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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Encore Capital Group, Inc. Political Action Committee 3111 Camino Del Rio North ADDRESS (number and street) **Suite 1300** (Check if address is changed) San Diego 92108 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS slming@comerica.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 04 2015 C00507392 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. Tamar Yudenfruend Type or Print Name of Treasurer Tamar Yudenfruend [Electronically Filed] 05 2015 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 Only

Local 202-694-1100

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TYP	E OF C	OMMITTEE	. 490 =
Car	ndidate	Committee:	
(a)	Ш	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. (Corinformation below.)	nplete the candidate
Nam Cand	e of didate		
	didate y Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(Dama anatia
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)	$\times$	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Nam	е	
Encore Capital	Group, Inc. Political Action Committee	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
Encore Capital Group	, Inc.	
Mailing Address	3111 Camino Del Rio North	
	San Diego CA 92108	
	CITY STATE	ZIP CODE
Relationship: X Connecte	d Organization Affiliated Committee Joint Fundraising Representative Lo	eadership PAC Sponsor
books and records.	ntify by name, address (phone number optional) and position of the person in po	ossession of committee
Full Name		
Mailing Address	P.O. Box 75000	
	MC2250	
	Detroit MI 48275-	2250 _
Title or Position	CITY STATE	ZIP CODE
Recordkeeper	Telephone number 248 –	371 - 7268
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the n assistant treasurer).	ame and address of
Full Name Tamar Yu	denfruend	
Mailing Address	3111 Camino Del Rio North	
-	Suite 1300	
	San Diego CA 92108	
Title on Decition	CITY STATE	ZIP CODE
Title or Position PAC Treasurer		560   3504

Telephone number

Full Name of Designated Agent	Glen Freter	
Mailing Address	3111 Camino Del Rio North	
	Suite 1300	
	San Diego  CITY  STATE  Z	IP CODE
Title or Position Asst. Treasurer		60 3581
Banks or Other	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds oxes or maintains funds.	accounts, rents
Name of Bank, [		
	Depository, etc.	
Name of Bank, [	Depository, etc.  Comerica Bank	
Name of Bank, [	Depository, etc.  Comerica Bank	
Name of Bank, [	Comerica Bank P.O. Box 75000 Detroit MI 48275	IP CODE
Name of Bank, [	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  MI 48275  CITY  STATE  Z	IP CODE
Name of Bank, Daniel Mailing Address	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  MI 48275  CITY  STATE  Z	IP CODE
Name of Bank, Daniel Mailing Address	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  MI 48275  CITY  STATE  Z	IP CODE
Name of Bank, Dame of Bank, Da	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  MI 48275  CITY  STATE  Z	ZIP CODE
Name of Bank, Dame of Bank, Da	Depository, etc.  Comerica Bank  P.O. Box 75000  Detroit  MI 48275  CITY  STATE  Z	ZIP CODE

## FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ ADDITIONAL ] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ ADDITIONAL ] 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 [ADDITIONAL] **Designated Agent** Daniel Fries Full Name 3111 Camino Del Rio north Mailing Address **Suite 1300** San Diego CA 92108 Title or Position CITY # **STATE** ZIP CODE Asst. Treasurer Telephone number [ ADDITIONAL ] Joint Fundraiser Participant FEC ID number