Only

## STATEMENT OF

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**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. David VanAssche for Congress 45917 Hayes Rd ADDRESS (number and street) (Check if address is changed) Shelby Township 48315-6217 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS edwenz1939@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) DAVIDVANASSCHE.COM (Check if address is changed) DATE 2016 C00614412 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. Type or Print Name of Treasurer Ed Wenz [Electronically Filed] 80 29 2016 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

Local 202-694-1100

		1 (D. : 1 00/0000)	5 0
		rm 1 (Revised 02/2009)	Page <b>2</b>
		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. (Con information below.)	nplete the candidate
Name Cand	e of didate	David Vanassche	
	didate / Affiliation	on REP Office Sought: X House Senate President	State MI District 10
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)		(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Wo 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 s committee. (i.e., nonconnected committee)	egregated 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 t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.		
	4.		

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Write or Type Committee Name		-
David VanAssch	ne for Congress	
6. Name of Any Connected O	ganization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
. Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person	in possession of committee
John Coon	ey	
Mailing Address	6400 Fallbrook Road	
	Eden Prairie MN 55	5344-3242
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	]- [
3. <b>Treasurer:</b> List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; and ssistant treasurer).	the name and address of
Full Name Ed Wenz of Treasurer		
Mailing Address	22316 MYLLS	
		3081-1343 -   -   -   -   -   -
Title or Position , Treasurer	CITY STATE	ZIP CODE

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Full Name of Designated Ed W Agent	Venz	
Mailing Address	22316 MYLLS	
	Saint Clair Shores  CITY  STATE	2IP CODE
Title or Position Treasurer	Telephone number	
safety deposit boxes or	sitories: List all banks or other depositories in which the committee deposits fully	nds, noids accounts, rents
saicty acposit boxes of	i ilialitaliis iulius.	
Name of Bank, Deposit		
	itory, etc.	
Name of Bank, Deposit	itory, etc.	
Name of Bank, Deposit	&T	
Name of Bank, Deposit	&T	27101
Name of Bank, Deposit	&T  200 WEST SECOND STREET	27101
Name of Bank, Deposit	WINSTON SALEM  CITY  STATE	
Name of Bank, Deposit	WINSTON SALEM  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	WINSTON SALEM  CITY  STATE	
Name of Bank, Deposit	WINSTON SALEM  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	WINSTON SALEM  CITY  STATE	
Name of Bank, Deposit  Mailing Address  Name of Bank, Deposit	WINSTON SALEM  CITY  STATE	