PAGE 1 / 4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Newaygo County Democratic Executive Committee PO Box 157 ADDRESS (number and street) (Check if address is changed) Newaygo 49337 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS janfwalshdvm2@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00452854 FEC IDENTIFICATION NUMBER 3. X 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. Walsh, Jan, F, Dr, DVM Type or Print Name of Treasurer Walsh, Jan, F, Dr, DVM [Electronically Filed] 10 10 2018 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Only Local 202-694-1100

ı	FFC Fo	rm 1 (Revised 02/2009)	Page 2			
TYPE	E OF C	OMMITTEE	1 uyo 4			
Can	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. (Compleinformation below.)	ete the candidate			
Name Cand	e of lidate					
	lidate Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Part	Party Committee:					
(d)	×	CLID ' '	emocratic, epublican, etc.) Party			
Poli	tical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ected 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 segrecommittee. (i.e., nonconnected committee)	egated fund or party			
		In addition, this committee is a Lobbyist/Registrant PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political			
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political			
	Committees Participating in Joint Fundraiser					
	1.	FEC ID number				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

			_
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	Vrite or Type Committee Nan		
		nty Democratic Executive Committee	
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
M	lichigan Democratic	Party	
		606 Townsend St	
	Mailing Address		
		Lansin MI 489	33
		CITY STATE	ZIP CODE
	Relationship: X Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
' .	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in	n possession of committee
		an, F, Dr, DVM	
	Full Name	,7864 Felch Ave	
	Mailing Address		
		Newaygo , MI , 493	227
		Newaygo MI 493	
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	Telephone number	- 652 3290
3.	Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	ne name and address of
	Full Name Walsh, Ja of Treasurer	an, F, Dr, DVM	
	Mailing Address	7864 Felch Ave	
		Newaygo MI 493	37
	Title or Position	CITY STATE	ZIP CODE
	Treasurer		- 652 - 3290

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Full Name of Designated		, , , , , , , I
Agent		
Mailing Address		
	CITY STATE ZI	P CODE
Title or Position		1 1
	Telephone number	
Mailing Address	ChoiceOne Bank 10 W. Main Grant MI 49327	
	CITY STATE Z	
		IP CODE
Name of Bank, I		IP CODE
Name of Bank, I		IP CODE
Name of Bank, I		IP CODE
		IP CODE
		P CODE