

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

KRIEHALK FOR CONGRESS

ADDRESS (number and street)

☐

(Check if address
is changed)

26200 TOWN CENTER DRIVE
SUITE 145
NOVI MI 48375

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

RICKE GILBERT@SBCGLOBAL.NET

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

248-557-6562
344-2683

2. DATE

10 ' 08 ' 2007

3. FEC IDENTIFICATION NUMBER ►

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

RICHARD E GILBERT

Signature of Treasurer

Richard E Gilbert

Date

10 ' 08 ' 2007

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
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Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

FE3AN042.PDF

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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

EDWARD F. KRIEWALL

Candidate Party Affiliation

DEM

Office Sought:

☒

House

☐

Senate

☐

President

State

HI

District

11

- (c) ☒ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

EDWARD F. KRIEWALL

(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

KRIEWALL FOR CONGRESS

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

RICHARD E GILBERT

Mailing Address

26200 TOWN CTR DRIVE

SUITE 145

NOVI

MI 48375

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

248-344-9662

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

RICHARD E GILBERT

Mailing Address

26200 TOWN CTR DRIVE

SUITE 145

NOVI

MI 48375

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

TREASURER

Telephone number

- - -

Full Name of
Designated
Agent

NONE

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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.

LASSIE BANK

Mailing Address

24101 NOVI ROAD

NOVI

MI 48375

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission
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PREPARER

(3/2005)

10/15/07
DATE PREPARED

27039540336