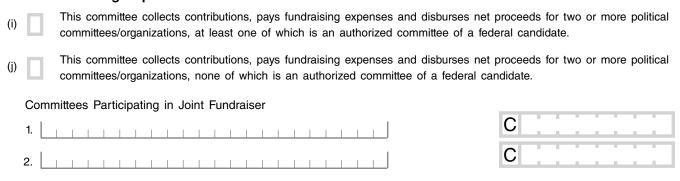
Image# 202207169522145052			PAGE 1 / 4											
FEC FORM 1	STATEMEI ORGANIZ													
I. NAME OF	(Check if name	Example: If typing, type		ce Use Only										
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5											
Committe to Sup	port Andrew Gal	le												
	18025 S Good Harbor Trl													
ADDRESS (number and street)														
<ul> <li>(Check if address is changed)</li> </ul>														
	Cedar └ │ │ │ │ │ │ │ │ │ │ │ CITY ▲		MI 4962 STATE ▲	1 −   ZIP CODE ▲										
COMMITTEE'S E-MAIL ADDRE	ESS													
(Check if address is changed)	andy@mybarc.org													
	Optional Second E-Mail Ad	dress												
<ul> <li>(Check if address is changed)</li> </ul>														
	9 / Y Y Y Y 2022													
3. FEC IDENTIFICATION N	UMBER ► C c	00820688												
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)												
certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and o	complete.										
-														
Type or Print Name of Treasure	er Dean, Cory, , ,													
Signature of Treasurer	ı, Cory, , ,	[Electronically Filed]	Date	16 / Y Y Y Y 2022										
NOTE: Submission of false, erron		may subject the person signing t TION SHOULD BE REPORTED		enalties of 52 U.S.C. §301										
Office Use Only		For further information of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	on <b>F</b>	FEC FORM 1 (Revised 06/2012)										

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5.	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) <b>X</b> 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 t information below.)	he candidate
	Name of Gale, Andrew, James, ,	
	Candidate Office Party Affiliation LIB Office Sought: House Senate President	State MI
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 01
	Name of Candidate	
	Party Committee:       (National, State or subordinate) committee of the       (Democrat Republicar	ic, n, etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ed organization is a:
	Corporation Corporation w/o Capital Stock	Organization
	Membership Organization Trade Association Cooper	rative
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid F	PAC).

## Joint Fundraising Representative:



In addition, this committee is a Lobbyist/Registrant PAC.

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Write or Type Committee Name

## Committe to Support Andrew Gale

6.	Name of Any Connected ONONE	Organization,	Affiliated Committee, Joint F	Fundraising Representative, or	Leadership PAC Sponsor
	Mailing Address				
			CITY 🔺	STATE A	ZIP CODE
	Relationship: Connecte	d Organization	Affiliated Organization	Joint Fundraising Representative	E 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.

Dean, C	ory, , ,			
Full Name				
Mailing Address	5862 Old Maple Trail			
	Grawn		MI 49637	
	CITY ▲		STATE 🔺	ZIP CODE
Title or Position ▼				
Custodian		Telephone nur	mber 231 -	590 - 8290

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	Dean, Cory, , ,	
of Treasurer		
Mailing Address	5862 Old Maple Trail	
	Grawn	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position	▼	
	Telephone number       231       -       590       -       8290	

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Full Name of Designated Agent																												1	1		
Mailing Address	L																											<u> </u>			
	L																														
	L																											L			
CITY 🔺										STATE 🔺								ZIP CODE													
Title or Position ▼																															
															Tele	əph	ione	e n	umł	ber									<u> </u>		

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.

	State Sa	avings	Ban	k							1					1	1										
Mailing Address		93 W F	ourth S	it										1		I											
		Suttons	Bay														<b>∕II</b>	L	496	82							
						CI	ΓΥ 🔺	•							ę	STA	ΤE				ZI	PC	OD	Ε	•		
Name of Bank, [	Depository, et	tc.										1	1		1												_
Mailing Address																											
																		L									
						CI	ΓΥ 🔺	•							ę	STA	ΤE				ZI	PC	COD	E	•		