FEC	STATEMEN ORGANIZA		RECEIVED FEC MAIL CENTER
FORM 1			2015 OCT 23 AM 6: 50 Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FĚ4M5
Michigan Democratic _i Pa	rty Sixth District Fiederal (Committee	└╾┞╾┦╾╇╼╄╾┠╼┦╼╃╶╊╴┞╼╿╼┨╶┨╼┞╼┦╼
ADDRESS (number and street)	3573 Kenbrooke	Ct	
(Check if address is changed)			
· · · · · · · · · · · · · · · · · · ·	Kalamazoo city ⊾		MI ▲19101016 - LII STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
(Check if address is changed)	placemla@gmail.com		
	Optional Second E-Mail Add stuartdeming@demingg		
COMMITTEE'S WEB PAGE AD (Check if address is changed)			
2. DATE 1 0 1	3 2 0 1 5		
3. FEC IDENTIFICATION N			
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 Treasur	er Meredith Place		
Signature of Treasurer	Meredith flac	°L	Date 10 13 2015
NOTE: Submission of false, error		may subject the person signing t	this Statement to the penalties of 52 U.S.C. §30 WITHIN 10 DAYS.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	

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5.		PE OF 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 Candio				
	Candio Party	date Affiliatio	on Office State State Office District		
- تر `	(č)		This committee supports/opposes only one candidate, and is NOT an authorized committee.		
	Name Candid				
	Party	/ Con	nmittee:		
	(d)	X	This committee is a S U B or subordinate) committee of the D E M Republican, etc.) Party.		
	Politi	ical 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 Association Cooperative		
			In addition, this committee is a Lobbyist/Registrant PAC.		
			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 Lobbyist/Registrant PAC.					
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)		
	Joint	Fund	raising 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.		
	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			mittees Participating in Joint Fundraiser		
		1.			
		2.			
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		3.			
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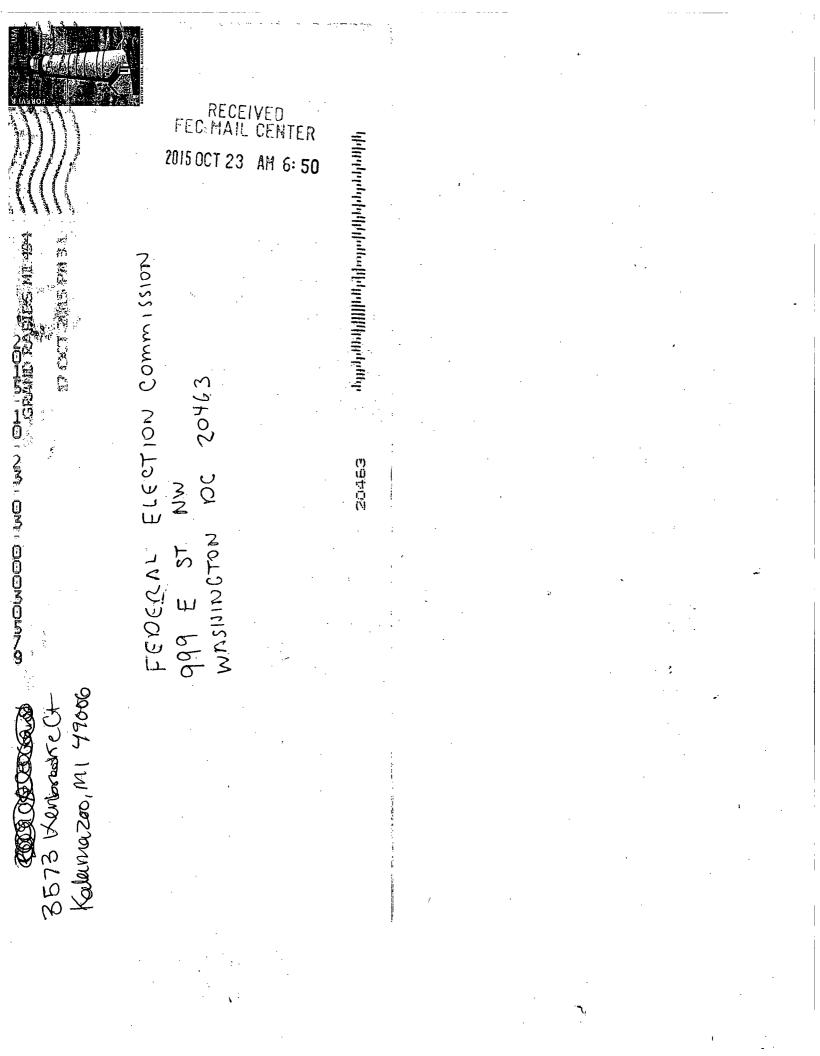
Write or Type Committee Name

6.	Name of Any Connected C	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
L						
	Mailing Address					
	5					
		CITY STATE ZIP CODE				
	Relationship:	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in possession of committee				
	Full Name					
	Mailing Address	122 Şydelle Ave.				
	Kalamazop					
	Title or Position	CITY STATE ZIP CODE				
	LChair	Telephone number 269 - 385 - 5787				
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 Meredith Place Mailing Address 3573 Kenbrooke Ct					
	Title or Position	CITY STATE ZIP CODE				
L	Treasurer	Telephone number 3,1,9,-7,7,5,-2,3,9,5				

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Stuart H.Deming				
Mailing Address	251 Rose St, Suite 200				
	Kalamazoo Image: Minimized and the state Image: Minited and the state Image: Minimized and the state				
Title or Position Asst. ₋ Trea	000				
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.					
	, Hıoınıoırı Cıredii, tı Uınıi on IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
Mailing Address					
Mailing Address					
Mailing Address					
Mailing Address	$ = \begin{bmatrix} 5_{1}7_{1}1_{3} & V_{1}e_{1}n_{1}t_{1}u_{1}r_{1}e_{1} & P_{1}a_{1}r_{1}k_{1} & D_{1}r_{1} & 1 & 1 & 1 \\ \vdots & \vdots$				
Mailing Address	s. [5,7,1,3, ,V,e,n,t,u,r,e, ,P,a,r,k, ,D,r, , , , , , , , , , , , , , , , ,				
	s. [5,7,1,3, ,V,e,n,t,u,r,e, ,P,a,r,k, ,D,r, , , , , , , , , , , , , , , , ,				
	s. [5,7,1,3, ,V,e,n,t,u,r,e, ,P,a,r,k, ,D,r, , , , , , , , , , , , , , , , ,				
Name of Bank,	s. [5,7,1,3, ,V,e,n,t,u,r,e, ,P,a,r,k, ,D,r, , , , , , , , , , , , , , , , ,				
Name of Bank,	s. [5,7,1,3, ,V,e,n,t,u,r,e, ,P,a,r,k, ,D,r, , , , , , , , , , , , , , , , ,				

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Received from Senate Public Records Office	Date of Receipt			
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(3/2015)	DATE PREPARED			