

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

LIVONIA DEMOCRATIC CLUB

ADDRESS (number and street) 32720 NORFOLK ST.

(Check if address is changed)

LIVONIA CITY MI 48152-1312 ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) h.r.m.peltier@hotmail.com

Optional Second E-Mail Address r.k.k.burnett@401.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) livoniademocraticclub.com

2. DATE 11/11/2014

3. FEC IDENTIFICATION NUMBER C00568154

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 MARIANNE PELTIER

Signature of Treasurer Marianne Peltier Date 11/11/2014

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.

Table with 4 columns: Office Use Only, and three empty columns.

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

FEC FORM 1 (Revised 06/2012)

LIVONIA DEMOCRATIC CLUB

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 **SUB** (National, State or subordinate) committee of the **DEM** (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

42008140410041

Write or Type Committee Name

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

LIVONIA DEMOCRATIC CLUB

MICHIGAN DEMOCRATIC PARTY

Mailing Address

606 TOWNSEND AVE.

LANSING MI 48933

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

DANIELLE LEWON

Mailing Address

19169 INKSTER RD.

LIVONIA MI 48152

Title or Position

CITY

STATE

ZIP CODE

RECORDING SECRETARY

Telephone number

248-943-7243

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

MARIANNE PELTIER

Mailing Address

29242 BARKLEY ST.

LIVONIA MI 48154

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

734-355-1739

LIVONIA DEMOCRATIC PARTY

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for Telephone number]

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.

Community Choice Credit Union

Mailing Address

3155 NORTHWESTERN Hwy.

FARMINGTON HILLS

MI

48334

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

11000111410000

Federal Election Commission
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PREPARER

11/18/14
DATE PREPARED

FORM 1121-0000