FEC FORM 1	-	TATEME ORGANIZ				RECEIVED 2014 APR 18 AM 11: 47				
1. NAME OF COMMITTEE (in t		(Check if name is changed)		mple:If typing, type the lines.	12FE4M	5 Standard				
Tom McMill	lin for Con	greșs			[] ·] _]]					
ADDRESS (number and	street)	3 E. Gran	d Riv	/er Ave., #2	52					
(Check if add is changed)		t Lansing			I MI I	 _48933 				
			CITY		STATE	ZIP CODE				
COMMITTEE'S E-MAII										
(Check if a	ddress ddress	denbrock(@çoı	ncast, net	<u> </u>					
is changed,					╏┉┠╼╿╺╿╶╽					
COMMITTEE'S WEB I	PAGE ADDRESS (L	JRL)								
(Check if a	ddress		<u> </u>							
is changed)										
2. DATE 04	ĺ ′ 17° ľ Ź	014								
3. FEC IDENTIFIC/	ATION NUMBER	C								
4. IS THIS STATEM		/ (N) OR		AMENDED (A)						
I certify that I have ex	amined this Statem	ent and to the bes	st of my l	knowledge and belief it	is true, corre	ct and complete.				
Type or Print Name of	Treasurer	ean Ko . Vorden	de	nbrack						
Signature of Treasurer	Ken 9	Vorde	hoc	le	Date O	4 (เา (ออเน				
NOTE: Submission of fe		•	•	ject the person signing the ULD BE REPORTED W		to the penalties of 2 U.S.C. §437g. S.				
Office Use Only				For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)				

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L	Office Use Only		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)

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5.	TYPE	E OF CO	DMMITTEE
	Can	didate	Committee:
	(a)	\mathbf{X}	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		Thomas E McMillin
	Cand Party	idate Affiliatio	n Rep Office Sought: House Senate President District
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candi		
	Part	y Com	mittee:
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
	Polit	tical Ac	tion Committee (PAC):
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	(0)		
			Corporation Corporation w/o Capital Stock Labor Organization
			Membership Organization Trade Association Cooperative
			In addition, this committee is a Lobbyist/Registrant PAC.
	(1)	-	
	(f)	\Box	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 an line 6.)
	Joint	t Fundi	aising 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.
I	(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.	
		2.	
		3.	
		4.	
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Page 3

Write or Type Committee Name

Tom McMillin for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

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7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	n Kordenbrock	
Mailing Address	208 N. Capitol Ave.	
-	Floor 3	
	Lansing	48933
Title or Position	CITY STATE	E ZIP CODE
Treasurer	Telephone number	[517,]-[371,]-[1400,]

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).

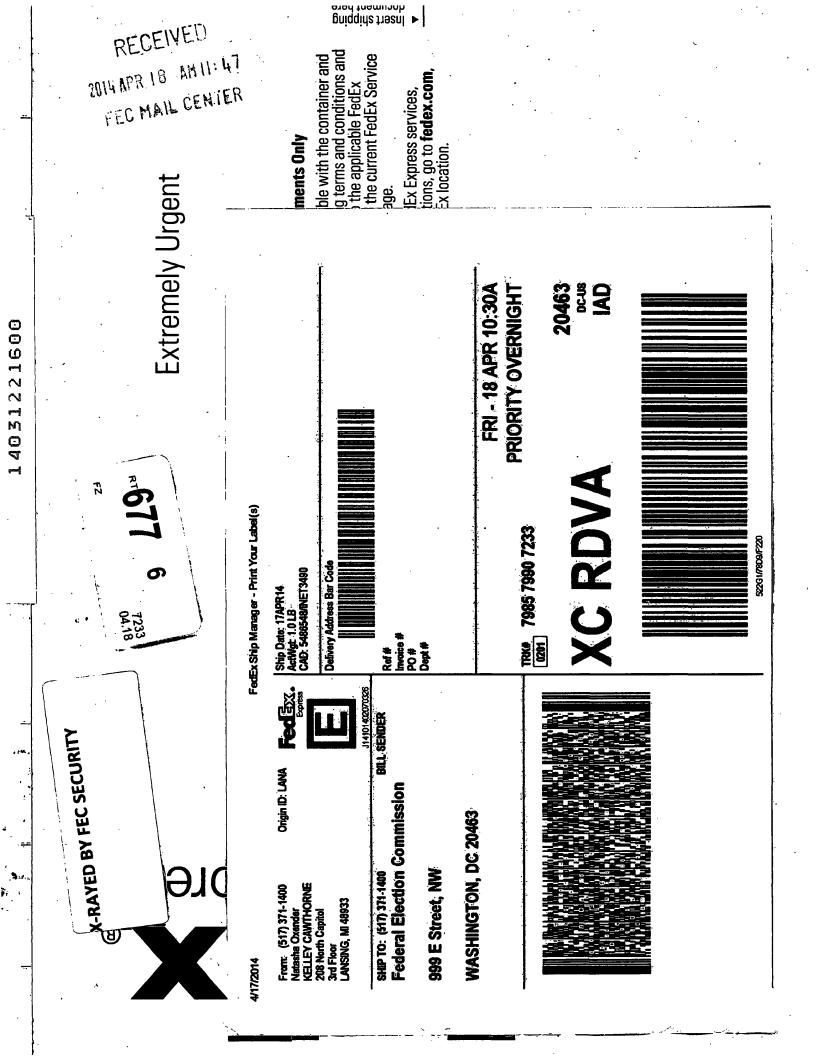
Full Name of Treasurer	n Kordenbrock
Mailing Address	208 N Capitol Ave.
-	
	Lansing MI48933
	CITY STATE ZIP CODE
Title or Position	Telephone number 517 - 371 - 1400

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	Full Name of Designated Agent								
	Mailing Address		<u>_</u>						
			Telephone nun	nber	⊥┛╸┠╌╌╌╌┚				
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. 								
	Mailing Address								
		CITY		STATE	ZIP CODE				
	Name of Bank, Depository,	etc.			······································				
	Fifth	Third Bank	<u></u>						
	Mailing Address	1383 S. Rochester Rd.			<u></u>				
		Rochester		MI	48307,				
		CITY		STATE	ZIP CODE				

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Federal Election Commissi ENVELOPE REPLACEMENT PAGE FOR INCO The FEC added this page to the end of this filing to ir	OMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): Fed Ex Next E	Shipping Date
Received from House Records & Registration Offic	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Da Other (Specify):	ate of Receipt or Postmarked
A	4/18/14
PREPARER (8/2013)	DATE PREPARED

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