4900 00 ¢o 0 M 0

FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED

2012 SEP 21 AM 11: 14

NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. FIR I ENDS OF CMU ADDRESS (number and street) (Check if address is changed) 48804 STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address friendsofcmu@live.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 1 V V V V V V V DATE 2012 C₀₀₄₂₉₂₄₁ FEC IDENTIFICATION NUMBER ▶ 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. Mary Lu Yardley Type or Print Name of Treasurer / [[V][V]] Signature of Treasurer Date 09 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 For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC F	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE te Committee:	
(a)		
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete)	lete the candidate
Name of Candidate	information below.)	11.11.11.
Candidate Party Affilia	Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Co	ommittee:	
(d)	(National, State	Democratic, epublican, etc.) Party
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is
	Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	regated 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 Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Co	mmittees Participating in Joint Fundraiser	
1.		
2.		
3.	FEC ID number	
4.	FEC ID number	

Write or Type Committee Name FR:ENDS OF CMU 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor NONE Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundralsing Representative Leadership PAC Sponsor 7. Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of comm books and records. Full Name ANGELA ARMSTRONG Mailing Address 308 \$ MORTON STREET Title or Position CITY STATE ZIP CODE BOOKKEEPER: Telephone number	, , ,
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE 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 comm books and records. Full Name ANGELA ARMSTRONG Mailing Address 308 \$ MORTON \$TREET STATE ZIP CODE	r
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotes and records: Identify by name, address (phone number – optional) and position of the person in possession of comm books and records. Full Name ANGELA ARMSTRONG Mailing Address 308 \$ MORTON STREET ST. JOHNS MI 48879 - Title or Position CITY STATE ZIP CODE	r
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Pack State St	<u> </u>
Mailing Address CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential P	
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records. Full Name ANGELA ARMSTRONG Mailing Address 308 \$ MORTON \$TREET ST. JOHNS Title or Position CITY STATE ZIP CODE	1
CITY STATE ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records. Full Name ANGELA ARMSTRONG Mailing Address 308 \$ MORTON \$TREET ST. JOHNS Title or Position CITY STATE ZIP CODE	1
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Connected Organization PAC Spotential Connected Org	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spotential Connected Organization PAC Spotential Connected Org	
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records. Full Name ANGELA ARMSTRONG	
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of comm books and records. Full Name ANGELA ARMSTRONG	2000
books and records. Full Name ANGELA ARMSTRONG	טפוונ
books and records. Full Name ANGELA ARMSTRONG Mailing Address 308 \$ MORTON STREET ST. JOHNS Title or Position CITY STATE ZIP CODE	
Mailing Address 308 \$ MORTON \$TREET ST, JOHNS [48879] Title or Position CITY STATE ZIP CODE	
308 \$ MORTON STREET	1
ST, JOHNS MI [48879,] – [] Title or Position CITY STATE ZIP CODE	
Title or Position CITY STATE ZIP CODE	
Title or Position CITY STATE ZIP CODE	
BOOKKEEPER: Telephone number	
	1
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address any designated agent (e.g., assistant treasurer).	of
Full Name .	
of Treasurer DANII EIL IBQGE	
Mailing Address 215, NORTH MAIN STREET, 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MT PLEASANT 48858 - 48858 - 48858	
CITY STATE ZIP CODE Title or Position	
TIREASURER	

CITY

Page 4

ZIP CODE

-10100

ZIP CODE

ZIP CODE

STATE

FEC Form 1 (Revised 02/2009)

MARY LU YARDLEY

Full Name of Designated

Mailing Address

Agent

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
	Date of Receipt
Hand Delivered	
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirm	mation™ Label
	Postmarked
USPS Express Mail	· ·
Postmark Illegible	
No Postmark	
Constitute Delivery Consists (On a sit).	Shipping Date
Overnight Delivery Service (Specify): Next Busines:	s Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eceipt or Postmarked
W	9/21/12
PREPARER	DATE PREPARED
(3/2005)	