

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

Grand Traverse Cty. Democratic Commitee

ADDRESS (number and street)

P.O. Box 1828

☐(Check if address
is changed)

Traverse City

MI

49685

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

treasurer@gtdems.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.gtdems.org

COMMITTEE'S FAX NUMBER

2319331273

2. DATE

M M
0 7/ D D
2 7/ Y Y Y Y
2 0 0 7

3. FEC IDENTIFICATION NUMBER

C C00402842

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

Mr. Dean Ernst Sheldon, III

Signature of Treasurer

Electronically Filed by Mr. Dean Ernst Sheldon, III

Date

M M
0 1/ D D
3 0/ Y Y Y Y
2 0 0 8

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

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
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

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

Name of
Candidate

- (d) ☒ This committee is a **SUB** (National, State (or subordinate) committee of the **DEM** (Democratic, Republican, etc.) Party.
- (e) ☐ This committee is a separate segregated fund
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Michigan Democratic State Central Committee

Mailing Address

606 Townsend

Lansing

MI

48933

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

affiliated

Type of Connected Organization:

- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☒ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

Grand Traverse Cty. Democratic Committee

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 ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

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**Mr. Dean Ernst Sheldon, III**

Mailing Address

1378 Gold Court

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

231**932****9388**Full Name of
Designated
Agent**Mr. Dean Ernst Sheldon, III**

Mailing Address

1378 Gold Court

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Treasurer

Telephone number

231**932****9388**

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.

The Honor State Bank

Mailing Address **P.O. Box 67**

Honor **MI** **49640** -

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Name of Bank, Depository, etc.

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**