

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

FEDERAL ELECTION COMMISSION  
U.S. DEPARTMENT OF JUSTICE

2007 APR 19 P 3:34  
Official Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FB4M5

NACHT FOR CONGRESS

ADDRESS (number and street)

PO BOX 370

(Check if address is changed)

DEXTER

MI 48130

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

nachtforcongress@gmail.com

www.n

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.nachtforcongress.com

COMMITTEE'S FAX NUMBER

2. DATE 04 17 2007

3. FEC IDENTIFICATION NUMBER ▶

C00433573

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

Barbara Kramer

Signature of Treasurer



Date

04 17 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 Use Only				
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For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

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 DAVID ALLEN NACHT

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State MI District 07

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

Name of Candidate \_\_\_\_\_

- (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

NACHT 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 | ZACHARY JAMES DILLINGER

Mailing Address | 5485 E. PACKARD HWY

| CHARLOTTE | MI | 48813 |

Title or Position | CITY | STATE | ZIP CODE

| CAMPAIGN MANAGER | Telephone number | 734 | - | 660 | - | 1400 |

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 | BARBARA KRAMER

Mailing Address | 505 HIGHLAND ROAD

| ANN ARBOR | MI | 48104 |

Title or Position | CITY | STATE | ZIP CODE

| TREASURER | Telephone number | 734 | - | 994 | - | 9067 |

Full Name of Designated Agent | ANDRA L. CRAWFORD

Mailing Address | 3310 PACKARD RD.

| APARTMENT 2B

| ANN ARBOR | MI | 48108 |

Title or Position | CITY | STATE | ZIP CODE

| FUNDRAISER | Telephone number | 734 | - | 478 | - | 5470 |

8. **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.

COMERICA BANK

Mailing Address

101 NORTH MAIN ST. SUITE 100

ANN ARBOR MI 48104-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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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"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>4/18/07</i> Next Business Day Delivery <input checked="" type="checkbox"/>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*JH*  
PREPARER  
(3/2005)

*4/19/07*  
DATE PREPARED