## 14031190466

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED

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NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines:	12FE4ME MAIL CENTER
PAUL CANNAL	DIAIYI ICIOIMIMIZITI	TIEIEI I I I I I I	
ADDRESS (number and street)	5,3,1,2, MAIIN	SITIRIEIEITI, #	1/2
(Check if address is changed)			
	LEXINGTON		M.T 4.8.4.5.0 - 1
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	DITISIAIBILIEINIEI	T GIAITITIO NIEITI	
	Optional Second E-Mail Add	ress (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
COMMITTEE'S WEB PAGE ADI	DRESS (URL)	the transfer of the control of the c	energy and energials and the second of the s
(Check if address is changed)	Kititipi: 1/1/WW	WLIFIAICIEIBIOIOIK	(I) PIALULCIANNIADIAYIZO
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2. DATE 0 2 0	9 2014	*	e in the model of the complete.
3. FEC IDENTIFICATION NU	JMBER ▶ C	e versioner er er er	•
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined th	nis Statement and to the best	of my knowledge and belief i	t is true, correct and complete.
Type or Print Name of Treasure	SANDY L	EE	
Signature of Treasurer -	Sandy Li Sandy Li		Date 02 009 2014
NOTE: Submission of false, errone	eous, or incomplete information r		this Statement to the penalties of 2 U.S.C. §437g. WITHIN 10 DAYS.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

5.

TYP	E OF C	COMMITTEE
Can	didate	e Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	2.	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Cand	e of didate	
	<b>didete</b> / Affiliat	Office State ion Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Cand	e of lidate	PAUL CAMMADAY
Pari	ty Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Poli	tical A	ction 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 Associlation Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
<b>(f)</b>		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 Lebbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Join	t Fund	draising Representative:
<b>(g)</b>	est.	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)	9113 N.	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.
•	<u></u>	umilMoon Double atting in Joint Franchisco
	Con	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	

Write or Type Committee	Name				
6. Name of Any Connec	ted Organization, Affiliated Con	ımittee, Joint Fundr	aising Representati	ive, or Leadership	PAC Sponsor
PAIULI ICANIN	ADAY COMMIT	T E E			
Mailing Address	53112 MAIN	ISTREE	1 4 12		
	LEXINGTON	<u>//                                   </u>	MI	4845	0
	CIT	ſY	STATE		PCODE
Relationship: Conr	ected Organization Affiliated	Committee Joint	Fundraising Represe	entative Leade	rship PAC Sponsor
<ol> <li>Custodian of Records books and records.</li> </ol>	: Identify by name, address (pho	ne number - optiona	and position of th	e person in posses	ssion of committee
Full Name 57	EVE DIELMAN	<u></u>			
Mailing Address	2637 MOOK	E LANE			
		<del></del>			
	70RITI COLL	IMS	Co	8052	6-111
Title or Position	сп	Υ	STATE	ZIF	CODE
1415, TIOR 111	P <sub>1</sub> N <sub>1</sub>	Tel	ephone number	19.70 - 12.1	4-4751
	ne and address (phone number	optional) of the trea	surer of the commit	tee; and the name	and address of
Full Name of Treasurer	NDY LEE	<del></del>			
Mailing Address	7327 HUBE	IARDI SITI	P.F.E.T.		
			11111	<u> </u>	
	LEIXI I WIGITION		M_I STATE		0 - 8852 CODE
Title or Position [P.R.B.S.Z.D.B.	17, 10, F. COMMIT	TTE Tel	ephone number	8,1,0]-69	
TRE	4SURER				

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Name of Bank, Depository, etc.

FEC Form 1 (Revised 02/2009)

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5312 Main St 4/2 Lexington, MI 48450

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

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Federal Election Com ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
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Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Sv	2/24/14
PREPARER (8/2013)	DATE PREPARED