

AMENDED

RECEIVED

FEC FORM 1

STATEMENT OF ORGANIZATION

2012 MAR 12 AM 7:45  
C00512780  
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

MISSIONARY-TRACEY ELAINE BLAIR CAMPAIGN FOR U.S. PRESIDENTIAL ELECTION AS WRITE-IN CANDIDATE

ADDRESS (number and street)

P.O. Box 2035

(Check if address is changed)

DETROIT

MI

48202-19035

CITY

STATE

ZIP CODE

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

(Check if address is changed)

traceyblairinitialegypt@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

03 06 2012  
02 06 2012

3. FEC IDENTIFICATION NUMBER

C870752118

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

Missionary-Tracey Elaine Blair

Signature of Treasurer

Missionary-Tracey Elaine Blair

Date

03 06 2012  
02 06 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)

12030753299

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: TRACEY ELAINE BLAIR  
INDEPENDENT

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: \_\_\_\_\_

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  \_\_\_\_\_

2. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

3. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

4. \_\_\_\_\_ FEC ID number  \_\_\_\_\_

12030753300

Write or Type Committee Name

CAMPAIGN TO ELECT MISSIONARY-TRACEY ELAINE BLAIR AS WRITE-IN

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

PRESIDENTIAL CANDIDATE, 2012

N/A

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

Mailing Address

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

MISSIONARY-TRACEY ELAINE BLAIR

Mailing Address

P.O. BOX 2035

DETROIT

CITY

M.I

STATE

48202-1035

ZIP CODE

Title or Position

Telephone number

313-685-1705

12030753301

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.

BANK OF AMERICA, NA

Mailing Address

P.O. BOX 25118

[Grid for Mailing Address Line 2]

TAMPA FL 33622-5118

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc. Line 1]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

12050753302

**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"/> Other (Specify):                                        | Date of Receipt or Postmarked |

*[Signature]*  
 PREPARER  
 (3/2005)

3/12/12  
 DATE PREPARED

12030753303