## 11030594098

FEC FORM 1

## STATEMENT OF ORGANIZATION

RECEIVED 2011 APR 19 AM 9: 48 FEC MAIL CENTER

				Office Use Only			
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M	15 			
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ADDRESS (number and street)	15,406 12,nd	1AN14 3B					
(Check if address							
is changed)	KILIAPISINIA		MI	53140-			
		CITY	STATE	ZIP CODE			
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one	e-mail address)					
(Check if address is changed)	CIOIBQICIO IBIZI	eribiani. Gom					
is changed)			<u> </u>				
COMMITTEE'S WEB PAGE AD	DRESS (URL)						
(Check if address is changed)	5 10 18 12 16 16 18 18 18 18 18 18 18 18 18 18 18 18 18	Ni fi oiticio inigities	5 <sub>1</sub> 5 <sub>1</sub> , C <sub>1</sub> 0 <sub>1</sub>	<b>M</b>			
2. DATE 0 4 / 0.	7 2011						
3. FEC IDENTIFICATION NUMBER							
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)					
I certify that I have examined the Type or Print Name of Treasure	_		it is true, corre	oct and complete.			
Signature of Treasurer	Yori a Jan	shon	Date 6	4 / 2 / 2 / (2 / )			
NOTE: Submission of false, errend	•	n may subject the person signing		to the penalties of 2 U.S.C. §437g. S.			
Office Use		For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)			

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		OMMITTEE			
(a)	X	Committee:  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			
Nam Cano	e of didate	information below.) $ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	didate / Affiliati	On Dem Office State State District Oil			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name Cand	e of lidate				
Parl	ty Con	nmittee:			
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.			
Poli	tical A	ction 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 Lobbyint/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Func	Iraising 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.			
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.	The state of the s			
	3.	FEC ID number C			
	4.	FEC ID number C			

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Write or Type Committee Nam	ie				
		<del></del>			
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership F	AC Sponsor			
Mailing Address					
-					
		1-1 1 1 1			
	CITY STATE ZIP	CODE			
Relationship:	ed Organization Affiliated Committee Joint Fundraising Representative	ship PAC Sponsor			
keel	territ.				
. Custodian of Records: Ide	entify by name, address (phone number optional) and position of the person in possess	sion of committee			
books and records.					
Full Name Rull b	Zieiribiain	1 1 1 1			
Mailing Address	ng Address 514.0.0.12.0.2.12.0.12.12.13.18.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				
		1 1 1 1 1			
	Kiemoisina 1111 Wiz 6314	ــــا-لا			
Title or Position	CITY STATE ZIP	CODE			
lc		51 <i>[6]</i>			
Claindilidiate	Telephone number 2(2) - [9,9]	F-[7]9[09]			
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	: 1 Tacio bisio n 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Mailing Address	1,0,0,5,6,1,s,t,st,c,e,e,t,,,,,,,,,				
	Kiernasha	3			
Title or Position	CITY STATE ZIP (	CODE			
Tivielaisiaisies	Telephone number 2/4/2 - 4/5/7	H-[5336]			

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Federal Election Cor ENVELOPE REPLACEMENT PAGE FO The FEC added this page to the end of this fili	R INCOMING DOCUMENTS				
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked 4/13/11				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
	Next Business Day Delivery				
Received from House Records & Registratio	Date of Receipt n Office				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
Im B	4/19/11				
PREPARER (3/2005)	DATE PREPARED				