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FEC	
<b>FORM</b>	1

## STATEMENT OF

FORM 1		ORGANIZ	ATION		Office Use Only
NAME OF     COMMITTEE (in	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
BILLHA	\ R. D.L.	NINH FOR C	NHG:NEISS	L.:	<u> </u>
			<u> </u>	<u> </u>	<u>i i _ i _ i _ i _ i _ i </u>
ADDRESS (number a	and street)	10 BOX 20	266		
(Check if a	ddress		<u> </u>	<u> </u>	<u> </u>
is changed	)	GRAND PA	<u> </u>	MIII 1	1.950:11-1
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	AIL ADDRE	SS (Please provide only one e	e-mail address)		
(Check if	address	HAROLMANI	FORLOWGRESS	QHAHO.	0.014
is change			<u> </u>	<u>:</u>	<u></u>
COMMITTEE'S WEE	B PAGE AD	DRESS (URL)	•		
(Check if is change		WWW. BILL	Hairio: I. manl. Co		
2. DATE	3 1	0 1010			
3. FEC IDENTIFI	CATION N	имвек С	order of the second of the sec		
4. IS THIS STATE	MENT >	NEW (N) OR	É P AMENDED (A)		
I certify that I have	examined t		st of my knowledge and belief i	t is true, correct	and complete.
Type or Print Name	of Treasure	Sean P.	Welsh		
Signature of Treasur	rer	(ADUR WOOD		Date Ö.3	10 7010
NOTE: Submission of	false. erron		n may subject the person signing		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

100	1 ago 2
TYPE OF	COMMITTEE
Candida	te Committee:
(a) X	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	CLIDE PRESTOWN (WILLIAM) HARDINAN
Candidate Party Affilia	otion LEP Office Sought: House Senate President District 03
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d) <sup>5</sup>	(National, State (Democratic, This committee is a or subordinate) committee of the 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 Fu	ndraising 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.
Co	mmittees Participating in Joint Fundraiser
1.	FEC ID number C
2.	'   !
3.	
4.	FEC ID number C

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee I	Name	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship:	nected Organization Affiliated Committee Joint Fundraising Representative	ी ६ ६. के Leadership PAC Sponso
. Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the person	in possession of committee
Full Name SE	AN WELSH	<u></u>
Mailing Address	515 BELVEDERE DR.	<u>:                                    </u>
	<del></del>	<u>:                                    </u>
	E. GRAND RAGIOS MI	19506-
Title or Position	CITY STATE	ZIP CODE
TREASURE	Telephone number	]- [
	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name of Treasurer	AU WELSHI :	·
Mailing Address	SIS BELIVENERE DE	
	<u> </u>	<u> Li.i</u>
	E. GRAND RAFILOS : MIL Y CITY STATE	19:50:6- ZIP CODE
Title or Position		J- <u>L</u> J- <u>L</u>

FEC FOILI	1 (Revised 02/2009)		
Full Name of			
Designated Agent			
Mailing Address		<u>L.i</u>	
		<u> </u>	
	CITY	STATE	ZIP CODE
Title or Position			
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safety deposit box Name of Bank, Do	Depositories: List all banks or other depositories in which the committees or maintains funds.  epository, etc.  MALAATAWA BAUKE		
safety deposit box Name of Bank, De	res or maintains funds. epository, etc.	<u> </u>	
safety deposit box Name of Bank, Do	MACATAWA BAUK.	<u> </u>	·
safety deposit box Name of Bank, Do	res or maintains funds. epository, etc.  IMA; C, A; T, A; W; A, B, A, A; K; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	<u> </u>	·
safety deposit box Name of Bank, Do	res or maintains funds. epository, etc.  IMA(C,A; TA; w; A BA が k; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
safety deposit box Name of Bank, De	Expository, etc.  IMA: C.A; TA; W.A. BAU, K.;  L.2: 6: O:T:TA; W.A.; A; V.;  C:LA; V.D.: LA; F.LD:S:	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	
safety deposit box Name of Bank, Do Mailing Address	Res or maintains funds.  Repository, etc.  RACATAWA BAUK,	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>	
safety deposit box Name of Bank, Do Mailing Address	Res or maintains funds.  Repository, etc.  RACATAWA BAUK,	MAN STATE	\
safety deposit box Name of Bank, Do Mailing Address  Name of Bank, Do	Res or maintains funds.  Repository, etc.  RALALALALALALALALALALALALALALALALALALA	MAN STATE	\
safety deposit box Name of Bank, Do Mailing Address	Res or maintains funds.  Repository, etc.  RALALALALALALALALALALALALALALALALALALA	MAN STATE	\

(3/2005)

## **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. Date of Receipt **Hand Delivered** Postmarked USPS First Class Mail. Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED