

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 12 SEP 11 3:05

12 SEP 11 3:05

RECEIVED RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS 2012 SEP 10 AM 8:45 Office Use Only

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

12FE4M5 OFEC-MAIL CENTER

The American Way - Durant 2012

ADDRESS (number and street)

430 Chalfonte Avenue

(Check if address is changed)

Grosse Pointe Farm

CITY

MI

STATE

48236-2916

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

[Empty field for E-mail address]

Optional Second E-Mail Address

[Empty field for second E-mail address]

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.clarkdurant.com

[Empty field for URL]

[Empty field for URL]

2. DATE

08 / 26 / 2011

3. FEC IDENTIFICATION NUMBER

C C00501452

4. IS THIS STATEMENT

(X) 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 Walter P. Czarnetzki

Signature of Treasurer

[Handwritten signature of Walter P. Czarnetzki]

Date

08 / 27 / 2012

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 Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

12020962122

5. TYPE OF COMMITTEE

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 Clark Durant

Candidate Party Affiliation REP House Senate President State MI District 00

- (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
 - 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 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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

120209662134

Write or Type Committee Name

The American Way - Durant 2012

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

	MI	00000
		-
CITY	STATE	ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Mindy Barry

Mailing Address 430 Chalfonte Avenue

Grosse Pointe Farm MI 48236-2916

Grosse Pointe Farm MI 48236-2916

CITY STATE ZIP CODE

Custodian of Records Telephone number

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 Walter P. Czamecki

Mailing Address 430 Chalfonte Avenue

Grosse Pointe Farm MI 48236-2916

Grosse Pointe Farm MI 48236-2916

CITY STATE ZIP CODE

Title or Position of Treasurer Telephone number

12020662135

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

PNC Bank [Grid]

Mailing Address

1 Kercheval Avenue [Grid]

[Grid for Mailing Address Line 2]

Grosse Pointe Farm MI 48236-3601 [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

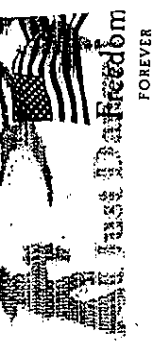
STATE

ZIP CODE

12020962136

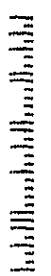
The American Way
430 Chalfonte Ave.
Grosse Pointe Farms, MI 48236

METROPLEX MI 480
04 SEP 2012 PM 17 L



RECEIVED
2012 SEP 10 AM 8:45
FEC MAIL CENTER

FEC
999 E. St. NW
Washington, DC 20463

20463 

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

Date of Receipt

9-4-12

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION

9-11-12

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

9-4-12

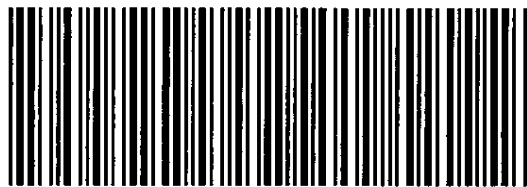
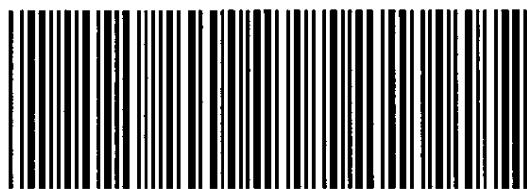
OTHER _____

Date of Receipt or Postmark

PREPARER DH

DATE PREPARED 9-11-12

12020662138



12020992139