

FEDERAL ELECTION COMMISSION
OPERATION CENTER

2004 AUG 18 A 7 58

Office Use Only

FEC
FORM 1

STATEMENT OF
ORGANIZATION

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12PR4M5

MANISTIQUE COUNTY DEMOCRATIC COMMITTEE

ADDRESS (number and street)

6520 MAIDENS RD

(Check if address
is changed)

BEAR LAKE

MT

89614

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

JOSEPH@JACKPINE.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

231-477-5252

2. DATE

08 10 2004

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

X

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

MARK J. WARD

Signature of Treasurer

Mark J. Ward

Date

08 10 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5497g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
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For further information contact:
Federal Election Commission
Toll Free 800-424-9535
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 Affiliation	Office Sought	House	Senate	President	State
					District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a SUB (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

MICHIGAN DEMOCRATIC PARTY STATE COMMITTEE

Mailing Address HART KENNEDY HOUSE
606 TOWNSEND
LANSING MI 48233

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship AFFILIATED

- Type of Connected Organization:
- | | | |
|--|---|---|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Corporation with Capital Stock | <input type="checkbox"/> Labor Organization |
| <input type="checkbox"/> Membership Organization | <input type="checkbox"/> Trade Association | <input type="checkbox"/> Cooperative |

FEC Form 1 (Revised 02/2003)

Name or Type Committee Name

MANISTEE COUNTY DEMOCRATIC COMMITTEE

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: TREASURER

Mailing Address:

Title or Position: CITY: STATE: ZIP CODE:

Telephone number:

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: MARK F. WARD

Mailing Address: 6500 MAIDENS RD

BEAR LAKE MI 49814

Title or Position: CITY: STATE: ZIP CODE:

TREASURER Telephone number: 231-864-2295

Full Name of Designated Agent: TIM JOSEPH

Mailing Address: 1171 KERRY RD

BREITHERN MI 49619

Title or Position: CITY: STATE: ZIP CODE:

CHAIRPERSON Telephone number: 231-477-5381

3. 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.

NATIONAL CITY BANK

Mailing Address

375 RIVER ST.

MANISTEE

MI

49660

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address


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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 8-12-04
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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	8-18-04 DATE PREPARED