

2009 SEP 10 AM 9:20

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

9th Congressional District Democratic Party

ADDRESS (number and street)

3623 Oakleaf Rd



(Check if address
is changed)

West Bloomfield

MI

48324

CITY

STATE

ZIP CODE

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



(Check if address
is changed)

mjdpc@comcast.net

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

9thdistrictdems.org

2. DATE

09 / 04 / 2009

3. FEC IDENTIFICATION NUMBER

C 00406371

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

Michael J. DePolo

Signature of Treasurer

Michael J. DePolo

Date

09 / 04 / 2009

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)

29030154731

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

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

MI

District

09

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

Name of Candidate

Party Committee:

- (d) ☒ This committee is a SUB (National, State or subordinate) committee of the DEM (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. Michigan Democratic Party FEC ID number C00031054
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

29030154732

Write or Type Committee Name

9th Congressional District Democratic Party

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

Michigan Democratic Party

Mailing Address

1606 Townsend

Lansing

CITY

MI

STATE

48133

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

Michael J. DePolo

Mailing Address

3623 Oakleaf Rd.

West Bloomfield

CITY

MI

STATE

48324

ZIP CODE

Title or Position

Treasurer

Telephone number

248-360-9507

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

Michael J. DePolo

Mailing Address

3623 Oakleaf Rd.

West Bloomfield

CITY

MI

STATE

48324

ZIP CODE

Title or Position

Treasurer

Telephone number

248-360-9507

29030154733

N/A

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

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.

National City Bank

Mailing Address

P.O. Box 8043

Royal Oak

Mi

48068

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030154734

Federal Election Commission
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☐ Other (Specify):	Date of Receipt or Postmarked

Jim P

PREPARER

(3/2005)

9/16/09

DATE PREPARED

29030154735