

REGISTRATION CENTER

NOV 22 A 9:42

FEC FORM 1

STATEMENT OF ORGANIZATION

USES ONLY

1. NAME OF COMMITTEE (If Nil)

(Check if name is changed)

Example: If typing, type over the lines.

12PEAMS

TRAVELERS AREA FAMILIES FOR CHANGE

ADDRESS (number and street)

1229 EAST SHORE ROAD

(Check if address is changed)

TRAVELERS CITY ME 04963

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

RLCH@ERIS.IL.EG.H.HARVARD.EDU

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

11 15 2004

3. FEC IDENTIFICATION NUMBER

C00407403

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

Marjorie Rich

Signature of Treasurer

Marjorie Rich

Date

11 15 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 9437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only					
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For further information contact: Federal Election Commission Tel: Free 800-424-9600 Local 202-694-1100

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 _____

- (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

NONE _____

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation Corporation w/o Capital Stock Labor Organization
- Membership Organization Trade Association Cooperative

Write or Type Committee Name

TRAVERSE AREA FAMILIES FOR CHANGE

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 MARJORIE RICH

Mailing Address 7229 EAST SHORE ROAD
TRAVERSE CITY MI 49686

Title or Position TREASURER CITY MI STATE MI ZIP CODE 49686
 Telephone number 231-922-9107

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of this committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer MARJORIE RICH

Mailing Address 7229 EAST SHORE ROAD
TRAVERSE CITY MI 49686

Title or Position TREASURER CITY MI STATE MI ZIP CODE 49686
 Telephone number 231-922-9107

Full Name of Designated Agent ROBERTA KOWDRA WEBSITE

Mailing Address 7229 EAST SHORE ROAD
TRAVERSE CITY MI 49686

Title or Position ASSISTANT TREASURER CITY MI STATE MI ZIP CODE 49686
 Telephone number 231-922-9107

5. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, notes, safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

WASHINGTON NATIONAL BANK

Mailing Address

1111 1/2 SOUTH AIRPORT ROAD

FARMERSVILLE MI 49636

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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