

2010 AUG 23 AM 8: 03

Lester Townsend

15264 Rudland
Roseville, MI 48066

Phone # 586-773-5744

email: les@voteforles.info

October 16, 2010

Federal Election Commission
999 E Street N.W.
Washington, D.C. 20463

Dear Sir or Madame;

Enclosed is a FEC Form 1 for my campaign. As a third party candidate for the Taxpayer's Party of Michigan, I do not anticipate collecting or spending sufficient money to trigger and campaign finance reporting requirements.

I am filing the form because many organizations who report on candidates pick up their information from your reports, and I am not currently listed on your web-site.

Sincerely



Lester Townsend, Candidate
U.S. Taxpayer's Party of Michigan
12th Congressional District

For by grace you have been saved through faith, and that not of yourselves; it is the gift of god, not of works, least anyone should boast. Ephesians Chapter 2, Verses 8 & 9

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FEC MAIL CENTER
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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT LES TOWNSEND

ADDRESS (number and street)

15264 RUDLAND



(Check if address
is changed)

ROSEVILLE

MI

48066

1497

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address
is changed)

LES@VOTEFORLES.INFO

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

WWW.VOTEFORLES.INFO

2. DATE

08

15

2010

3. FEC IDENTIFICATION NUMBER

C

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

LESTER TOWNSEND

Signature of Treasurer

Lester Townsend

Date

08

15

2010

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

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

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate 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 of Candidate

LESTER TOWNSEND

Candidate Party Affiliation

TAX

Office Sought:



House



Senate



President

State

MI

District

12

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

Name of Candidate

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.

- (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 Fundraising 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.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	C	<input type="text"/>
2.	<input type="text"/>	FEC ID number	C	<input type="text"/>
3.	<input type="text"/>	FEC ID number	C	<input type="text"/>
4.	<input type="text"/>	FEC ID number	C	<input type="text"/>

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Write or Type Committee Name

COMMITTEE TO ELECT LES TOWNSEND

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

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

LESTER TOWNSEND

Mailing Address

P.O. BOX 67

FRASER

MI

48026

0067

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

586

773

5744

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

LESTER I TOWNSEND

Mailing Address

15264 RUDLAND

ROSEVILLE

MI

48066

1497

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

586

773

5744

10030412679

Full Name of
Designated
Agent

LESTER TOWNSEND

Mailing Address

P.O. BOX 67

FRASER

CITY

MI

STATE

48026-0067

ZIP CODE

Title or Position

CANDIDATE

Telephone number

586-773-5744

9. **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.

FLAG STAR BANK

Mailing Address

31061 HAYES RD

WARREN

CITY

MI

STATE

48093

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY


STATE

ZIP CODE

10030412680

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER
(3/2005)

8/23/10
DATE PREPARED

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