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Office Use Only

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

1. NAME OF  
COMMITTEE (In full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

MICHIGAN ROAD BUILDERS ASSOCIATION

POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

924 CENTENNIAL WAY

(Check if address  
is changed)

SUITE 460

LANSING

MI

48917

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 02 06 2003

3. FEC IDENTIFICATION NUMBER ▶

C00325779

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 CHRISTOPHER M. SHEA

Signature of Treasurer

Date 02 06 2003

NOTE: Submission of false, inaccurate, 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 202-694-1300

FEC FORM 1  
(Revised 1/01)

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

Name of Candidate \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship \_\_\_\_\_

Type of Connected Organization:

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

Write or Type Committee Name

MICHIGAN ROAD BUILDERS ASSOCIATION POLITICAL ACTION 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 GARY G. NAELBERT

Mailing Address 924 CENTENNIAL WAY

SOUTH 460

LANSING MI 48917

Title or Position CITY STATE ZIP CODE

DIRECTOR / GOVT AFFAIRS Telephone number 517-886-9000

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 CHRISTOPHER N SHEA

Mailing Address 1965 BARRETT ROAD

TROY MI 48084

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 248-1362-2130

Full Name of Designated Agent

Mailing Address

Title or Position CITY STATE ZIP CODE

Telephone number

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.

NATIONAL CITY BANK OF MICHIGAN/ILLINOIS

Mailing Address

P.O. BOX 8043

ROYAL OAK MI 48068-8043

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 Commission has added this page to the end of this filing to indicate how it was received.

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