FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. **NAME OF COMMITTEE (in full)** ☐ (Check if name is changed)   Example: If typing, type over the lines.   `12FE4M5`

MichellePAC

ADDRESS (number and street) PO Box 25

☐ (Check if address is changed)

CITY   STATE   ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐ (Check if address is changed)   barry@arringtonpc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)   www.michellepac.net

2. **DATE** 07 / 14 / 2010

3. **FEC IDENTIFICATION NUMBER** C

4. **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.

Type or Print Name of Treasurer   **Barry Arrington**

Signature of Treasurer _Barry Arrington_   Date 07 / 14 / 2010

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate 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 Affiliation ☐   Office
Sought: ☐ House   ☐ Senate   ☐ President   State ☐

District ☐

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

Name of
Candidate

Party Committee:

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

Political Action 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) ☒ 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/Registrant PAC.

☒ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number [C]_____

2. _____ FEC ID number [C]_____

3. _____ FEC ID number [C]_____

4. _____ FEC ID number [C]_____

Write or Type Committee Name

MichellePAC

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

Bachmann for Congress

Mailing Address   **PO Box 25950**

Woodbury   **MN**   **55125** -

| CITY | 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.

Full Name   **Barry Arrington**

Mailing Address   **7340 E. Caley Avenue**

                   Suite 360

                   Centennial   **CO**   **80011** -

Title or Position   CITY   STATE   ZIP CODE

Treasurer   Telephone number **303** - **232** - **4309**

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   **Barry Arrington**
of Treasurer

Mailing Address   **7340 E. Caley Avenue**

                   Suite 360

                   Centennial   **CO**   **80011** -

                                     CITY   STATE   ZIP CODE

Title or Position

Treasurer   Telephone number **303** - **232** - **4309**

Full Name of
Designated
Agent |Alliance Bank

Mailing Address |55 East 5th Street

|Suite 115

|Saint Paul |MN| |55104 |-|
CITY   STATE   ZIP CODE

Title or Position

Telephone number | |-| |-|

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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.

Mailing Address

CITY   STATE   ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY   STATE   ZIP CODE

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Federal Election Commission
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PREPARER

DATE PREPARED 7/28/10

(3/2005)