

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

(See Instructions)

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5

MAINTENANCE OF WAY POLITICAL LEAGUE, A PAC OF THE BMW

ADDRESS (Home or street)

20300 Civic Center Drive

(Check if address is changed)

Suite 320

SOUTHFIELD

MI

48076

4169

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2489489140

2. DATE 01 / 25 / 2005

3. FEC IDENTIFICATION NUMBER C C00000372

4. IS THIS STATEMENT NEW (N) OR X 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 MR. PERRY K. GELLER, Sr.

Signature of Treasurer Electronically Filed by MR. PERRY K. GELLER, Sr. Date 01 / 25 / 2005

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

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 202-894-1100

**FEC FORM 1**  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

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

- (e)  This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

DRIVE \_\_\_\_\_

Mailing Address \_\_\_\_\_ 25 Louisiana Ave. NW \_\_\_\_\_

\_\_\_\_\_

Washington DC 20001 - \_\_\_\_\_

CITY STATE ZIP CODE

Relationship AFFILIATED \_\_\_\_\_

Type of Connected Organization:

- |                         |                               |  |
|-------------------------|-------------------------------|--|
| Corporation             | Corporation w/o Capital Stock | <input checked="" type="checkbox"/> Labor Organization |
| Membership Organization | Trade Association             | Cooperative  |

Write or Type Committee Name

**MAINTENANCE OF WAY POLITICAL LEAGUE, A PAC OF THE BMW**

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 **MR. PERRY K. GELLER, Sr.**

Mailing Address **20900 CIVIC CENTER DRIVE**

**SUITE 320**

**SOUTHFIELD MI 48076 - 4169**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

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 **MR. PERRY K. GELLER, Sr.**

Mailing Address **20900 CIVIC CENTER DRIVE**

**SUITE 320**

**SOUTHFIELD MI 48076 - 4169**

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name of Designated Agent \_\_\_\_\_

Mailing Address \_\_\_\_\_

Title or Position ▼ **CITY ▲ STATE ▲ ZIP CODE ▲**

Telephone number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

