FEC FORM 1	STATEM ORGAN	ENT OF	200 J/N 28	EIVED CENTER A.1 ID: 42 se Use Only
1. NAME OF COMMITTEE (ir	i full) (Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
FRIEND Inc. ADDRESS (number a (Check if ad is changed)	ddress	MOCRATE WH SDALE AVE	<u> </u>	SE, PAC, :
COMMITTEE'S E-MA	AIL ADDRESS	CITY	STATE	ZIP CODE
myouna	924@hotmai	1.com:	·	· · · · · · · · · · · · · · · · · · · ·
			<u></u>	· · · · · · · · · · · · · · · · · · ·
committee's fax	P !	. •	. <u>.</u> .	
2. DATE O	1 02 2009			
3. FEC IDENTIFI		00363390		
4. IS THIS STATE		R AMENDED (A)		
I certify that I have		A L. YOUNE	7	
Signature of Treasur	er Villissa V	ound	Date D	022009
NOTE: Submission of	false, erroneous, or incomplete inform	ation may subject the person signing MATION SHOULD BE REPORTED		enalties of 2 U.S.C. §437g.
Office Use Only FE3AN042.PDF		For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 12/2007)

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se y		For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 12/2007)
·		LOCAI 202-034-1100	

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		DMMITTEE 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 Cand		
Cand Party	lidate Affiliatio	n Office State State State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		<u> </u>
Part	y Com	mittee:
(d)	 (	This committee is a (National, State (Democratic,   This committee is a or subordinate) committee of the Republican, etc.) Party.
Polit	tical Ac	tion 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
		r Membership Organization Trade Association Cooperative
(f)	Ū	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 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 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.
	Comr	nittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	
	3.	
	4.	FEC ID number
	5.	

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Write or Type Committee Name

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6.	Name of Any Connected C	Organization, Affiliated Committee, Leadership PAC Sponsor or Joint Fundraising Representative
L	! <u>.</u> ;;.! <u>.</u> ;!!	
	Mailing Address	
	-	
		CITY STATE ZIP CODE
	Relationship:	
	Connected Organization	Affiliated Committee
•	Custodian of Records: Iden books and records.	ntify by name, address (phone number optional) and position of the person in possession of committe
		ISSA L. YOUNG
	Mailing Address	1130 TISDALE AVE
		h <u>ills in the second seco</u>
		LANSING
	Title or Position	CITY STATE ZIP CODE
	TREASURER	2 Telephone number 517 - 230 - 0916
	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
	Full Name of Treasurer MEL	ISSA L. YOUNG
	Mailing Address	1130 TISDALE AVE
		LANSING MI 48910
	Title or Position	CITY STATE ZIP CODE
	Title or Position	

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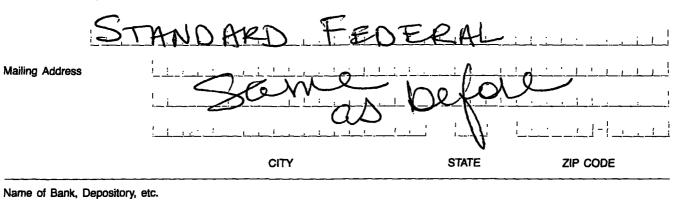
Page 4

Title or Position																		pho				,										
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			; 	_ <u></u>	- <b>ب</b> ا -	_ <b>_</b>	<u>.</u>	. <u>.</u> .		<u>.</u>		_i_	<u> </u>	L_	<u>-</u>	<u>.</u>	 _!	i	<sup> </sup>		<u> </u>			<u>.</u>		<u> </u>	<u></u>	<u> </u>			<u>i </u>	<u> </u>
Mailing Address			Ľ.			<u> </u>	_!_	<u>.</u>			~		<u> </u>			_;_	 <u>'</u>	!		 _!_					I	<u> </u>		 				:!
Full Name of Designated Agent	!i	;	_i	_!					l		_L	_'		<u>!</u>			 	الــــــــــــــــــــــــــــــــــــ	4	 		ļ	_ L	<u> </u>	_!	<u> </u>		Ŀi	<u> </u>	_!	<u> </u>	<u> </u>

9. Banks or Other Depositorles: 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.

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KENT BA NK  $D_{\pm}$ Mailing Address 0 ZIP CODE CITY STATE

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Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation <sup>™</sup> or Signat	ure Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Ne	xt Business Day Delivery
Received from House Records & Registration C	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
Imb	1/26/09
(3/2005)	DATE PREPARED

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