•				
FEC	STATEM ORGANI		FECT	/ED CENTER
FORM 1			DE LIN 30	A1 11: 52 Difice Use Only
1. NAME OF COMMITTEE (in fi	ull) (Check if name is changed)	Example:If typing, type over the lines.	9 12FE4M5	
FRIENDS	FOR A DEMC	CRATK WHITT	E HOUSE	PAC, INC
L <u>L</u> <u>J' /</u>		•		<u>l.i.i</u>
ADDRESS (number and	street) 11301115	DALE AVE	<u> </u>	<u> </u>
(Check if add is changed)	) /	i I i. I. <u>i. i. i.</u> i.	• •	489:101
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL				
Myoungy	24@hotmail.c			
COMMITTEE'S WEB P	AGE ADDRESS (URL)			
	la de la contra de la	e men de colonier de la comp		I
۱ ۱ <u>ـــــــــــــــــــــــــــــــــــ</u>				<u> </u>
COMMITTEE'S FAX N	UMBER			•
<u> </u>	- kalandara di		,	
2. DATE 01	28 2009			
3. FEC IDENTIFICA		00363390		,
4. IS THIS STATEME			<b>A)</b>	
I certify that I have exe	amined this Statement and to the l	best of my knowledge and be	lief it is true, correct ar	nd complete.
Type or Print Name of	Treasurer MEUSS	A. L. Your	4	
Signature of Treasurer	Meliosaf	Joung	Date 🚺	28 2009

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.

Information contact:       FEC FORM 1         ction Commission       (Revised 12/2007)         0-424-9530       (Revised 12/2007)
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5.	TYPE	TYPE OF COMMITTEE Candidate Committee:						
	Cano							
	(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 Candi							
	Candi Party	date Affiliatio	n Office State State State District					
	(c)	[]]	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Party	v Com	mittee:					
	(d)	[	This committee is a       (National, State       (Democratic,         This committee is a       or subordinate) committee of the       Republican, etc.) Party.					
	Polit	ical Ac	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					
	(f)	[7]	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 Leadership PAC. (Identify sponsor on line 6.)					
	Joint	Eurod	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.					
	(h)		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.					
		Comr	nittees Participating in Joint Fundraiser					
		1.	FEC ID number C					
		2.						
		3.						
		4.						
		5.	FEC ID number C					

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Write or Type Committee Name

6.	Name of Any Connected C	Organization, Affiliated Comm	littee, Leadership PA	C Sponsor or Joint I	Fundralsing Representative
i				·   : !	
	· :     ;				
	Mailing Address				j ' i   ! ! ! !
				· · · · · · · · · · · · · · · · · · ·	
		CITY		STATE	
	Relationship:				
	Connected Organization	Affiliated Committee	Leadership PA	C Sponsor Joir	nt Fundraising Representative
7.	Custodian of Records: Iden books and records.	ntify by name, address (phone	number optional) a	and position of the pe	erson in possession of committee
		ISSALL VO	ung:	. <u></u> .	_].
	Mailing Address	1130 TISDA	HE AVI	<u>e</u> ;	
					;;;,,,,,,
		LANSING.			489101
	Title or Position	CITY		STATE	ZIP CODE
;		<u> 2 R </u>	i Telepi	none number 5	71-230-0919
8.	Treasurer: List the name and any designated agent (e.g., a		otional) of the treasu	rer of the committee;	and the name and address of
	Full Name of Treasurer MEL	ISSALL NO	WGL _		
	Mailing Address	1130 TISDA	LE, AVI	<u> </u>	!!
		L	<u>.</u>	. <u></u>	
		LANSNG CITY		<u>                                     </u>	<u>  489,10-!</u> zip code
	Title or Position		i Telepi	none number 51	7-230-0919
					· —

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Full Name of Designated Agent	· · ·		
Mailing Address		<u>_i, !</u> <u>L_i</u> <u>L_i</u>	
	· · · · · · · · · · · · · · · · · · ·		<u></u>
		· · · · · · · · · · · · · · · · · · ·	
Title or Position			
<u> </u>	<u></u>	Telephone number	

9. Banks or Other Depositorles: 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.

STANDARD FEDERAL BANK . المسلط منديني إجاري Mailing Address للاري ليت التناس الرزال ÷ ...! \_: .!\_ I\_... . . \_' .\_\_\_i . <u>.</u> 1 . .1 1 CITY STATE **ZIP CODE** . Name of Bank, Depository, etc.

OLD KENT BANK. . . 1 1 1 I I I 1 : 1 !\_\_\_\_ !.\_\_ Mailing Address -17 \_ ! i \_\_\_\_ L ĺ CITY STATE ZIP CODE

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
Hand Delivered	Date of Receipt
	Destructurad
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signature Confirm	nation <sup>™</sup> Label
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Re Other (Specify):	eceipt or Postmarked
Joip	1/30/09
PREPARER (3/2005)	DATE PREPARED