

2015 NOV 30 AM 7:11

Michigan First 4 Us

11-20-15

Re: Form 1, Statement of Organization—Unlimited Contributions

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in *SpeechNow v. FEC*, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Treasurer's Name: Paul Kelly

Paul Kilgore, Treasurer

FEC
FORM 1

STATEMENT OF
ORGANIZATION

PAGE 1/4

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2015 NOV 30 AM 7:11
Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Michigan First 4 Us

ADDRESS (number and street)

PO Box 152

☐

(Check if address
is changed)

Laingsburg

CITY ▲

MI

STATE ▲

48848

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

paul@pdscompliance.com

Optional Second E-Mail Address

mgoode@pdscompliance.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

www.michiganfirst4us.com

2. DATE

11

19

2015

3. FEC IDENTIFICATION NUMBER ►

C

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 Paul Kilgore

Signature of Treasurer

Paul Kilgore

Date

11

20

2015

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.

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For further information contact:
Federal Election Commission
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.)

Name of Candidate

Candidate
Party AffiliationOffice
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 (National, State or subordinate) committee of the (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. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

2015-11-30 09:00 AM

Write or Type Committee Name

Michigan First 4 Us

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

NONE

Mailing Address

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 Starlet Eiting

Mailing Address PO Box 152

Laingsburg MI 48848

Title or Position CITY STATE ZIP CODE

Telephone number 602 989 9993

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 Paul Kilgore

Mailing Address 824 S Milledge Ave Ste 101

Athens GA 30605

Title or Position CITY STATE ZIP CODE

Treasurer Telephone number 706 534 7780

Full Name of Designated Agent Michael Goode

Mailing Address 824 S Milledge Ave Ste 101

Athens GA 30605

CITY STATE ZIP CODE

Title or Position Assistant Treasurer

Telephone number 706 - 534 - 7780

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.

Wells Fargo

Mailing Address 4905 82nd St

Lubbock TX 79424

CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

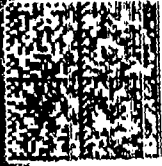
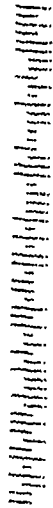
CITY STATE ZIP CODE

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Federal Election Commission
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Washington, DC 20463

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Federal Election Commission
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The FEC added this page to the end of this filing to indicate how it was received.

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| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date |
| | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |
| PREPARER <i>MP</i> | 11/30/2015 DATE PREPARED |

(3/2015)