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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Libertarian Party of Michigan Executive Committee, Inc. P.O. Box 614 ADDRESS (number and street) (Check if address is changed) Royal Oak 48858 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Gblack76@me.com (Check if address is changed) Optional Second E-Mail Address Andrew.Chadderdon@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.michiganlp.org (Check if address is changed) DATE 31 2023 C00403907 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. Black, Gregory, , , Type or Print Name of Treasurer Black, Gregory, , , [Electronically Filed] 05 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. FEC FORM 1

	Office			For further information contact:
Ī	Use			Federal Election Commission
	Only			Toll Free 800-424-9530
	O,			Local 202-694-1100

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. T`	YPE O	OF COMMITTEE:				
С	andidate 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 information below.)	ne candidate			
	Name Candid					
	Candid Party /	date Office Affiliation Sought: House Senate President	State District			
(c	)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Nam Cand	e of didate				
P	arty C	Committee:				
(d	) <b>x</b>	This committee is a STA (National, State or subordinate) committee of the LIB (Democrati	c, , etc.) Party			
P	olitica	al Action Committee (PAC):				
(e	)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:			
		Corporation Corporation w/o Capital Stock Labor C	Organization			
		Membership Organization Trade Association Cooper	_			
		In addition, this committee is a Lobbyist/Registrant PAC.				
(f)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or 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.)					
(g	)	This committee is an independent expenditure-only political committee (Super PAC).				
		In addition, this committee is a Lobbyist/Registrant PAC.				
(h	)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid P.	AC).			
	In addition, this committee is a Lobbyist/Registrant PAC.					
J	oint F	undraising Representative:				
(i)	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.					
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.						
	Com	mittees Participating in Joint Fundraiser				
	1	C				

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٧	Vrite or Type Committee Name					
	Libertarian Par	ty of Michigan Executive Committee	e, Inc.			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor					
	NONE					
	Mailing Address					
			1 1			
		CITY ▲ STATE	ZIP CODE A			
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Repres	Sentative Leadership PAC Sponso			
7.	Custodian of Records: Identification books and records.	ify by name, address (phone number optional) and position of the pe	erson in possession of committee			
	Black, Gre	gory, , ,				
	Full Name					
	Mailing Address	3135 N. Concourse Dr				
		Mt Pleasant	48858			
		CITY ▲ STATE	ZIP CODE A			
	Title or Position ▼	SIAIL SIAIL	ZII GODE Z			
	Treasurer	T-1	989   944   3284			
		Telephone number				
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the commi assistant treasurer).	ittee; and the name and address of			
	Full Name Black, Gre	gory, , ,				
	of Treasurer					
	Mailing Address	3135 N. Concourse Dr				
		Mt Pleasant MI	48858			
		CITY ▲ STATE	▲ ZIP CODE ▲			
	Title or Position ▼					
	Treasurer	Telephone number	989 - 944 - 3284			

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	Full Name of Designated Agent Mailing Address	Chadderdon, Andrew, , , , and a second control of the control of t	
		Westland MI	48185 
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
		Telephone number	248
-	Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits ses or maintains funds.	funds, holds accounts, rents
	Name of Bank, D	epository, etc.	
	Moiling Addrson	Comerica Bank	
	Mailing Address		
		Detroit	48226
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲