

FEC
FORM 1STATEMENT OF
ORGANIZATION

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)(Check if name
is changed)Example: If typing, type
over the lines12FE4M5

Monroe County Democratic Committee

ADDRESS (number and street)

13704 LapLaisance Rd

 (Check if address
is changed)

Monroe

MI

48161

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

lkegparty@peoplepc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

M	M
0	2

 /

D	D
0	8

 /

Y	Y	Y	Y
2	0	0	7

3. FEC IDENTIFICATION NUMBER

C C00376384

4. 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

Type or Print Name of Treasurer

Leigh Kegerreis

Signature of Treasurer

Electronically Filed by Leigh Kegerreis

Date

M	M
0	7

 /

D	D
2	7

 /

Y	Y	Y	Y
2	0	0	7

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC 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

[REDACTED]

Candidate Party Affiliation

[REDACTED]

Office Sought:

[REDACTED]

House

[REDACTED]

Senate

[REDACTED]

President

State

[REDACTED]

District

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

Name of Candidate

[REDACTED]

(d) This committee is a **STA** (National, State (or subordinate) committee of the **dem** (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

Michigan Democratic Party

Mailing Address

606 Townsend

Relationship

CITY

STATE

ZIP CODE

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Monroe County Democratic Committee

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 ▲

Telephone number _____ - _____ - _____

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**Leigh Kegerreis**

Mailing Address

13704 LaPlaisance Rd**Monroe****MI****48161**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Treasurer

Telephone number _____ - _____ - _____

Full Name of
Designated
Agent**Denise Brooks**

Mailing Address

2376 Hollywood Dr**Monroe****MI****48162**

Title or Position ▼

CITY ▲

STATE▲

ZIP CODE ▲

Telephone number _____ - _____ - _____

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.

Monroe Bank and Trust

Mailing Address

102 e Front st

Monroe

MI

48161

CITY 

STATE 

ZIP CODE 