

Lester Townsend

15264 Rudland
Roseville, Michigan 48066

Phone: 586-773-5744

August 20, 2012

Federal Election Commission
999 E Street, NW
Washington, D.C. 20663

RECEIVED

2012 AUG 27 AM 8:10

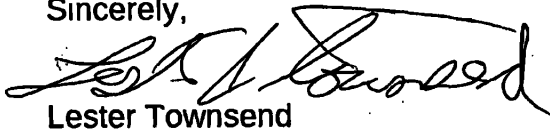
FEC MAIL CENTER

Dear Sir or Madam:

Enclosed is a FEC Form 1 with my information. Please note that as a third party candidate I do not anticipate that I will raise or spend 5,000 dollars or more for this election cycle. If I do reach this threshold I will start reporting as required.

If you have any questions, please call me at the number listed above.

Sincerely,



Lester Townsend

Lester Townsend

12030880900

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

COMMITTEE TO ELECT LESTER TOWNSEND

ADDRESS (number and street)

15264 RUDLAND

☐

(Check if address
is changed)

ROSEVILLE

MI

48066-1497

CITY

STATE

ZIP CODE

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

☐

(Check if address
is changed)

15264 RUDLAND

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

les@voteforles.info

2. DATE

08 / 20 / 2012

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

LESTER TOWNSEND

Signature of Treasurer

Date

08 / 20 / 2012

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)

5. TYPE OF COMMITTEE

Candidate 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 of Candidate

Candidate Party Affiliation

UST

Office Sought:

☒

House

☐

Senate

☐

President

State

MI

District

09

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

Name of Candidate

LESTER TOWNSEND

Party Committee:

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

Political Action 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 ☐ 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 segregated fund or party committee. (i.e., nonconnected committee)
- ☐ 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 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.

Committees Participating in Joint Fundraiser

1.

FEC ID number

C

2.

FEC ID number

C

3.

FEC ID number

C

4.

FEC ID number

C

12030880902

Write or Type Committee Name

COMMITTEE TO ELECT LESTER TOWNSEND**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

CANDIDATE

Telephone number

586-773-5744

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

Mailing Address

Title or Position

TREASURER

Telephone number

586-773-5744

12030880903

Full Name of
Designated
Agent

LESTER TOWNSEND

Mailing Address

15264 RUDLAND

ROSEVILLE

CITY

MI

STATE

48066-1497

ZIP CODE

Title or Position

CANDIDATE

Telephone number

586-773-5744

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.

FLAGSTAR BANK

Mailing Address

31061 HAYES RD.

WARREN

CITY

MI

STATE

48088-2037

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030880904

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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Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input 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



PREPARER
(3/2005)

8/20/12

DATE PREPARED

12030880905