

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED
FEDERAL ELECTION COMMISSION
2003 FEB 20 A 10:03
Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

G R E A T L A K E S P O L I T I C A L A C T I O N C O M M I T T E E

ADDRESS (number and street) 2 0 0 0 T O W N C E N T E R S U I T E 2 3 5 0

(Check if address is changed)

S O U T H F I E L D M I 4 8 0 7 5

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

h m d o r n @ c o n s o l i d a t e d l e g a l . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 0 2 1 0 2 0 0 3

3. FEC IDENTIFICATION NUMBER C 0 0 3 4 1 6 3 6

4. IS THIS STATEMENT NEW (N) OR AMENDED (A) [X]

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 Joseph Michael

Signature of Treasurer [Signature] Date

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

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
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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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

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 HEATHER S. DORN

Mailing Address 2000 TOWN CENTER, SUITE 2350

SOUTHFIELD MI 48075

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 248-945-0523

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 JOSEPH MICHAEL

Mailing Address 2000 TOWN CENTER, SUITE 2350

SOUTHFIELD MI 48075

Title or Position CITY STATE ZIP CODE

Telephone number 248-945-0523

Full Name of Designated Agent HEATHER DORN

Mailing Address 2000 TOWN CENTER, SUITE 2350

SOUTHFIELD MI 48075

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 248-945-0523

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents salary deposit boxes or maintains funds.

Name of Bank, Depository, etc.

STANDARD FEDERAL

Mailing Address 2600 W. BIG BEAVER RD

TROY MI 48064

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

STATEMENT OF ORGANIZATION
INDEPENDENT AND POLITICAL COMMITTEES

TYPE OR PRINT CLEARLY. AN AMENDMENT TO THIS FORM MUST BE FILED IF INFORMATION ON THE FORM CHANGES. SEE INSTRUCTIONS ON REVERSE FOR UPDATING PROCEDURES.

1. Committee Identification No. <u>509443-8</u>		2. Type of Filing	
3. Full Name Of Committee (Must include Sponsor or Affiliate) <u>Great Lakes Political Action Committee</u>		<input type="checkbox"/> 2a. Original	
3a. Acronym or Abbreviation (if any): _____		<input checked="" type="checkbox"/> 2b. Amendment to Item(s) # <u>9</u>	
3b. Name of Sponsor or Affiliate: <u>None</u>		2c. Date Change(s) Took Place	
3c. Are you a Separate Segregated Fund (SSF)? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<u>2</u> / <u>1</u> / <u>03</u>	
3d. The sponsor is a (check one box): <input type="checkbox"/> Corporation <input type="checkbox"/> Labor Organization <input type="checkbox"/> Domestic Dependent Sovereign		Month Day Year	
4. Committee Mailing Address (May be P.O. Box): <u>2000 Town Center, Ste. 2350, Southfield, MI 48075</u>			
4a. Committee Street Address (May not be P.O. Box): _____			
5. Date Committee Was Formed (in Michigan) Mo. <u>3</u> Day <u>1</u> Year <u>90</u> & Committee Area Code and Phone Number (248) <u>945-0523</u>			
7. Name and Mailing Address of Committee Treasurer			
<u>Michael Joseph</u>		<u>2000 Town Center</u>	
Last Name First Name		Suite <u>2350</u> <u>Southfield</u> <u>MI</u> <u>48075</u>	
Area Code and Phone (248) <u>945-0523</u>		M. I. Street Address or P.O. Box City State Zip Code	
8. Type of Committee (Please check one box) <input type="checkbox"/> Political Committee <input checked="" type="checkbox"/> Independent Committee			
9. Designated Record keeper. Name and address of the person (other than the treasurer) who will be responsible for the committee's records and Campaign Statement filings. If committee treasurer will personally handle these responsibilities, leave this item blank.			
<u>Down Heather</u>		<u>2000 Town Center</u>	
Last Name First Name		Suite <u>2350</u> <u>Southfield</u> <u>MI</u> <u>48075</u>	
Area Code and Phone (248) <u>945-0523</u>		M.I. Street Address City State Zip Code	
10. <input type="checkbox"/> REPORTING WAIVER The committee does NOT expect to receive or expend in excess of \$1,000.00 in a calendar year. The Reporting Waiver will be automatically lost if the committee exceeds the \$1,000 threshold. (Direct and in-kind contributions, expenditures, loans and outstanding debt count against the \$1,000.00 Reporting Waiver threshold.) Funds left over from one calendar year count toward the "amount received" for the next calendar year. If a request for a Reporting Waiver is not received on or before the filing deadline of a required Campaign Statement, that Campaign Statement can not be waived.			
11. Names and Addresses of depositories or intended depositories of committee funds.			
11a. Official Depository:		Name <u>Standard Federal</u> Street Address <u>2600 W. Big Beaver City</u> <u>MI</u> Zip Code <u>48064</u>	
11b. Secondary Depository:		Name _____ Street Address _____ City _____ State _____ Zip Code _____	
12. Complete if committee is being registered to support or oppose specific candidates.			
Candidates Name		Office Sought	County of Residence
			Party (if any)
13. Complete if committee is being registered to support or oppose specific ballot proposals. <input type="checkbox"/> Support <input type="checkbox"/> Oppose			
Ballot Proposal: _____			
If not a statewide proposal, list the county, city, township, village or school district involved. If multi-county, list the county where the greatest number of voters eligible to vote on the proposal reside.			
<input type="checkbox"/> Statewide <input type="checkbox"/> Multi-County		<input type="checkbox"/> County <input type="checkbox"/> Local	
14. Verification: I certify that all reasonable diligence was used in the preparation of this statement, and that the contents are true, accurate and complete to the best of my knowledge or belief.			
Current Treasurer <u>Joseph Michael</u>		Date _____	
Type or Print Name		Mo. Day Year	
		Signature	

Authority granted under Act 306 of 1976, as amended.

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>2-18-03</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JMD</i> PREPARER	<i>2-23-07</i> DATE PREPARED