

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2012 FEB -2 AM 11:45 FEC MAIL CENTER Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

COMMITTEE TO ELECT ADRIENNE HIRSCHFELDER

ADDRESS (number and street)

PO Box 980546

(Check if address is changed)

YPSILANTI

MI

48198

CITY

STATE

ZIP CODE

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

(Check if address is changed)

committeetoelectah@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

01-23-2012

3. FEC IDENTIFICATION NUMBER

C00507848

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

Adrienne Hirschfelder

Signature of Treasurer

[Handwritten Signature]

Date

01-23-2012

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 02/2009)

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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 Adrienne Hirschfelder

Candidate Party Affiliation none Office Sought: House Senate President State CA District 08

- (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	<u>C</u>
2.	_____	FEC ID number	<u>C</u>
3.	_____	FEC ID number	<u>C</u>
4.	_____	FEC ID number	<u>C</u>

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Write or Type Committee Name

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

[Grid for Name]

[Grid for Name]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

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

[Grid for Full Name]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

Title or Position

CITY

STATE

ZIP CODE

[Grid for Title or Position]

Telephone number

[Grid for 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

[Grid for Full Name of Treasurer]

Mailing Address

[Grid for Mailing Address]

[Grid for Mailing Address]

[Grid for Mailing Address]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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Full Name of Designated Agent

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid line]

Telephone number

[Empty grid line]

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.

INTERNATIONAL BANK

Mailing Address

401 LIBERTY ST

[Empty grid line]

ANN ARBOR MI 48104

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid line]

Mailing Address

[Empty grid line]

[Empty grid line]

[Empty grid line]

CITY

STATE

ZIP CODE

12030731291

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

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CMW
 PREPARER
 (3/2005)

2/2/12
 DATE PREPARED

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