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FEC MAIL CENTER

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

LIBERTARIAN PARTY OF MICHIGAN EXECUTIVE COMMITTEE, INC.

ADDRESS (number and street)

101 WEST BIG BEAVER, SUITE 1400

☐(Check if address
is changed)

TROY

MI

48084

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address
is changed)

treasurer@michiganlp.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

www.mi.lp.org

2. DATE

04

30

2011

3. FEC IDENTIFICATION NUMBER

C100403907

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

DENEEN ROCKMAN-MOON

Signature of Treasurer

Deneen Rockman-Moon

Date

04

30

2011

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 202-694-1100FEC FORM 1
(Revised 02/2009)

11030603637

5. TYPE OF COMMITTEE

Candidate 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 of Candidate

Candidate
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**Party Committee:**

- (d) ☒ This committee is a **STA** (National, State or subordinate) committee of the **LIB** (Democratic, Republican, etc.) Party.

Political Action 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.
- (f) ☐ 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 Fundraising 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.

Committees 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

LIBERTARIAN PARTY OF MICHIGAN EXECUTIVE COMMITTEE, INC.

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

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

DENE ROCKMAN-MOON

Mailing Address

729 WOODBINE DRIVE

FENTON

MI

48430

1422

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

810 - 241 - 8561

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

DENE ROCKMAN-MOON

Mailing Address

729 WOODBINE DRIVE

FENTON

MI

48430

1422

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

810 - 241 - 8561

11030603639

Full Name of
Designated
Agent

WILLIAM W HALL

Mailing Address

111 LYON ST NW SUITE 900

GRAND RAPIDS

GRAND RAPIDS

CITY

MI

STATE

49503

ZIP CODE

-2487

Title or Position

ASSISTANT TREASURER

Telephone number

616 - 752 - 2143

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.

COMERICA BANK

Mailing Address

101 NORTH WASHINGTON

LANSING

CITY

MI

STATE

48903

ZIP CODE

-

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11030603640

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.

☐ Hand Delivered Date of Receipt

☒ USPS First Class Mail Postmarked
5/5/11

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☐ Postmark Illegible

☐ No Postmark


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Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

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☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

5/10/11
DATE PREPARED

11030603641