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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. 8th District Democratic Committee PO Box 4278 ADDRESS (number and street) (Check if address is changed) East Lansing 48826 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Isaac.John.Francisco@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 02 2013 C00319681 FEC IDENTIFICATION NUMBER > 3. X 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. Isaac Francisco Type or Print Name of Treasurer Isaac Francisco [Electronically Filed] 04 02 2013 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		COMMITTEE 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. (Compleinformation below.)	ete the candidate
Nam Cand	e of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)	X	CLID \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	emocratic, epublican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 segronmittee. (i.e., nonconnected committee)	regated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	nt Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	1		

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Write	e or Type Committee Name		i age 3
		nocratic Committee	
		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	-		
OUI	District Democration	Caucus	
Ma	ailing Address	PO Box 4278	
		East Lansing MI 48906	
		CITY STATE ZI	P CODE
Re	elationship: X Connected	d Organization Affiliated Committee Joint Fundraising Representative Leader	ership PAC Sponsor
	ustodian of Records: Ider ooks and records.	ntify by name, address (phone number optional) and position of the person in posse	ssion of committee
E.	Isaac Fran	ıcisco	.
		1009 E Grand River Ave	
IVI	ailing Address		
		Lansing , MI , 48906	
Tit	tle or Position	CITY STATE ZII	P CODE
Ľ	Treasurer	Telephone number 517 - 75	5 - 8015
	easurer: List the name and y designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	II Name Isaac Fran	cisco	1
of	Treasurer	1009 E Grand River Ave	
Ma	ailing Address		
		Lansing MI 48906	
	le or Position reasurer	, , , , , , , , , , , , , , , , , , , ,	CODE 8015
. L		Telephone number	

I LC FOII	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number =	
safety deposit bo Name of Bank, I		
safety deposit bo Name of Bank, I	oxes or maintains funds.	
safety deposit bo	Depository, etc. Fifth Third Bank (Western Michigan)	
safety deposit bo Name of Bank, I	Depository, etc. Fifth Third Bank (Western Michigan)	
safety deposit bo Name of Bank, I	Depository, etc. Fifth Third Bank (Western Michigan) PO Box 630900	ZIP CODE
safety deposit bo Name of Bank, I	Depository, etc. Fifth Third Bank (Western Michigan) PO Box 630900 Cincinnati OH 45263	
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Fifth Third Bank (Western Michigan) PO Box 630900 Cincinnati OH 45263	ZIP CODE
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Fifth Third Bank (Western Michigan) PO Box 630900 Cincinnati CITY STATE Depository, etc.	ZIP CODE
safety deposit be Name of Bank, I Mailing Address Name of Bank, I	Depository, etc. Fifth Third Bank (Western Michigan) PO Box 630900 Cincinnati CITY STATE Depository, etc.	ZIP CODE
safety deposit bo Name of Bank, I Mailing Address	Depository, etc. Fifth Third Bank (Western Michigan) PO Box 630900 Cincinnati CITY STATE Depository, etc.	ZIP CODE