FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

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FEC MAIL CENTER

Office Use Only

				Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
BERT JOHN	SON FOR	71. 5. CONGRE	F 5 S	
			1 ; ; .	
ADDRESS (number and street)	36 MCLEAN	<i>\$T</i> .	<u> </u>	1 1 1 1 1 1 1
(Check if address				
is changed)	H 1, GH, L, A, N, D	PARK	MU	48203
		CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRE	ESS (Please provide only one e-	-mail address)		
	BERTJOHNS	ONFOR CONGR	ESSEG	MAIL COM
(Check if address is changed)				
COMMITTEE'S WEB PAGE AD	DDRESS (URL)	eksamentekanneteguungilasu asliinin seksajan kännunt Senerrii teksamentel su	uach a'r i 197 au i 196 ann ag mheirigheann ainn i ad	oppounden wie bereicht an erfehren deuen de verweiter zus zu bestehrt. V
(Check if address is changed)	<u> </u>			
2. DATE 70 7	3 2 0 1 1 C	,		
4. IS THIS STATEMENT C	NEW (N) OR	AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name of Treasure	Brandy y	1. Robinson		managama na managa sa
Signature of Treasurer	YRobinson	·	Date /0/	45/11
NOTE: Submission of false, erron	eous, or incomplete information ANY CHANGE IN INFORMATION			the penalties of 2 U.S.C. §437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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TYPE OF CO		
Candidate	Committee:	
(a) X	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. (Cominformation below.)	plete the candidate
Name of Candidate	BERT, JOHNSON	
Candidate Party Affiliatio	n DFMoCRAT Office Sought: House Senate President	State MICH. District # 13
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	BERT JOHNSON	
Party Com	mittee: (National, State	(Domocratic
(d)	This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Ad	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
	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 sommittee. (i.e., nonconnected committee)	egregated fund or party
	In addition, this committee is a Lebbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Comr	nittees 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 I					
BERT	JOHNS ON	FOR U.S.	CON GRESS		
6. Name of Any Connect	ted Organization, A	Affiliated Committee,	Joint Fundraising Rep	oresentative,	or Leadership PAC Sponsor
					<u> </u>
Mailing Address					
		CITY		STATE	ZIP CODE
Relationship: Conn	ected Organization	Affiliated Committe	e Joint Fundraisin	g Represental	ive Leadership PAC Sponsor
 Custodian of Records: books and records. 	Identify by name, a	address (phone number	er optional) and posi	tion of the pe	erson in possession of committee
Full Name BR	AND Y Y	ROBINSO	N L		and the second and th
Mailing Address	4031	FULLER	ΓοΝ	1	
				<u>iii</u>	ada kan ada ahada da da ada a
	DETR	0,1,7,		MI	48238-3232
Title or Position		CITY		STATE	ZIP CODE
TREASURE	R		Telephone nu	mber 3	13-598-9325
Treasurer: List the name any designated agent (e)			of the treasurer of the	e committee;	and the name and address of
Full Name of Treasurer	4 N D Y Y	. ROBIA	/ S o N	<u> </u>	
Mailing Address	40.31	FULLE	RTON		أحلط ططار الطامات
	<u> </u>	<u> </u>			
	DETR	vandingsaganasians, is equivaringsgamengaryadas respectiva del agrandiantes		WI	4.8 238 3232
Title or Position		CITY		STATE	ZIP CODE
TREASURE	R	أحلت فالمالك	Telephone nur	mber 3	13-598-7325

9.

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Full Name of Designated Agent	NAE MOORE		
Mailing Address	201 TOWNSEND ST	<u> </u>	
•	SUITE 900	<u> </u>	
	LANSING	MI	48933-1
	CITY	STATE	ZIP CODE
Title or Position ASSISTANT	TREASURER Telephone n	umber <u> 5</u>	171-374-19121
Banks or Other Deposit safety deposit boxes or r	tories: List all banks or other depositories in which the comm	ittee deposits	funds, holds accounts, rents
Name of Bank, Depositor			
MI	CHIGAN FIRST CREDIT U	NON	
Mailing Address	27000 EVERGREEN RD	40	The second secon
	<u> </u>		
	LATHRUP VILLAGE	MI	48076-
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ry, etc.		
l. made und			
Mailing Address	المناب والمناف والمناف المناف	<u> </u>	
	·		
		:	
	CITY	STATE	ZIP CODE
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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this flling to indicate how it was received. Date of Receipt **Hand Delivered** Postmarked **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark Shipping Date Fed Ex Overnight Delivery Service (Specify): Next Business Day Delivery **Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED

PREPARER (3/2005)