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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)	<input checked="" type="checkbox"/>	(Check if name is changed)	Example: If typing, type over the lines	12FE4M5
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HSBC North America Political Action Committee - Michigan

ADDRESS (number and street)	26525 N. Riverwoods Blvd.
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<input type="checkbox"/>	(Check if address is changed)	Mettawa	IL	60045	-
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CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

<input type="checkbox"/>	(Check if address is changed)	janet.g.st.amand@us.hsbc.com
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COMMITTEE'S WEB PAGE ADDRESS (URL)

<input type="checkbox"/>	(Check if address is changed)	N/A
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2. DATE

M	M	/	D	D	/	Y	Y	Y	Y
06		/	24		/	20	11		

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

JANET St. AMAND

Signature of Treasurer

Janet St. Amand

Date

06	/	24	/	2011
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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 contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 02/2009)
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5. TYPE OF COMMITTEE (Check One)

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 Affiliation	<input type="text"/>	Office Sought:	<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	State <input type="text"/>
						District <input type="text"/>

- (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:

<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative

- (f) In addition, this committee is a Lobbyist/Registrant PAC.
- 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"/> C <input type="text"/>
2. <input type="text"/>	FEC ID number <input type="text"/> C <input type="text"/>
3. <input type="text"/>	FEC ID number <input type="text"/> C <input type="text"/>
4. <input type="text"/>	FEC ID number <input type="text"/> C <input type="text"/>

Write or Type Committee Name

HSBC North America Political Action Committee - Michigan**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor****HSBC North America**

Mailing Address

26525 N. Riverwoods Blvd.**Mettawa****CITY ▲****STATE ▲****60045****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

Thomas J Rosenkoetter

Mailing Address

1401 Eye Street NW Suite 520**Washington****DC****20005**

Title or Position ▼

CITY ▲**STATE ▲****ZIP CODE ▲****Custodian**

Telephone number

202**466****3561****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**Janet G St. Amand**

Mailing Address

1401 Eye Street NW Suite 520**Washington****DC****20005**

Title or Position ▼

CITY ▲**STATE ▲****ZIP CODE ▲****Treasurer**

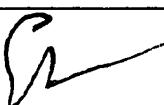
Telephone number

202**466****3561**

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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