## 11030683663

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED—
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EEC MAIL CENTER

				Office Use Only	
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	agentina to province quantum q	
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<u></u>					
ADDRESS (number and street)	PIO BIOX 100182				
(Check if address					
is changed)	LANSING		MI	4.8.9.0.1 -	
		CITY	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one of	e-mail address)			
(Check if address	INFORGILE	J N A N D E RS 10 IN	FIOIRICOIN	IGIRIEISIS : COMI	
is changed)			<u> </u>	لستسبب	
COMMITTEE'S WEB PAGE ADDRESS (URL)					
(Check if address is changed)	WIW. GILIENIE	JAINIDIEIRS 10 NF1	ORCIONIG	RESSILICION	
2. DATE 1.0 2.1 2.0.1.1					
3. FEC IDENTIFICATION NUMBER					
4. IS THIS STATEMENT X 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 Jasttua William-Lewis Brandt					
Signature of Treasurer	46		Date /C	21 20.11	
NOTE: Submission of false, error	· ·	n may subject the person signing		the penalties of 2 U.S.C. §437g.	
Office Use		For further Information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

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TYPE OF COMMITTEE				
Candidate Committee:				
(a) This committee is a principal campaign committee. (Complete the candidate information below	v.)			
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Co information below.)	mplete the candidate			
Name of Candidate G, L, E, N, N, IA, N, D, E, Q, S, O, N				
Candidate Party Affiliation  DEM  Office Sought: House  Senate President	State M.I.  District 1.3			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its committee is a separate segregated fund.	onnected 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 Fundraising Representative:				
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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	and exceeded and the relieve of reserve			
3. FEC ID number C				
4. FEC ID number				

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Write or Type Committee N	ime .	
GLENN AN	DERSON FOR CONGRESS	
	d Organization, Affiliated Committee, Joint Fundralsing	g Representative, or Leadership PAC Sponsor
		4   4   1   1   1   1   1   1   1   1
Mailing Address		
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	CITY	STATE ZIP CODE
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Relationship: Conne	cted Organization Affiliated Committee Joint Fund	raising hepresentative
<ul><li>Custodian of Records: books and records.</li></ul>	dentify by name, address (phone number optional) and	d position of the person in possession of committee
Full Name	SIHIUA WILLLIAM-LEWIS:	BRAINDIT
Mailing Address	PO BOX 10182	
	LANSING.	M11 48901-
Title or Position	CITY	STATE ZIP CODE
NOLUNTEE	RITREASURER Telephon	ne number
	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	HULLILLIAM-LEWIS	BIRIA INIDIT: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	[PO: BOX 10:182	
Mailing Address		
	LANSING CITY	M <sub>1</sub> / 4/8/9/0// - STATE ZIP CODE
Title or Position	-	
VIOLUIMTEE	R TREASURER Telephon	ne number 7.341-7.4.3-11.1.4.4

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ENVELOPE REPLACEMENT PAGE F The FEC added this page to the end of this	FOR INCOMING DOCUMENTS
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	Date of Receipt
Received from Electronic Filing Office	
Other (Cresita):	Date of Receipt or Postmarked
Other (Specify):	
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N	11/5/11
PREPARER	DATE PREPARED

(3/2005)