Image# 201801049090367005													
FEC FORM 1	STATEMEI ORGANIZ		PAGE 1 / 4 —										
			Office Use Only										
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5										
ADDRESS (number and street)	230 WEST MONROE												
(Check if address	SUITE 2221												
is changed)				0606									
			STATE ▲										
COMMITTEE'S E-MAIL ADDF													
(Check if address is changed)	mike@michaelalexand												
<b>-</b> <i>i</i>	Optional Second E-Mail Ad	dress											
(Check if address is changed)													
	04 / Y Y Y Y 2018												
. FEC IDENTIFICATION I		00525535											
	_												
. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)											
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct a	nd complete.									
ype or Print Name of Treasu	rer ALEXANDER, MICHAEL, , ,												
Signature of Treasurer	EXANDER, MICHAEL, , ,	[Electronically Filed]	Date 01	/ D D / Y Y Y Y 04 2018									
JOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing		ne penalties of 2 U.S.C. §437g.									
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	contact:	FEC FORM 1 (Revised 06/2012)									

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FEC Fo	Page 2
TYPE OF C	COMMITTEE
Candidate	e 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 Affiliati	ion Office Sought: House Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Con	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Part
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f) <b>x</b>	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part 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 Fund	draising 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.
Com	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## THE HEARTLAND PROJECT

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address												
	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.

ALEXAND	ER, MICHAEL, , ,
Full Name	
Mailing Address	230 WEST MONROE ST
	SUITE 2221
	CHICAGO   IL   60606     IL   IL   60606
Title or Position	CITY STATE ZIP CODE
	312 759 7511   Telephone number 12 10

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	ALEXANDER, MICHAEL, , ,
Mailing Address	230 WEST MONROE ST
	SUITE 2221
	CITY STATE ZIP CODE
Title or Position	Image: Telephone number 312 759 7511

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent																													
Mailing Address																													
			L																										
			L																	L			L						
	CITY															:	ST/	λΤΕ				ZII	Р (	DE					
Title or Position																													
															Tele	eph	ione	e n	umt	ber									

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.

	Chase																											
Mailing Address		230 W M	onroe	St																								
		Suite 12	5																									
		Chicago														L	IL 			6	060	6			-L			
						CIT	Y									ST	ATE	-					ZIP	C	DDE	-		
Name of Bank, D	Depository, e	tc.																										
																							<u>   </u>					
Mailing Address																												
																L									-L			
		CITY												STATE						ZIP CODE								