FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZATION	
	(See instructions)	Office use only
NAME OF COMMITTEE (in f	(Check if name Example: If typying, type is changed) over the lines	12FE4M5
FORD LINCOL	N-MERCURY MINORITY DEALERS ASSOCIATION POLITICATION POLIT	AL ACTION COM-
ADDRESS (number and s	16000 W NINE MILE ROAD SUITE 603	
(Check if address		
is changed)	SOUTHFIELD	MI 48075
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one e-mail address)	
(Check if address is changed)	avfleming@aol.com	
COMMITTEE'S WEB F	PAGE ADDRESS (URL)	
	WWW FMMDA Org	ı
(Check if address is changed)		
2. DATE 0.5	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
3. FEC IDENTIFICATION	TION NUMBER C C00324368]
4. IS THIS STATEM	ENT X NEW (N) OR AMENDED (A)	4
4. IS THIS STATEW	ENT A NEW (N)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is true, correct an	d complete
,	Wandall Barran	·
Type or Print Name of 1	Treasurer Wendell Barron	
Signature of Treasurer	Electronically Filed by Wendell Barron	Date 05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person signing this State	
Office Use	For further information of	
Only	Federal Election Commiss Toll Free 800-424-9530 local 202-694-1100	(Revised 02/2009)

	F	FEC F	form 1 (Revised 02/2009)	Page 2				
5.			DMMITTEE (Check One) 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 information below.)	the candidate				
	Name Candi							
	Candi Party	idate Affiliatio	Office Sought: House Senate President	State District				
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name Candi							
	Party	Comm						
	(d)		This committee is a (National, State (or subordinate) committee of the	(Democratic, Republican,etc.) Party.				
	Politic	cal Act	ion Committee (PAC):					
	(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:				
			Corporation Corporation w/o Capital Stock	abor Organization				
			Membership Organization X Trade Association C	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 segregate committee. (i.e., nonconnected committee)	ed fund or party				
			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. FEC ID number					
			2. FEC ID number					
			3 FEC ID number C					
			EEC ID number C					

FEC Form 1	(Revised 02/2009)	Pa	ge 3
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Write or Type Committee Name

. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundrais	sing Representative, or Lead	ership PAC Sponsor
Ford Motor Minority de	aler Association		
Mailing Address	1600 W 9 Mile Rd		
Ü	Suite 603		
	Southfield	<u> </u>	48075 _ [
	CITY▲	STATE A	ZIP CODE A
Relationship:			
X Connected Organization	n Affiliated Committee Joint Fu	undraising Representative	Leadership PAC Sponsor
. Custodian of Records: I possession of Committee	dentify by name, address, (phone number dee books and records.	optional), and position of t	he person in
ı Dr. A	.V. Fleming		
Full Name Dr. A			
ı Dr. A	.V. Fleming 16000 W. Nine Mile Road Suite 603		
Full Name Dr. A	16000 W. Nine Mile Road		48075
Full Name Dr. A	16000 W. Nine Mile Road Suite 603		
Full Name Mailing Address	16000 W. Nine Mile Road Suite 603 Southfield CITY A		48075
Full Name Mailing Address Title or Position	16000 W. Nine Mile Road Suite 603 Southfield CITY A	STATE A Telephone number the treasurer of the comm	48075 ZIP CODE 1
Full Name Mailing Address Title or Position Treasurer: List the nam name and address of a Full Name	16000 W. Nine Mile Road Suite 603 Southfield CITY A e and address (phone number optional) of	STATE A Telephone number the treasurer of the comm	48075 ZIP CODE 1
Full Name Mailing Address Title or Position Treasurer: List the name name and address of a Full Name Management Wash	16000 W. Nine Mile Road Suite 603 Southfield CITY A e and address (phone number optional) of ny designated agent (e.g., assistant treasurer	STATE A Telephone number the treasurer of the comm	48075 ZIP CODE 1
Full Name Mailing Address Title or Position ▼ Treasurer: List the name and address of a second s	16000 W. Nine Mile Road Suite 603 Southfield CITY A e and address (phone number optional) of ny designated agent (e.g., assistant treasurer dell Barron	STATE A Telephone number the treasurer of the comm	48075 ZIP CODE 1
Full Name Mailing Address Title or Position ▼ Treasurer: List the name and address of a second s	16000 W. Nine Mile Road Suite 603 Southfield CITY A e and address (phone number optional) of ny designated agent (e.g., assistant treasurer dell Barron 16000 W 9 Mile Rd	STATE A Telephone number the treasurer of the comm	48075 ZIP CODE 1
Full Name Mailing Address Title or Position ▼ Treasurer: List the name and address of a second s	16000 W. Nine Mile Road Suite 603 Southfield CITY A e and address (phone number optional) of ny designated agent (e.g., assistant treasurer dell Barron 16000 W 9 Mile Rd Suite 603	STATE A Telephone number the treasurer of the commer).	ZIP CODE 1

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Agent	Dr. A.V. Fleming		
Mailing Address	16000 W. Nine Mile Road		
	Suite 603		
	Southfield	MI	48075
Title or Position ▼	CITY A	STATE 🛦	ZIP CODE A
Asst	<u>Treasurer</u> Te	elephone number	5572500
9. Banks or Other Depo safety deposit boxes or Name of Bank, Deposi	olds accounts, rents		
	ShoreBank		
Mailing Address	14533 Mack Avenue		
	Detroit	MI [48215
	CITY 🗻	STATE △	ZIP CODE 🛕
Name of Bank, Deposi	itory, etc.		
Mailing Address			