

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED CENTER
MAY 12 A 9 32

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12 FEB 4 2005

BOB ALEXANDER FOR CONGRESS

ADDRESS (number and street)

11429 SOMERSET CLOSE

(Check if address is changed)

EAST LANSING

MI

48823

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

alexjuliea@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

alexander4congress.com

COMMITTEE'S FAX NUMBER

517-333-1490

(in the office of Frank McAlpine)

2. DATE

04 14 2004

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

Robert D. Alexander

Signature of Treasurer

Robert D. Alexander

Date

05 06 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
E-1 Free: 800-424-9550
Local: 202-694-1100

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (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 ROBERT D. ALEXANDER

Candidate Party Affiliation

DEM

Office Sought

House

Senate

President

State

MT

District

08

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

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

- NONE -

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

0. Banks or Other Depositories: List all banks or other depositories in which the candidate deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

STATE EMPLOYEES CREDIT UNION

Mailing Address

501 S. CAPITOL AVENUE

LANSING MI 48203

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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<input type="checkbox"/> No Postmark	
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