

FEC FORM 1

STATEMENT 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)

P.O. Box 27065

(Check if address is changed)

Lansing

CITY ▲

MI

STATE ▲

48909-7065

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

treasurer@michiganlp.org

Optional Second E-Mail Address
williamwhall@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.michiganlp.org

2. DATE

MM / DD / YYYY
09 / 06 / 2016

3. FEC IDENTIFICATION NUMBER ►

C C00403907

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. Jason F Brandenburg

Signature of Treasurer

Mr. Jason F Brandenburg

[Electronically Filed]

Date

MM / DD / YYYY
09 / 06 / 2016

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 Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

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 Affiliation Office 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 _____

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

Gary Johnson Victory Fund

Mailing Address 107 S West St
 Ste 922
 Alexandria VA 22314
 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 Mr. Jason F Brandenburg
 Mailing Address 2763 Chestnut Ridge Ave.
 Portage MI 49024
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 586 491 8853

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. Jason F Brandenburg
 Mailing Address 2763 Chestnut Ridge Ave.
 Portage MI 49024
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 586 491 8853

Full Name of Designated Agent: William W Hall
Mailing Address: 111 Lyon St NW Suite 900
Grand Rapids MI 49503-2487
CITY STATE ZIP CODE
Title or Position: Asst. 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.

Access National Bank
Mailing Address: 4221 Walney Rd
Ste 120
Chantilly VA 20151
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Comerica Bank
Mailing Address: PO Box 75000
Detroit MI 48275
CITY STATE ZIP CODE