| Image# | 201 | 803 | 0990 | 956 | 59910 |
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03/09/2018 12 : 23

| STATEMENT | OF |
|-----------|----|
| ORGANIZAT | ON |

| FEC FORM 1 | | STATEME ORGANIZ | | | Office Use Only | PAGE 1 / 5 |
|--|-------------------|----------------------------------|---|--------------------|----------------------|-----------------|
| 1. NAME OF COMMITTEE (ir | n full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4MS | 5 | |
| Friends of I | Dan Ki | | | | | 1 |
| | | | | | | |
| ADDRESS (number a | nd street) | P.O. Box 248 | | | | |
| (Check if a is changed | | | | | | |
| is changed | <i></i> | Flint | | MI | 48501 | - |
| | | CITY ▲ | · · · · · · · · · · · · · · | STATE A | ZIP | CODE |
| COMMITTEE'S E-MA | AIL ADDRES | S | | | | |
| (Check if a is changed | | jtippett2@comcast.net | | | | |
| Ű | , | Optional Second E-Mail Ad | ldress | | | |
| | | | | | | |
| COMMITTEE'S WEE (Check if a is changed | address | PRESS (URL) www.dankildee.com | | | | |
| 2. DATE 0 | M / D 09 | D / Y Y Y Y 2018 | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER ► C c | 00499947 | | | |
| 4. IS THIS STATE | MENT | NEW (N) OR | × AMENDED (A) | | | |
| I certify that I have e | examined thi | s Statement and to the best | t of my knowledge and belief i | it is true, correc | t and complete. | |
| Type or Print Name | of Treasurer | Tippett, Jeffrey, , , | | | | |
| Signature of Treasure | er <i>Tippeti</i> | t, Jeffrey, , , | [Electronically Filed] | Date 03 | M / D D / 3 09 | Y Y Y Y 2018 |
| NOTE: Submission of | | | may subject the person signing | | | 2 U.S.C. §437g. |
| Office Use Only | | | For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | | FEC FC (Revised 0 | |

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| | FEC Fo | rm 1 (Revised 02/2009) | Page 2 | |
|------|-------------------------|--|---------------------------------|----------|
| TYF | PE OF C | OMMITTEE | | |
| Ca | ndidate | 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. (Complinformation below.) | ete the candida | ate |
| | ne of Ididate | Kildee, Daniel, , , | | <u> </u> |
| | ndidate ty Affiliati | on DEM Office Sought: K House Senate President | State District | МІ 05 |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| | ne of Ididate | | | |
| Pa | rty Con | nmittee: | | |
| (d) | | | Democratic, epublican, etc.) | Party. |
| Pol | litical A | ction Committee (PAC): | | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected organizati | on is a: |
| | | Corporation Corporation w/o Capital Stock | Labor Organiza | ation |
| | | 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 seg committee. (i.e., nonconnected committee) | regated fund or | r 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more politica | al |
| (h) | | 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. | or more politica | al |
| | Com | mittees Participating in Joint Fundraiser | | |
| | 1. | FEC ID number | | |
| | 2. | FEC ID number | | |
| | 3. | FEC ID number | | |
| | 4. | FEC ID number | | |
| | | | | |

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Page 3

Write or Type Committee Name

Friends of Dan Kildee

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

| Mailing Address | | | | | | | | | | |
|---|------|-------|----------|--|--|--|--|--|--|--|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | 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.

| Tippett, Je | ffrey, , , | | | | | | | | | | | | | | | | | | |
|-------------------|--------------|--|----|----|--|---|-------|-----|------|-------|---|-----|------|--------|-----|-----|----|-----|---|
| Full Name | | | | | | | | | | | | | | | | | | | |
| Mailing Address | P.O. Box 248 | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | Flint | | | | | | | | | MI | | L | 4850 |)1 | | | | | |
| Title or Position | | | CI | ΓY | | | | | | STATE | Ē | | | 1 | ZIP | COE | ЭE | | |
| _ Treasurer | | | | | | Т | elepł | one | numl | oer | | 810 | | | 241 | | | 566 | 4 |

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 | Tippett, Jeffrey, , , |
|---------------------------|--|
| Mailing Address | P.O. Box 248 |
| | |
| | Flint MI 48501 - |
| Title or Position | CITY STATE ZIP CODE |
| | Telephone number 810 241 5664 |

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| Full Name of Designated Agent | | | I | I | | 1 | | | | | | | | | | | | | | | | 1 | | | | | | | |
|-------------------------------------|------|--|---|---|---|---|--|---|---|--|--|--|------|------|------|------|-----|-----|-----|----|----|---|--|--|--|--|---|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | L | | | | | | | | | | | | | | | 1 | | | | | | | | | 1 | | |
| | | | | | 1 | | | 1 | 1 | | | | | | | | | | | 1 | | L | | | | | I | | |
| | CITY | | | | | | | | | | | | | ST | AT E | | | | ZI | ΡC | DE | | | | | | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | Tele | eph | ione | e n | uml | 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.

| The St | ate Bank | | |
|---------------------------|------------------|----------|----------|
| Mailing Address | 175 N. Leroy St. | | |
| | | | |
| | Fenton | MI 48430 | |
| | CITY | STATE | ZIP CODE |
| Name of Bank, Depository, | etc. | | |
| | | | |
| Mailing Address | | | |
| | | | |
| | | | |
| | CITY | STATE | ZIP CODE |

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Change of Bank

Form/Schedule: Transaction ID: