

**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

Dave Camp for Congress

ADDRESS (number and street)

5915 Eastman Avenue

☐ (Check if address is changed)

Suite 100

Midland

CITY ▲

MI

STATE ▲

48640-6824

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

kellie.bos@ahpplc.com

Optional Second E-Mail Address

kim.holzhauer@ahpplc.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

2. DATE

MM / DD / YYYY
03 / 20 / 2019

3. FEC IDENTIFICATION NUMBER ►

C C00347476

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 Bos, Kellie, M, Ms.,

Signature of Treasurer

Bos, Kellie, M, Ms.,

[Electronically Filed]

Date

MM / DD / YYYY
03 / 20 / 2019

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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

Camp, David Lee, , ,

Candidate
Party Affiliation

REP

Office
Sought:☒

House

☐

Senate

☐

President

State

MI

District

04

- (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. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | C <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | C <input type="text"/> |

Write or Type Committee Name

Dave Camp for Congress**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

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.

Full Name Holzhauser, Kim, D, Ms.,

Mailing Address 5915 Eastman Avenue

Suite 100

Midland

MI

48640-6824

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number 989 - 835 - 7721

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 Bos, Kellie, M, Ms.,

Mailing Address 5915 Eastman Avenue

Suite 100

Midland

MI

48640-6824

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number 989 - 835 - 7721

Full Name of
Designated
Agent

Holzhauer, Kim, D, ,

Mailing Address

5915 Eastman Avenue

Suite 100

Midland

CITY

MI

STATE

48640-6824

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

989

835

7721

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.

Chemical Bank

Mailing Address

333 W Main Street

Midland

CITY

MI

STATE

48640-5162

ZIP CODE

Name of Bank, Depository, etc.

Isabella Bank

Mailing Address

2222 N Saginaw Road

Midland

CITY

MI

STATE

48640-2660

ZIP CODE