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FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED SENATE PUBLIC FECORDS

17 JUL 14 AM 11: 40

FORM 1						<u> </u>	• •	JUL 14 F Ise Only	
1. NAME OF COMMITTEE (in	n full)		(Check if name is changed)	Example over the	If typing, type lines.	12FE4	ıÑ5		-
RIEGLE FO	R SENAT	E COM	MITTEE	1_1 1 1			<u> </u>		لـــــــا
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ADDRESS (number a	ind street)	70	85 CHERRYWOOI	o court				1 1 1 1 1 1 1	
* (Check if is change		لـــا				1	1111	<u> </u>	
•			AVERSE CITY, CITY ▲	1111		MI STATE A	4968	ZIP COD	E▲
COMMITTEE'S E-M	AIL ADDRE	ss							
(Check if is change		SU	SANŅEḤAESSLE	R@AOL.ÇO	M 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1	1_1_1_		
		Option	al Second E-Mail Ad	ddress	<u> </u>	. 	1111	111	
COMMITTEE'S WEI	address	DRESS		<u> </u>		<u> </u>	1.1.1.1	<u>. </u>	
2. DATE	7/01/20	17,	Y Y Y						
3. FEC IDENTIF	ICATION N	UMBER	▶ ©	001,658,52					
4. IS THIS STATE	MENT [N	EW (N) OR	*	AMENDED (A)				
I certify that I have	examined t	his State	ement and to the be	st of my know	wledge and belief	it is true, o	orrect and co	mplete.	
Type or Print Name	of Treasure	ır	SUSANNE HAES	SLER - A	SSISTANT TE	REASUREI	R	· · · · ·	·
Signature of Treasu	irer _	کین	//	aes	<u></u>	Date	07/06/2	2017	
NOTE: Submission of	of false, error	eous, or	incomplete informatio	on may subject ATION SHOU	the person signing	this Statem WITHIN 10	ent to the per DAYS.	nattles of 52 U	J.S.C. §30109.
Office Use Onty				Fe To	r further Information deral Election Commit) Free 800-424-9530			EC FORN Revised 06/20	

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	*****	m 1 (Revised 02/2009) Page 2 OMMITTEE
		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 Candi		DONALD W., RIEGLE, JR., JR., J., J., J., J., J., J., J., J., J., J
Candi Party	date Affiliatio	on Office State President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi	-	
Part	у Соп	nmittee:
(d)		This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Pa
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization
		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 pacommittee. (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	t Func	Iraising 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.
	Com	mittees Participating in Joint Fundraiser ,
	1.	FEC ID number C
	2.	FEC ID number
	3.	FEC ID number C
	4.	

FEC FOIL	II I (Neviseu	V2/2003/		-		
Write or Type Co	mmittee Nam		SENATE COMM	ITTEE		
6. Name of Any	Connected	Organization, Affilia	ted Committee, Joi	nt Fundralsing Rep	resentative, o	or Leadership PAC Sponsor
	1111			111111		1 1 1 1 1 1 1 1 1
Mailing Addre	SS					
			СПУ		STATE	ZIP CODE
Relationship:	Connect	ed Organization	Affiliated Committee	Joint Fundraising	g Representat	ive Leadership PAC Sponsor
7. Custodian of books and re-		entify by name, addre	ess (phone number	optional) and posit	tion of the pe	erson in possession of committee
Full Name	sus	anne heassle	R	11111		
Mailing Addre	ess	RIEGLE F	or, senate co	MMITTEE 1 1	اـــــــــــــــــــــــــــــــــــــ	
		7085 СНЕ	ŖŖŸŴŎŎĎ ſĊŎŨĬ	CT ₁ 1 1 1		
		TRAVERSE	CITY		MI	49686
Title or Positi	on		CITY		STATE	ZIP CODE
ASSIST	ANT TREA	ASURER		Telephone nu	mbert	
8. Treasurer: Li any designate	st the name and agent (e.g.	and address (phone r ., assistant treasurer).	number - optional) (of the treasurer of th	e committee;	and the name and address of
Full Name of Treasurer	[WII	LIAM C. SHED	D 1 1 1 1 1 1 1 1	<u> </u>		
Mailing Addre	ess	RIEGLE F	OR, SENATE, CO	MMITTEE		
		7085 СНЕ	RRYWOOD COU	RT III	<u> </u>	
		TRAVERSE	CITY		MI	[49686]
Title or Posit			لبب	Telephone nu	mber	

FEC Form 1 (Revised 02/2009)

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JSANNE HAESSLE

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