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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Garrod for the House 2141 Benton Ave ADDRESS (number and street) (Check if address is changed) Kalamazoo 49008-2728 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS eegarrod@gmail.com (Check if address is changed) Optional Second E-Mail Address eezenker@mtu.edu COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 05 2017 C00639484 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Zenker, Chelsea, , , Type or Print Name of Treasurer Zenker, Chelsea,,, [Electronically Filed] 10 15 2017 Signature of Treasurer Date 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

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TYPE OF COMMITTEE	
Candidate Committee:  (a)	idate information holow)
(a) This committee is a principal campaign committee. (Complete the candi	idate information below.)
(b) This committee is an authorized committee, and is NOT a principal cam information below.)  Name of Garrod Epopine Flizabeth	npaign committee. (Complete the candidate
Name of Candidate Garrod, Eponine, Elizabeth, ,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate	State MI President 06
	District
(c) This committee supports/opposes only one candidate, and is NOT an a	authorized committee.
Name of Candidate	
Party Committee:	(Domografia
(d) This committee is a (National, State or subordinate) committee of the	he (Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organ	nization on line 6.) Its connected organization is a
Corporation Corporation w/o Cap	bital 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, an committee. (i.e., nonconnected committee)	nd is NOT a separate 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 disbrack committees/organizations, at least one of which is an authorized committee	
(h) This committee collects contributions, pays fundraising expenses and disbucommittees/organizations, none of which is an authorized committee of a fee	
Committees Participating in Joint Fundraiser	
1.	C ID number
	C ID number
3.	C ID number
4	ID number C

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Write or Type Committee I	Name	
Garrod for the	e House	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE		
Mailing Address		
, and the second		
	CITY STATE	ZIP CODE
Relationship: Conn	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ul> <li>Custodian of Records: books and records.</li> </ul>	: Identify by name, address (phone number optional) and position of the person	in possession of committee
Zenki Full Name	er, Chelsea, , ,	
Mailing Address	1509 E Alcott Street	
Walling Address		
	Kalamazoo MI 45	9001
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 517	9748
Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and e.g., assistant treasurer).	the name and address of
Full Name Zenke of Treasurer	er, Chelsea, , ,	
Mailing Address	1509 E Alcott Street	
	Kalamazoo MI 49	9001
Title or Position	CITY STATE	ZIP CODE
	Telephone number	]- [

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Full Name of Designated	Meyers, Kathryn, , ,	
Agent  Mailing Address	3519 Hoover Street	
walling Address		
	Kalamazoo MI 49008	
	CITY STATE ZIF	P CODE
Title or Position Secondary Trea	asurer Telephone number 269 - 744	4   -   1445
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.  Depository, etc.  Consumers Credit Union	accounts, rents
safety deposit be	Depository, etc.  Consumers Credit Union  PO Box 525	accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Consumers Credit Union  PO Box 525	accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Consumers Credit Union  PO Box 525	accounts, rents
safety deposit be Name of Bank,	Depository, etc.  Consumers Credit Union  PO Box 525  Oshtemo  MI 49077	P CODE
safety deposit be Name of Bank,	Depository, etc.  Consumers Credit Union  PO Box 525  Oshtemo  CITY  STATE  ZII	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Consumers Credit Union  PO Box 525  Oshtemo  CITY  STATE  ZII	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Consumers Credit Union  PO Box 525  Oshtemo  CITY  STATE  ZII  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Consumers Credit Union  PO Box 525  Oshtemo  CITY  STATE  ZII  Depository, etc.	
safety deposit be Name of Bank, Mailing Address	Depository, etc.  Consumers Credit Union  PO Box 525  Oshtemo  CITY  STATE  ZII  Depository, etc.	

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DC F HZ G7 < 98 I @ 'C F' + H9 A = N5 H + C B

Form/Schedule: F1A Transaction ID:

Updated zip code to include four digits at end.

Form/Schedule: Transaction ID: