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***Also Admitted in New York and New Jersey

RECEI
FEDERAL ELE
COMMISSION MAIL ROOM

NOV 16 12 40 PM '98

November 12, 1998

Federal Election Commission
999 E. Street N.W.
Washington, D.C. 20463

Re: Great Lakes Political Action Committee

Dear Sir/Madam:

Enclosed please find a Statement of Organization in regards to the above-referenced matter. Kindly handle in your usual manner. Should you have any questions and/or concerns, please advise.

Best regards,

NOVARA, TESIJA, MICHELA & PRIEHS, P.C.

Lynn F. McGuire

Lynn F. McGuire

LFM/ll
Enclosure
N:\ATTY\S\LYNN\CORRESP\greatlak2.wpd

2000 TOWN CENTER SUITE 2370 SOUTHFIELD, MICHIGAN 48075-1314 TELEPHONE 248/354-0380 FAX 248/354-0393

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)	2. DATE
Great Lakes Political Action Committee	10/01/98
(b) Number and Street Address ☐ (Check if address is changed)	3. FEC Identification Number
2000 Town Center, Suite 2350	
(c) City, State and ZIP Code	4. Is This Report An Amendment? ☐ YES ☒ NO
Southfield, MI 48075	

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM

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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.)

☐ (e) This committee is a seperate segregated fund.

☒ (f) This committee supports/opposes more than one Federal candidate and is NOT a seperate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

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
Hector Bultynck	16000 Ball Road, Ste. 300, Clinton Twp., MI 48038	Record-Keeper

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
Joeseph Michael	2000 Town Center, Ste. 2350, Southfield, MI 48075	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
Standard Federal	2600 W. Big Beaver Road, Troy, MI 48084

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
Joseph Michael		

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
Local 202-219-3420

FEBAN121

FEC FORM 1
(revised 4/87)

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 11-12-98
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☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMN
PREPARER

11-16-98
DATE PREPARED

(4/98)