| Image# 13941283837 | | | | 07/30/2013 14 : 27 |
|---|-------------------------------|--|--------------------|---------------------------------|
| FEC FORM 1 | STATEMEN ORGANIZA | _ | | 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 | |
| | | over the lines. | | |
| | | | | |
| | | | | |
| ADDRESS (number and street) | PO BOX 4462 | | | |
| (Check if address | | | | |
| is changed) | EAST LANSING | | | |
| | | | L⊥ L STATE ▲ | |
| | S S | | | |
| COMMITTEE'S E-MAIL ADDRE | ss stabenowvictoryfund@g | gmail.com | | |
| is changed) | | | | |
| | Optional Second E-Mail Add | Iress | | |
| | | | | |
| COMMITTEE'S WEB PAGE AD (Check if address is changed) | DRESS (URL) | | | |
| 2. DATE 07 / 3 |) / Y Y Y Y 2013 | | | |
| 3. FEC IDENTIFICATION N | JMBER ► C co | 00495580 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | AMENDED (A) | | |
| I certify that I have examined th | nis Statement and to the best | of my knowledge and belief it | is true, correct a | nd complete. |
| Type or Print Name of Treasure | r Cheryl Bergman | | | |
| Signature of Treasurer | el Bergman | [Electronically Filed] | Date 07 | / D D / Y Y Y Y 30 2013 |
| NOTE: Submission of false, error | | may subject the person signing ON SHOULD BE REPORTED W | | ne penalties of 2 U.S.C. §437g. |
| Office Use Only | | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| - | - |
|----------------------------|--|
| FEC F | Form 1 (Revised 02/2009) Page 2 |
| TYPE OF | COMMITTEE |
| Candidat | te 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 Affilia | ation Office Sought: House X Senate President District 0 |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name of Candidate | |
| Party Co | mmittee: |
| (d) | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Participation |
| Political | Action Committee (PAC): |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization i |
| | 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 pa 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 Fun | ndraising Representative: |
| (g) X | 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. |
| Cor | mmittees Participating in Joint Fundraiser |
| 1. | STABENOW FOR US SENATE FEC ID number C C00344473 |
| 2. | MICHIGAN DEMOCRATIC STATE CENTRAL COMMITEE |
| 3. | FEC ID number |
| 4. | FEC ID number |

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

STABENOW VICTORY FUND

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

| STABENOW FOR US | | |
|-------------------------|---|---------------------------------------|
| | | |
| Mailing Address | P.O. BOX 4945 | |
| | | |
| | | MI 48826 |
| | CITY | STATE ZIP CODE |
| Relationship: Connected | Organization X 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.

| Ellie Dar | nell |
|-------------------|---------------------|
| Full Name | |
| Mailing Address | 11074 Lochgreen Dr. |
| | |
| | Lansing MI 48917 |
| Title or Position | CITY STATE ZIP CODE |
| Recordkeeper | Telephone number |

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 | Cheryl Bergman |
|--------------------------------|---------------------|
| Mailing Address | 544 University Dr. |
| | |
| | East Lansing |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number |

| Full Name of Designated Agent | Cheryl Bergman | |
|-------------------------------------|---------------------|--|
| Mailing Address | 544 University Dr. | |
| | | |
| | East Lansing | |
| | CITY STATE ZIP CODE | |
| Title or Position | Telephone number | |

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 | 1380 W. Lake Lansing Rd. | | |
|-----------------|--------------------------|-------|----------|
| | | | |
| | East Lansing | | 48823 |
| | CITY | STATE | ZIP CODE |
| Name of Bank, D | epository, etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |