW
Washington, DC 20463

Dear FEC Officials:

I am submitting an Amended Statement of Organization for Bart's Bridge PAC.
Committee ID: C00428045,

This amended Statement of Organization will reflect the new Treasurer, Ann Barstow.

Thank you.


Bart Stupak
Chair

Enclosure: Amended Statement of Organization

28039351458

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

BART'S BRIDGE PAC

ADDRESS (number and street)

817 NINTH AVENUE, SECOND FLOOR

(Check if address is changed)

PO BOX 1021

MENOMINEE

MI

49858

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

BTS@NEW.RR.COM

bridgepac@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

11 20 2008

3. FEC IDENTIFICATION NUMBER

C00428045

4. 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.

Type or Print Name of Treasurer

Ann Barstow

Signature of Treasurer

Ann Barstow

Date

11 20 2008

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 12/2007)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (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: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>
5.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

BART'S BRIDGE PAC

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship:

Connected Organization

Affiliated Committee

Leadership PAC Sponsor

Joint Fundraising Representative

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

BART STUPAK

Mailing Address

PO BOX 1021

817 NINTH AVENUE - 2ND FLOOR

MENOMINEE

MI

49858

CITY

STATE

ZIP CODE

Title or Position

CHAIR

Telephone number

906-792-15034

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

ANN BARSTOW

Mailing Address

1231 RIVER DRIVE

MENOMINEE

MI

49858

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

715-587-2447

28039951441

Full Name of Designated Agent

BART STUPAK

Mailing Address

PO BOX 1021

817 NINTH AVENUE - 2ND FLOOR

MENOMINEE

MI

49858

CITY

STATE

ZIP CODE

Title or Position

CHAIR

Telephone number

906-792-5034

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.

WELLS FARGO

Mailing Address

912 FIRST STREET

MENOMINEE

MI

49858

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

28039951442

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

QAD
PREPARER
(3/2005)

12/9/08
DATE PREPARED

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