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| FEC<br>FORM 1               |                | STATEMEN<br>ORGANIZ         |  | Offic                           | PAGE 1 / 4                     |
|-----------------------------|----------------|-----------------------------|--|---------------------------------|--------------------------------|
| 1. NAME OF<br>COMMITTEE (in | full)          | (Check if name is changed)  | Example: If typing, type over the lines.   | 12FE4M5                         |                                |
| Hill Harper fo              | or Michi       | gan                         |  |                                 |                                |
|                             |                |                             |  |                                 |                                |
| ADDRESS (number a           | nd street)     | PO Box 21365                |  |                                 |                                |
| (Check if a is changed      |                | Detroit<br>CITY ▲           |  | MI 4822 <sup>-</sup><br>STATE ▲ | I<br>I<br>ZIP CODE ▲           |
| COMMITTEE'S E-MA            | IL ADDRES      | S                           |  |                                 |                                |
| × < (Check if a is changed  | address<br>I)  | HillHarperOffice@Gmail.com  | n<br>  |                                 |                                |
|                             |                | Optional Second E-Mail Add  | dress  |                                 |                                |
| COMMITTEE'S WEB             | address        | RESS (URL)                  |  |                                 |                                |
| 2. DATE                     | м / D<br>7 15  | 2024                        |  |                                 |                                |
| 3. FEC IDENTIFIC            | CATION NU      | MBER ► C co                 | 00844985   |                                 |                                |
| 4. IS THIS STATEM           | IENT           | NEW (N) OR                  | X AMENDED (A)  |                                 |                                |
| I certify that I have e     | examined thi   | s Statement and to the best | of my knowledge and belief it  | is true, correct and c          | omplete.                       |
| Type or Print Name          | of Treasurer   | Harper, Hill, , ,           |  |                                 |                                |
| Signature of Treasure       | er Harpe       | r, Hill, , ,                |  | Date 07                         | 15 / Y Y Y Y<br>2024           |
| NOTE: Submission of         | false, erroned |                             | may subject the person signing the figure of |                                 | enalties of 52 U.S.C. §30109   |
| Office<br>Use<br>Only       |                |                             | For further information co<br>Federal Election Commissio<br>Toll Free 800-424-9530<br>Local 202-694-1100   | on <b>F</b>                     | EC FORM 1<br>(Revised 06/2012) |

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of Harper, Frank Eugene Hill, , , Candidate State MI Candidate Office DEM Х Senate House President Party Affiliation Sought: District 00 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, (d) This committee is a Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.

| (g) | This committee is an independent expenditure-only political committee (Super PAC). |  |
|-----|--|--|

|   | In addition, this committee is a Lobbyist/Hegistrant PAC.  |  |  |  |
|---|--|--|--|--|
| (h)   | This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC). |  |  |  |
| 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:

. ....

(i) 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.
(j) 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.
2.

| FEC Form 1 (Revised 02/2009) | Page 3 |
|------------------------------|--------|
| Write or Type Committee Name |        |
|                              |        |

## Hill Harper for Michigan

| 6. | Name of Any Connected Or | rganization, Affiliated | Committee, Joint Fundrais | ing Representative, or    | Leadership PAC Sponsor |
|----|--------------------------|-------------------------|---------------------------|---------------------------|------------------------|
|    |                          |                         |                           |                           |                        |
|    |                          |                         |                           |                           |                        |
|    | Mailing Address          |                         |                           |                           |                        |
|    |                          |                         |                           |                           |                        |
|    |                          |                         |                           |                           |                        |
|    |                          |                         | CITY ▲                    | STATE A                   | ZIP CODE               |
|    | Relationship: Connected  | Organization Affiliat   | ed Organization Joint I   | undraising 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.

| Harper, Hil         | l, , ,                        |
|---------------------|-------------------------------|
| Full Name           |                               |
| Mailing Address     | PO Box 21365                  |
|                     |                               |
|                     | Detroit     MI     48221      |
|                     | CITY ▲ STATE ▲ ZIP CODE ▲     |
| Title or Position ▼ |                               |
| Treasurer           | Telephone number 517 256 5424 |

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<br>of Treasurer | Harper, Hill, , ,         |
|---------------------------|---------------------------|
| Mailing Address           | PO Box 21365              |
|                           |                           |
|                           | Detroit MI48221           |
|                           | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position         | ,                         |
| Treasurer                 | Telephone number          |

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|-------------------------------------|------------------|----------|
| Full Name of<br>Designated<br>Agent |                  |          |
| Mailing Address                     |                  |          |
|                                     |                  |          |
|                                     |                  |          |
|                                     | 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.

| Amalga                    | mated Bank       |        |         |          |
|---------------------------|------------------|--------|---------|----------|
| Mailing Address           | 1825 K Street NW |        |         |          |
|                           |                  |        |         |          |
|                           | Washington       |        |         |          |
|                           |                  | CITY ▲ | STATE A | ZIP CODE |
| Name of Bank, Depository, | etc.             |        |         |          |
| Mailing Address           |                  |        |         |          |
|                           |                  |        |         |          |
|                           |                  |        |         |          |
|                           |                  | CITY ▲ | STATE A | ZIP CODE |