2016 JUL 18 PM 1:20

FEC FORM 1

2016:07:10:0M:0000060M6.

STATEMENT OF ORGANIZATION

RECEIVED PEC MAIL CENTER

2016 JUL 18 PH 1: 20

			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
NO N. PARTY	Af Illiantee	<i>l</i>	
ADDRESS (number and street)	4370 11	MONROE	
(Check if address is changed)	y	· • • • • • • • • • • • • • • • • • • •	
is changed,	HART CITY A		M1 49426-11 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	ESS		
(Check if address is changed)	MKSLOCUM	(a) Na hora C	· · · · · · · · · · · · · · · · · · ·
is sharigea,	Optional Second E-Mail Ad	Idress	
, <i>.</i>		11111111	
COMMITTEÉ'S WEB PAGE AD	DRESS (URL)		
(Check if address	1.11.4	· · · · · · · · · · · · · · · ·	1
is changed)		 	
·			
2. DATE 0 7 0	7 2016		
3. FEC IDENTIFICATION N	JMBER ▶ C		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
certify that I have examined the	nis Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	MK	Territoria de la companya della comp	- Miehelle KSloeur
Signature of Treasurer	MK Shoc		Date 06 07 2016
NOTE: Submission of false, errone		may subject the person signing the TON SHOULD BE REPORTED V	his Statement to the penalties of 52 U.S.C. §30109.
Office Use		For further Information of Federal Election Commission Toll Free 800-424-9530	

_	Write or Type Committee Name						
	MKSlocum						
6.	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
L	III NIOINIE	- · <u> </u>					
L							
,	Mailing Address	B17101 MIOWRIDE !!					
	L			1111			
	. Н	ARKILIIIII			191201-1		
		CITY		STATE	ZIP CODE		
	Relationship: Connected O	ganization Affiliated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor		
7.	Custodian of Records: Identify books and records.	by name, address (phone number c	ptional) and positi	ion of the perso	n in possession of committee		
	Full Name MilciAiC	3/1/6 K S/OCK	27				
	Mailing Address	31710 W. MONRON					
	¥	tart y					
	Ų.	Plt			49420-		
	Title or Position	CITY		STATE	ZIP CODE		
	Offilla.	<u> </u>	Telephone num	nber A.J.	4-4601-22901		
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	alle K Sholu	7	1111	لتتبييا		
	Mailing Address	310 W. Mark	a P		·		

CITY

STATE

Telephone number

Page 3

Title or Position,

FEC Form 1 (Revised 02/2009)

5.

1 20 Total T (Total Care Care Care Care Care Care Care Care	- ago =				
TYPE OF COMMITTEE					
Candidate Committee:					
(a) This committee is a principal campaign committee. (Complete the candidate information be	low.)				
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (committee information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name of Candidate MichellE Shacum					
Candidate Party Affiliation Office Sought: House Senate Presiden	State M District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee) .				
Name of Candidate MICHELLIC HASILIACIUM					
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.					
This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	e segregated 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.)					
Joint Fundraising Representative:					
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds to 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 committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political				
Committees Participating in Joint Fundraiser					
1. FEC ID number C	•				
2. FEC ID number C					
3. FEC ID number C					
4.					

			
Full Name of Designated Agent	Michelle K. Slacum		
Mailing Address	4370 W MEAROR ROS		
		111.	
	HART CITY	STATE	4940-LILI
Title or Position		2	-1-1/24 07/10
HUEINIT	Telephone r	number 🖳	3/1-14601-122961
Devile as Other	Department of the state of the	-14414	finds holds seemed
	 Depositories: List all banks or other depositories in which the composes or maintains funds. 	nittee deposits	tunds, noids accounts, rents
Name of Bank,	Depository, etc.		
	Shelby State BANK	111.	
Mailing Address	State St.		
		1111	
	Shelby mi	МЛ	494211-111
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			
		لـــا	
•	CITY	STATE	ZIP CODE

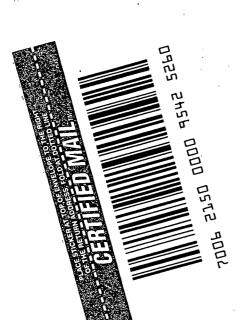
M. Slocum 1370 W Monese Hart, Mi 49420

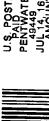






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Federal Election Commence ENVELOPE REPLACEMENT PAGE FOR The FEC added this page to the end of this filing	INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C) 7 / 14 / 16
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	lext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
4	7/18/16
(3/2015)	DATE PREPARED