PAGE 1 / 4

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. Lemmo to Congress 21713 Snow Ave ADDRESS (number and street) (Check if address is changed) Dearborn 48124 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS intrinsicist@comcast.net (Check if address is changed) Optional Second E-Mail Address intrinsicist@comcast.net COMMITTEE'S WEB PAGE ADDRESS (URL) To Be Determined (Check if address is changed) DATE 04 2019 C00725937 FEC IDENTIFICATION NUMBER > 3. X 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. Lemmo, Alfred, Charles, Mr., Lemmo Type or Print Name of Treasurer Lemmo, Alfred, Charles, Mr., Lemmo [Electronically Filed] 05 2019 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

Local 202-694-1100

Only

ı	FEC Fo	orm 1 (Revised 02/2009)	Page 2
TYPI	E OF C	COMMITTEE	
Can		e 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. (Corinformation below.)	nplete the candidate
Name Cand	e of didate	Lemmo, Alfred, Charles, Mr.,	
Cano	didate	Office	State
Party	/ Affiliati	ion REP Sought: X House Senate President	District 13
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated 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.)	
Join	t Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	nmittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number	
	4.	FEC ID number	

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N		<u> </u>
Lemmo to Co	ongress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person in	n possession of committee
	no, Alfred, Charles, Mr., Lemmo	1
Full Name	21713 Snow Avenue	
Mailing Address		
	Dearborn MI 48	124
Title or Position	CITY STATE	ZIP CODE
	Telephone number	- 561 - 5933
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; and the committee and the	ne name and address of
Full Name Lemm of Treasurer	no, Alfred, Charles, Mr., Lemmo	
Mailing Address	21713 Snow Avenue	
	Dearborn MI 481	.24
Title or Position	CITY STATE	ZIP CODE
	Telephone number 313	- 561 - 5933

FEC Form 1 (Re	evised 02/2009)		Page 4
Full Name of Designated Lemr Agent	mo, Alfred, Charles, Mr., 48124		
Mailing Address	21713 Snow Avenue		
	Dearborn CITY	MI 4 STATE	8124
Title or Position candidate	Telephone	. 313	561 5933
safety deposit boxes or Name of Bank, Deposit	tory, etc.		
safety deposit boxes or Name of Bank, Deposit	maintains funds.	<u> </u>	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. ntington Bank		
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. ntington Bank		8124
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. ntington Bank 22290 Michigan Avenue		8124 ZIP CODE
safety deposit boxes or Name of Bank, Deposit Hur Mailing Address	maintains funds. tory, etc. ntington Bank 22290 Michigan Avenue Dearborn CITY	MI 4	
safety deposit boxes or Name of Bank, Deposit Hur Mailing Address	maintains funds. tory, etc. ntington Bank 22290 Michigan Avenue Dearborn CITY	MI 4	
safety deposit boxes or Name of Bank, Deposit	maintains funds. tory, etc. ptington Bank 22290 Michigan Avenue Dearborn CITY tory, etc.	MI 4 STATE	
safety deposit boxes or Name of Bank, Deposit Hur	maintains funds. tory, etc. ptington Bank 22290 Michigan Avenue Dearborn CITY tory, etc.	MI 4 STATE	
safety deposit boxes or Name of Bank, Deposit Hur	maintains funds. tory, etc. ptington Bank 22290 Michigan Avenue Dearborn CITY tory, etc.	MI 4 STATE	