

FEC
FORM 1STATEMENT OF
ORGANIZATION

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines12FE4M5

Connie Saltonstall for Congress

ADDRESS (number and street)

11362 Boyne City Road

 (Check if address
is changed)

Charlevoix

MI

49720

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

 (Check if address
is changed)

conniesaltonstall@charter.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)
2. DATE

M	M
0	6

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

3. FEC IDENTIFICATION NUMBER

C C00478842

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

Kristine Busk

Signature of Treasurer

Electronically Filed by Kristine Busk

Date

M	M
0	6

 /

D	D
1	4

 /

Y	Y	Y	Y
2	0	1	0

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

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE (Check One)

Candidate 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 the candidate information below.)

Name of Candidate

Connie Saltonstall

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

MI

District

01

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

Name of Candidate

Party Committee:

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

Political Action 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

- (f) In addition, this committee is a Lobbyist/Registrant PAC.
 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 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

 C 2.

FEC ID number

 C 3.

FEC ID number

 C 4.

FEC ID number

 C

Full Name of
Designated
Agent**Barbara Perreault**

Mailing Address

629 Forest Park Lane**Boyne City****MI****49712**

Title or Position ▼

CITY ▲**STATE ▲****ZIP CODE ▲****Assistant Treasurer**

Telephone number

231**582****0416**

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.

Citizen's Bank**201 State Street**

Mailing Address

Charlevoix**MI****49720****CITY ▲****STATE ▲****ZIP CODE ▲**

Name of Bank, Depository, etc.

Charlevoix State Bank**111 State Street**

Mailing Address

Charlevoix**MI****49720****CITY ▲****STATE ▲****ZIP CODE ▲**