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STATEMENT OF **ORGANIZATION**

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- Onivi							Office FUE COMMAIL CENTE
1. NAME OF COMMITTEE (ii	n full)		Check if name s changed)		mple:If typing, type r the lines.	12FE4M	5
Minnesota	for Li	berty		1.1.1	11111	<u></u>	
	1111		11	111111		
ADDRESS (number a	and street)	945	Fairway	Ţrạiļ	s _. Ct		
(Check if a is changed		Brig	hton			MI	48116
				CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRES	SS (Please	provide only one	e-mail ad	dress)		
C (Obserte #		data	baseus1	2@y	ahoo.com	<u> </u>	
(Check if is change		ــــــــــــــــــــــــــــــــــــــ					
COMMITTEE'S WEE	B PAGE ADI	DRESS (U	RL)				
(Check if	addroce		<u> </u>	111			
is change							
2. DATE Ö	1 1	°′ Ž ()12 '				
3. FEC IDENTIFIC	CATION N	JMBER	С				
4. IS THIS STATE	MENT X	NEW	(N) OR		AMENDED (A)		
I certify that I have	examined th	is Stateme	ent and to the be	st of my	knowledge and belief it	t is true, corre	ct and complete.
Type or Print Name	of Treasure	, <u>Do</u>	uglas J E	dwa	rds		
Signature of Treasur	er	10	JEhr	ros	ls/	Date Ö4	4°′01°′20′12′
NOTE: Submission of					viject the perison signing (to the penalties of 2 U.S.C. §437g.
Office Use					For further Information of Federal Election Commission Coll. From 800-424-9530		FEC FORM 1

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	1	FEC Fo	rm 1 (Revised 02/2009)	Page 2
5.	TYPE	E OF C	OMMITTEE	
	Cen	didate	Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below	v.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate
	Name Cand	e of lidate		111111
		lidate Affiliati	Office Sought: House Senate President	State District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Cand	e of lidate		1 1 1 1 1 1 1
	Parl	ty Con	nmittee:	
	(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Poli	tical A	ction Committee (PAC):	
	(e)	П	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its c	onnected organization is a:
	(6)	Ш		-
			Corporation Corporation w/o Capital Stock	Labor Organization
			Membership Organization Trade Association	Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
			In addition, this committee Is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Join	t Fund	Iraising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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	
	• ,	Ш	committees/organizations, none of which is an authorized committee of a federal candidate.	·
		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	
		2.	FEC ID number C	
		3.	FEC ID number C	
		4.	FEC ID number C	

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Write or Type Committee Name	
Minnesota for Liberty	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
None	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the personal books and records. 	on in possession of committee
Full Name Douglas J Edwards	
Mailing Address 945 Fairway Trails Ct	
Brighton MI [MI]	48116
Title or Position CITY STATE	ZIP CODE
Treasurer Telephone number	J-L
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	d the name and address of
Full Name Douglas J Edwards of Treasurer	
Mailing Address 945 Fairway Trails Ct	
	48116
CITY STATE Title or Position Treasurer Telephone number	ZIP CODE
	_ t

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Full Name o Designated Agent		ıglas Edwards	
Mailing Addr	ress	945 Fairway Trails Ct	
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		[Brighton M]	48116 - -
		CITY STATE	ZIP CODE
Title or Posit		Telephone number	
9. Banks or O safety depos	Other Depositions or the state of the state	itories: List all banks or other depositories in which the committee deposits maintains funds.	funds, holds accounts, rents
Name of Ba	ınk, Deposito	ory, etc.	
	_[Nor	1 e	
Mailing Add	ress		
			<u> </u>
		CITY STATE	ZIP CODE
Name of Ba	ınk, Deposito	ory, etc.	
	1		
Mailing Add	ress		
		CITY STATE	ZIP CODE

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. Date of Receipt **Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation[™] or Signature Confirmation[™] Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** UPS **Overnight Delivery Service (Specify):** Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): DATE PREPARED

(3/2005)