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STATEMENT OF

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FEC **ORGANIZATION** FORM 1 Office Use Only 1. NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) asperson For Congress Box 545 ADDRESS (number and street) (Check if address is changed) _IMI i canaba CITY STATE ZIP CODE COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) ijskradski19@yahoo.com (Check if address is changed) COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) Ö3[™] ′ 10° ′ 2011 DATE C 00435420 **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. Judi Skradski Type or Print Name of Treasurer Signature of Treasurer 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 Toll Free 800-424-9530 (Revised 02/2009) Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)		Page 2					
TYPE OF COMMITTEE Candidate Committee:							
K Z	This committee is a principal campaign committee. (Complete the candidate information below.)						
(b) This committee is an authorized committee information below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate						
Name of Casperson Thomas Casperson							
Candidate Party Affiliation REP Office Sought:	House Senate President	State MI District 01					
This committee supports/opposes only one candidate, and is NOT an authorized committee.							
Name of Candidate							
Party Committee:	ty Committee: (National, State (Democratic,						
(d)	r subordinate) committee of the	Republican, etc.) Party.					
Political Action Committee (PAC):							
(e) This committee is a separate segregated to	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	Tratle Association	Cooperative					
In addition, this committee in	In addittee, this committee is a Lobbyist/Registrant PAC.						
(f) This committee supports/opposes more the committee, (i.e., nonconnected committee)	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 ts a Lobb	In addition, this committee is a Lobbyist/Registrant PAC.						
In addition, this committee is a Lead	In addition, this committee is a Leadership PAC. (Identify sponsor on ling 6.)						
Joint Fundraising Representative:							
(g) This committee collects contributions, pays	fundraising expenses and disburses net proceeds for the single and committee of a forteral candidate.						
	undraising expenses and disburses net proceeds for to an authorized committee of a federal candidate.	wo or more political					
Committees Participating in Joint Fundraisor							
1.	FEC ID number C	e en					
2.	FEC ID number C	:					
3.	FEC ID number C						
	1 1 1 1 FEC ID number	:					

ł	FEC Form	1 (Revised 0	2/2009)	Page 3		
	Write or Type Comr	nittee Name				
(Caspersor	n For C	ongress			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponso					
ı	1 1 1 1 1 1	1 1				
 		''				
	Mailing Address					
	-					
			CITY STATE	ZIP CODE		
	Relationship:	Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso		
				····		
7.	Custodian of Re books and record		fy by name, address (phone number optional) and position of the person	in possession of committee		
	Judi Skradski					
	Full Name	544, 5	P.O. Box 545	 		
	Mailing Address		F.O. BOX 343			
			Facanaba	19829		
			Escanaba MI 4	19029 -		
	Title or Position		CITY STATE	ZIP CODE		
	Treasurer	<u> </u>	Telephone number	_ [789		
_						
8.	Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and address cany designated agent (e.g., assistant treasurer).					
	Full Name	Judi S	kradski			
	of Treasurer	<u> </u>	P.O. Box 545			
	Mailing Address					
			Escanaba	19829 . i_i		
			CITY STATE	ZIP CODE		
	Title or Position	1 1 1 1		_ 789, _ 0433		
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CITY

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent

Mailing Address

ZIP CODE

ZIP CODE

STATE

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Postmark Illegible				
No Postmark				
Overnight Delivery Service (Specify):	Shipping Date			
Next Business	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):	ceipt or Postmarked			
h	3/16/11			
PREPARER (3/2005)	DATE PREPARED			