

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER  
2020 JUL -2 PM 1:07  
Office Use Only

1. NAME OF  
COMMITTEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

BLUE BRIGADE SELECT COMMITTEE

ADDRESS (number and street)

4205 SHOALS DRIVE

(Check if address  
is changed)

OKEMOS

CITY ▲

MI

48864

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

susanandtwins@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

under  
construction

2. DATE

06 / 23 / 2020

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)



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

Dianne K. Holman

Signature of Treasurer

Dianne K. Holman

Date

06 / 23 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
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 06/2012)

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

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

### Candidate Party Affiliation

1

Office  
Squat

## House

Senate

## President

### State

10

- 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.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	C	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>
2.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	C	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>
3.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	C	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>
4.	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	FEC ID number	<input style="width: 20px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>	C	<input style="width: 150px; height: 20px; border: 1px solid black; border-radius: 5px; padding: 2px; margin-right: 10px;" type="text"/>

Write or Type Committee Name

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

[REDACTED]  
[REDACTED]

Mailing Address

[REDACTED]  
[REDACTED]  
[REDACTED] CITY [REDACTED] STATE [REDACTED] 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

Susan Anderson

Mailing Address

4205 Shafts

[REDACTED]  
Okemos [REDACTED] MI 48864- [REDACTED]

Title or Position

CITY

STATE

ZIP CODE

Chair

Telephone number

517-285-1116

## 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 TreasurerDianne K Holman

Mailing Address

4681 Van Atta Road

[REDACTED]  
Okemos [REDACTED] MI 48823- [REDACTED]

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

517-303-3631

Full Name of  
Designated  
Agent

Mary Ellen Greene

**Mailing Address**

525 Northlawn Ave

East Lansing CITY

CITY

44

ZIP CODE

**Title or Position**

Line of Position  
Assistant Treasurer

Telephone number

517-1974-4979

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. <sup>3</sup>

Name of Bank, Depository, etc.

Flagstar Bank

1801 W Grand River Ave.

Okemos

44

**ZIP CODE**

**Name of Bank, Depository, etc.**

A horizontal scale bar consisting of a thin black line with 10 evenly spaced tick marks. A vertical line extends from the left end of the scale bar.

A metric ruler is shown horizontally, starting at 0 and ending at 10. The ruler has major tick marks every 1 centimeter and minor tick marks every 1 millimeter. The numbers 0, 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10 are clearly visible above the ruler.

CITY

**STATE**

**ZIP CODE**



GRAND RAPIDS

MI 495  
23 JULY 2020  
U.S. POSTAL SERVICE

Dianne Holman  
4601 Van Arts Road  
East Lansing, MI 48864

Federal Election Commission  
1050 First St. N.E. 20463  
Washington, DC

RECEIVED

2020-06-29

2020-06-29

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt	
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	
Next Business Day Delivery <input type="checkbox"/>		
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt	
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
		
PREPARER (3/2015)	7/6/20 DATE PREPARED	