**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Michigan Values PAC PO Box 327 ADDRESS (number and street) (Check if address is changed) Romeo 48065 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dpallarito@gmail.com (Check if address is changed) Optional Second E-Mail Address hawtmehn@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00764886 FEC IDENTIFICATION NUMBER > 3. X 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. Pallarito, Denise, , , Type or Print Name of Treasurer Pallarito, Denise,,, [Electronically Filed] 12 08 2021 Signature of Treasurer Date 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

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TYP	E OF C	OMMITTEE	. 0,50 -1
(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. (Cominformation below.)	plete the candidate
	ne of didate		
	didate y Affiliati	on Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of didate		
Par	ty Con	nmittee: (National, State	(Democratic
(d)		This committee is a committee of the committee of the	(Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	egregated 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.)	
Joir	nt Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to	vo or more political
(h)		committees/organizations, at least one of which is an authorized committee of a federal candidate.  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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.		
	4.		
	→.		

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Write or Type Committee N	ame	
Michigan Valu	ues PAC	
<u>_</u>	ed Organization, Affiliated Committee, Joint Fundraising Representative, or I	Leadership PAC Sponsor
MCCLAIN, Lisa, , ,		
Mailing Address	11540 34 Mile Road	
	Bruce Township MI 4	48065
	CITY STATE	ZIP CODE
	Affiliated Committee Joint Fundraising Representative  Identify by name, address (phone number optional) and position of the perso	
Pallarit Full Name	to, Denise, , ,	
Mailing Address	PO Box 327	
	Romeo	48065
Title or Position	CITY STATE	ZIP CODE
Treasurer	989 Telephone number	_ 390 1167
. <b>Treasurer:</b> List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	I the name and address of
	to, Denise, , ,	
of Treasurer	IPO Box 327	
Mailing Address		
		18065
Title or Position	CITY STATE	ZIP CODE
Treasurer	989    Telephone number   989	390 1167

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Full Name of Designated Agent	Pallarito, Denise, , ,	
Mailing Address	PO Box 327	
	Romeo MI 48065	
Title or Position	CITY STATE ZIP C	ODE
Treasurer		_ 1167
Banks or Other	Depositories: List all banks or other depositories in which the committee deposits funds, holds acco	ounts, rents
	oxes or maintains funds.	
safety deposit bo		
		1
	Depository, etc.	
Name of Bank, [	Depository, etc.  Comerica	
Name of Bank, [	Depository, etc.  Comerica	
Name of Bank, [	Depository, etc.  Comerica  36965 Garfield	
Name of Bank, [	Comerica  36965 Garfield  Clinton Twp.  CITY  STATE  ZIP C	DODE
Name of Bank, I	Comerica  36965 Garfield  Clinton Twp.  CITY  STATE  ZIP C  Depository, etc.	
Name of Bank, I	Comerica  36965 Garfield  Clinton Twp.  CITY  STATE  ZIP C	
Name of Bank, I	Comerica  36965 Garfield  Clinton Twp.  CITY  STATE  ZIP C  Depository, etc.	
Name of Bank, I	Comerica  36965 Garfield  Clinton Twp.  CITY  STATE  ZIP C  Depository, etc.	
Name of Bank, I	Comerica  36965 Garfield  Clinton Twp.  CITY  STATE  ZIP C  Depository, etc.	