## 41. 150511128

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED
RECRETARY OF THE SENATE
PUBLIC RECORDS

13 SEP -3 PM 12: 50

				Office Use Only	_				
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5						
MVP Fund 2014									
	P.O. Box 226								
ADDRESS (number and street)	P.O. Box 226								
(Check if address	1				ì				
is changed)	Bloomfield Hills	+ <del></del>	MI , 48	3303					
	CITY A		L⊥LÍ L STATE ▲	ZIP CODE A =	_ -				
			OIAILA	SE					
COMMITTEE'S E-MAIL ADDRES	ss coleman@capcomp	nlianas com		, C.					
(Check if address	coleman@capcomp	pnance.com		<u>ن څڼ</u>	<b>.</b>				
is changed)	Ontional Second 5 Mail	<u> </u>	······	<b>3</b>	<u> </u>				
	Optional Second E-Mail	Address			#:  -				
	<u> </u>			<del>+</del> <del>-</del>	25				
COMMITTEE'S WEB PAGE ADD	DRESS (URL)								
(Check if address is changed)									
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2. DATE $\begin{bmatrix} 08 \\ 08 \end{bmatrix}$ $\begin{bmatrix} 21 \\ 21 \end{bmatrix}$	2013 Y								
3. FEC IDENTIFICATION NU	JMBER ▶ [C]								
[ <del></del> -1		[ <del>[]</del> ]							
4. IS THIS STATEMENT X	NEW (N) OR	AMENDED (A)		•					
I certify that I have examined th	is Statement and to the bo	est of my knowledge and helie	it is true, correct ar	nd complete.					
Type or Print Name of Treasurer	Kimberly Colema	nn		•					
Signature of Treasurer	inlu C		Date 08	20.	<b>''</b> ')				
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 Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)					

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.)											
Nam Cand	e of didate												
	didate / Affiliati	Office State Office Senate President District											
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.											
Name Cane	e of lidate												
Par	Party Committee:												
(d)		This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.											
Poli	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.)											
Join	t Fund	Iraising Representative:											
(g)	X	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)	Ej	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.											
	Com	mittees Participating in Joint Fundraiser											
	1.	Peters for Michigan FEC ID number C 00437889											
	2.	Michigan Democratic State Central Committee   FEC ID number C 00031054											
	3.	FEC ID number											
	4.	FEC ID number C											

FEC Form	1 (Re	evise	ed O	2/20	009)	ı																										Pa	ge :	3		
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6. Name of Any (	Conn	ecte	d O	rga	niza	tion	, A	.ffilia	ate	d C	on	nmi	tte	e, J	loir	nt F	un	dra	isi	ng	Re	pre	sei	nta	tiv	e, c	or L	eac	der	shi	 р Р	AC	Sp	on:	sor	
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8. Treasurer: List any designated										bei	r	op	tio	nai)	of	the	e tı	eas	sure	er c	of th	ne (	con	nmi	itte	е; а	and	the	e n	am	e a	nd	ado	ires	ss c	f
Full Name of Treasurer	Ľ	imb	er]	ly (	Col	em	an			L_	L		L	ı	1			1_		1_	1_	1	1_			1.	L			ــــــــــــــــــــــــــــــــــــــ					1	l
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Title or Position										(	CIT	Υ										•	ST/	ΝTΕ	•					Z	P (	COI	DE			
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9.

FEC Form 1 (Re	vised 02/2009)		Page 4
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Full Name of Designated Agent Chai	m I. Safran		
Mailing Address	P.O. Box 226		
	Bloomfield Hills	MI	48303
	CITY	STATE	ZIP CODE
Title or Position Assistant Treasure	er	Telephone number	
Banks or Other Depos safety deposit boxes or Name of Bank, Deposito		ich the committee deposits fu	nds, holds accounts, rents
Citi	Bank		
Mailing Address	617 Capital Ave		
	Lansing	LI LI	48933
	CITY	STATE	ZIP CODE
Name of Bank, Deposito	ory, etc.		
Mailing Address			
		ليا ليب	
	CITY	STATE	ZIP CODE

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

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Postmark Illegible	
No Postmark	
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Ne.	xt Business Day Delivery
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Received from Senate Public Records Office	Date of Receipt 9/3//3
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
() All PREPARER	۶/3/13 DATE PREPARED

(8/2013)