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MAD DELIVERED

STATEMENT OF

FEC FORM 1		ORGANIZATION			RECEIVE!	
					1	2013 OCT 22 PM 4: 58
1. NAME OF COMMITTEE (in	full)	(Check if nar is changed)	ne	Example: If typing, type over the lines.	12FE4N	FE MAIL CENTER
180,66y_f	io,r, A	hi chi gan	سا			
ADDRESS (number a	nd street)	PO BOX	87	5.03		
(Check if a		1	1 I I			
is Change.	4)	Canton			MI STATE A	481911- ZIP CODE▲
COMMITTEE'S E-MA	NL ADDRES	SS				
(Check if a		ibmc15.80	ma	il. Com		ليبيبين
		Optional Second E-N	Mail Add	iress		
			لللل			
COMMITTEE'S WEB		DRESS (URL)				
is changed			ليليا	<u> </u>		
			111			
2. DATE	Ö ' 2	2 2013				
3. FEC IDENTIFIC	CATION NU	JMBER ▶	С			
4. IS THIS STATE	MENT X	NEW (N)	OR	AMENDED (A)		
I certify that I have o	examined th	is Statement and to th	e best	of my knowledge and belief it	is true, com	ect and complete.
Type or Print Name	of Treasure	Daniel	Ryd	yn		
Alan A 4.7.	7	1 25 6	} <u>`</u>	J	N. 1	M / D D / Y Y Y Y

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 SH	OULD BE REPORTED WITHIN 10 DA		
Office Use Only			For further Information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)	

5.

FEC For	m 1 (Revised 02/2009)	Page 2				
TYPE OF CO	DMMITTEE Countrittee:					
(a) X	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. (Cor information below.)					
Name of Candidate	<u> </u>					
Candidets Party Affiliation	n DEM Office X House Senate President	State NI District II				
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate	Robbert Lawrence Mukeinzie					
Party Com	· ·					
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.				
Political Ad	ction Committee (PAC):					
(0)	This committee is a separate segregated fund. (kientilly connected organization on line 6.) Its co	nnected organization is a:				
	Corporation w/o Capital Stock	Labor Organization				
	Membership Organization Trade Association	Cooperative				
	In addition, this committee is a Lobbyist/Registrant PAC.					
(f)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., noncommettee)					
	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 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political				
Com	nittees Participating in Joint Fundraiser					
1.	FEC ID number C					
2.	FEC ID number C					
3.	FEC ID number C					
4.	[

		1
FEC Form 1 (Revised 02/2009) Write or Type Committee Name		Page 3
wind or type conduited realis		
R Name of Any Connected Ownerland	on, Affiliated Committee, Joint Fundraising Representative, or Leade	prohin PAC Sooneor
o. Relie of Any Competed Organizate	on, rimines communes, community representative, or beautiful	nomp i no oponou
Mailing Address		
	1 1 1 1 1 1 1 1 1 1	
LII		
	CITY STATE	ZIP CODE
Relationship: Connected Organize	ation Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
·		
 Custodism of Records: Identify by na books and records. 	ame, address (phone number - optional) and position of the person in	possession of committee
Full Name Robert	Lawrence Mckenzie	
Mailing Address	BOX 87503	
Ĺ		
Car	nton HA	167-
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number (2).23-	14211-19145/2
Treasurer: List the name and address any designated agent (e.g., assistant to the control of the control o	(phone number - optional) of the treasurer of the committee; and the treasurer).	name and address of
Full Name of Treasurer Danil 1	Pydyn	
Mailing Address Po	189×187503	
لببا		
<u>Our</u>	Thon ME 14.8	187-
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 33-	14211-191962

FEC Form 1 (Revise	d 02/2009)		Page 4
Full Name of Designated Agent	 	<u> </u>	
Mailing Address			
			لىسىسىس
	CITY	STATE	ZIP CODE
Title or Position	Telephone	number L	لىنىا-لىنا-لىن
Banks or Other Depositor safety deposit boxes or mai Name of Bank, Depository,		mmittee deposits	funds, holds accounts, rents
Ban	K. Of America		
Mailing Address	145,8,5,0, Mischigan Ave	<u> </u>	
		للللب	
	Canton	IMI L	4.31.8.81-
	СПУ	STATE	ZIP CODE
Name of Bank, Depository,	elc.		
ليب			ليبيبين
Mailing Address			
	Limmon		لىسىسىسا
		ليا ل	لىسا-لىسا
	СПУ	STATE	ZIP CODE

Sevine Mulvey bongabaugh 141 Wisconsin Ave. NW Washington, DC 20007

2013 GCT 22 PH 4: 56

FEC MAIL CENTER

Federal Election Commission 999 ES.NW WAShington, PC 20463 public pewras office

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	Date of Receipt
Received from Senate Public Records Office	
	Date of Receipt
Received from Electronic Filing Office	
Other (Specify):	e of Receipt or Postmarked
(Im)	10/24/13
PREPARER	DATE PREPARED
(8/2013)	