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Peters-Schauer 2010 2010 AUG 27 AM 7:28
180 W. Michigan Avenue
Suite 403
Jackson, MI 49201

August 19, 2010

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

To Whom It May Concern:

Enclosed, please find the Statement of Organization for **Peters-Schauer 2010**. This committee is formed for the purpose of conducting joint fundraising activities.

If you have any questions, please do not hesitate to contact me.

Sincerely,



Ryan Lomonaco
Treasurer, Peters-Schauer 2010

10030413761

2010 AUG 27 AM 7:28

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

PETERS-SCHAUER 2010

ADDRESS (number and street)

180 W MICHIGAN

(Check if address
is changed)

SUITE 403

JACKSON

MI

49201

CITY

STATE

ZIP CODE

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

(Check if address
is changed)

MAIL@RYANLOMONACO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

NONE

2. DATE

08 / 19 / 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

Ryan Andrew Lomonaco

Signature of Treasurer

Ryan Lomonaco

Date

08 / 19 / 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)

10050413762

Write or Type Committee Name

PETERS-SCHAUER 2010

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

RYAN, ANDREW, LOMONACO

Mailing Address

1700 S WEST AVE

APT M-4

JACKSON

MI

49203

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

[Empty grid lines for telephone number]

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

RYAN, ANDREW, LOMONACO

Mailing Address

1700 S WEST AVE

APT M-4

JACKSON

MI

49203

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

[Empty grid lines for telephone number]

10030413764

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

INDEPENDENT BANK

Mailing Address

348 EAST MAIN STREET

[Empty grid for Mailing Address line 2]

RIVES JUNCTION MI 49277

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

10030413765

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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<input type="checkbox"/> USPS Express Mail	Postmarked
<input checked="" 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

J. D.

PREPARER

8/27/10

DATE PREPARED

10030413766