## 12030900965

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED

2012 OCT 12 AM 8: 24

		<del></del>	0.100 940 101 111		
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	COLITICAL	
Daniel Joh	inson for Co	ngressi			
ADDRESS (number and street)	143422 We	st Oaks Dri	ve #228		
(Check if address is changed)					
:::: is changed)	NOVI	1:1:1:1	IMIL 1483771-	-133001	
	CITY A			CODE A	
COMMITTEE'S E-MAIL ADDRE	:SS				
(Check if address is changed)	Viote johns	on for conaces	segmail com		
is changed)	Optional Second E-Mail Add		- J " " " " " " " " " " " " " " " " " "		
· · · · · · · · · · · · · · · · · · ·	N. p. dynasty at a special				
And the second s	ting the Market State of the St	ala (a. 1948) (a. 1948) (b. 1948) (b. 1948) George (a. 1948) (b. 1948) (b. 1948)	All the second of the second o		
COMMITTEE'S WEB PAGE AD	DRESS (URL)	• • • • • • • • • • • • • • • • • • •	28.0°		
(Check if address is changed)		forcongless	COM		
		<u> </u>	<u> </u>		
		•	en de la companya de La companya de la co		
2. DATE   0 0	5 2012				
3. FEC IDENTIFICATION NUMBER ▶ C					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.		
Type or Print Name of Treasure	or Daniel John	1562			
Type of Frint Name of Heasure	: July 101	<u> </u>			
Signature of Treasurer	U//		Date / O O S	2012	
NOTE: Submission of false, erron	eous, er incomplete information r ANY CHANGE IN INFORMATION		this Statement to the penalties of 2 /ITHIN 10 DAYS.	U.S.C. §437g.	
Office Use Only		For further Information Federal Election Commiss Toll Free 800-424-9530			

5.

		1 age 2				
		OMMITTEE  Committee:				
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)				
(4)	iler Yes					
(b)	(,,)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
Name Cand	e of lidate					
	lidate Affiliati	on NLC Office State  Sought: House Senate President  District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Cand	e of lidate					
Parl	ty Cor	ımittee:				
(d)	* 15 2-1	This committee is a (National, State or subordinate) committee of the Republican, etc.) Party.				
Poli	tical A	ction 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)	eri. Sara	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/Registranl PAC.				
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Join	t Fund	raising Representative:				
(g)	'Y' :	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.				
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.	FEC ID number C				

I SEC To an A (De Soud	1.00/0000	Danie 2
FEC Form 1 (Revised		Page 3
Write or Type Committee Nam		
<u>Daniel</u>	ohnson for Congress	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundralsing Representative, or Lea	dership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
1740	me!	
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) and position of the person in	n possession of committee
1776	and Tohasaa	·
Full Name	riel Johnson	
Mailing Address	43422 West Oaks Dr. #228	
	LIMOUILI LILLI LMI LA	18377-1-
Title or Position	CITY STATE	ZIP CODE
Liself Cana	1-1-10, 1201	- 200-19373
LI SELP I CONO	Telephone number	- 200-9373
8. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name	- 1 1	
of Treasurer	irel Johnson	
Mailing Address	143422 West Oaks Dr. #228	
	$1 \cdot N \circ V i_1 \cdot 1 \cdot$	83771-1
	CITY STATE	ZIP CODE
Title or Position		- اعبي - ا
<del>                                </del>	Telephone number 800	-   40   -   1,0 ,1 ,0

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Full Name of

Mailing Address

968

30900

0

## **Federal Election Commission**

The FEC added this page to the end of this filing to indicate how it was received.					
Hand Delivered	Date of Receipt				
USPS First Class Mail	Postmarked    O / S / I V				
USPS Registered/Certified	Postmarked (R/C)				
USPS Priority Mail	Postmarked				
Delivery Confirmation™ or Signature Confirmation™ Label					
USPS Express Mail	Postmarked				
Postmark Illegible					
No Postmark					
Overnight Delivery Service (Specify):	Shipping Date				
Ne	ext Business Day Delivery				
Received from House Records & Registration	Date of Receipt Office				
Received from Senate Public Records Office	Date of Receipt				
Received from Electronic Filing Office	Date of Receipt				
Other (Specify):	Date of Receipt or Postmarked				
W	10/12/12				
PREPARER	DATE PREPARED				

(3/2005)