PAGE 1 / 8 =

FEC FORM 1		• • • • • • • • • • • • • • • • • • • •	GANIZ		•						Offi	ce Use	e Only			-
NAME OF COMMITTEE (ir	n full)		ck if name anged)		ple:If typi he lines.	ng, typ	е	12	FE4	4M5		_	1			
Jon Hoadle																
ADDRESS (number a	nd street)	PO Box 51165	5													
(Check if a is changed																
io onungoo	-,	Kalamazoo CITY 🛦						ST	II LLL ATE 4	•	4900)5	ZIP (CODE	<u> </u>	
COMMITTEE'S E-MA	AIL ADDRES	SS														
(Check if a is changed		info@jonho	oadley.com													
		Optional Second Inches Optional Second Inche	ond E-Mail Ad pcompliand	ldress ce.com												
COMMITTEE'S WEB (Check if a is changed	address	RESS (URL) www.jonhoadl	ey.com													
2. DATE 1		2020														
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	00701599												
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMEN	IDED (A)									
I certify that I have e	examined thi	s Statement ar	nd to the best	t of my kn	owledge	and be	lief it	is tru	e, co	rrect	and	comp	lete.			
Type or Print Name	of Treasurer	Sharma, Nam	nita, , ,													
Signature of Treasure	er <i>Sharma</i>	a, Namita, , ,		[.	Electronica	lly Filea	<u>i</u>]	Date		M 10	M /	14	D /)20	Y
NOTE: Submission of		ous, or incomple				_	_					oenalti	es of 2	2 U.S.C	. §437	'g.
Office Use Only				F	or further ederal Electrical Free 80 ocal 202-69	tion Con 0-424-95	nmissio				ı			RM 5/2012)	1 _	

EEC E	rm 1 (Revised 02/2009)	Page 2
	COMMITTEE	гау е 2
Candidate	e Committee:	
(a) x	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.)	mplete the candidate
Name of Candidate	Hoadley, Jon, , ,	
Candidate Party Affiliat	on DEM Office Sought: House Senate President	State MI District 06
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	action Committee (PAC):	
(e)	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)	segregated 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.)	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for 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 toommittees/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.		

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		i aye 🗸
Jon Hoadley fo		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	rship PAC Sponsor
•		
Hoadley Victory Fund		
Mailing Address	918 Pennsylvania Avenue SE	
	Washington DC 20003 CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee X Joint Fundraising Representative L	eadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	ossession of committee
	Namita, , ,	
Full Name	PO Box 51165	
Mailing Address		
	Kalamazoo , MI , 49005	
	realization of the state of the	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
Treasurer: List the name an any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name Sharma, Northeasurer	Namita, , ,	
Mailing Address	PO Box 51165	
	Kalamazoo MI 49005 CITY STATE	ZIP CODE
Title or Position Treasurer		220 - 0416

. 20 . 4	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
Name of Bank, [Depository, etc.	
Name of Bank, [Comerica Bank 5080 West Main St	
	Depository, etc. Comerica Bank	
	Comerica Bank 5080 West Main St	ZIP CODE
	Comerica Bank 5080 West Main St Kalamazoo CITY STATE	ZIP CODE
Mailing Address Name of Bank, [Comerica Bank 5080 West Main St Kalamazoo CITY STATE	ZIP CODE
Mailing Address	Comerica Bank 5080 West Main St Kalamazoo CITY STATE Cepository, etc. Amalgamated Bank	ZIP CODE
Mailing Address Name of Bank, [Comerica Bank 5080 West Main St Kalamazoo CITY STATE Cepository, etc. Amalgamated Bank	ZIP CODE

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

FEC ID number C 3.	h). Joint Fundraisi	ng Farticipant:	FEC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Spc West Michigan Victory Fund Mailing Address PO Box 15293 Mashington Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number — — — — — — — — — — — — — — — — — — —	1.		J	-1 - 1 - 1 - 1 - 1
4. FEC ID number C A	2.		J	
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Spot West Michigan Victory Fund Mailing Address PO Box 15293 Washington Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION CITY A STATE A ZIP CODE A Telephone Number — — — — — — — — — — — — — — — — — — —	3.		FEC ID number	C
West Michigan Victory Fund Mailing Address PO Box 15293 Washington Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	4		FEC ID number	C
Mailing Address PO Box 15293 Washington Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number Title OR Position ▼ Telephone Number Title OR Position ▼ Telephone Number Title OR Position ▼ Telephone Number Telephone Number			ndraising Representativ	e, or Leadership PAC Spon
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Mailing Address Washington				
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Connected Organization		Washington	DC	20003
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIP CODE A Telephone Number — — — — — — — — — — — — — — — — — — —	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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TITLE OR POSITION CITY Telephone Number	esignated Agent: Identi			Leadership PAC S
TITLE OR POSITION Telephone Number	esignated Agent: Identi			Leadership PAC S
anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, reafety deposit boxes or maintains funds. ame of Bank, epository, etc.	esignated Agent: Identi	fy by name, address (phone number – optional		
afety deposit boxes or maintains funds. ame of Bank, epository, etc.	esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional		
epository, etc.	esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional	STATE A	
Mailing Address	esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional CITY CITY pries: List all banks or other depositories in wh	STATE A Telephone Number	ZIP CODE A
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Spon
Tie Breaker Cand	date rund 		
Mailing Address	600 Pennsylvania Ave SE		
maining / taurees	#15180		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	Organization Affiliated Committee	t Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify	Organization Affiliated Committee Joint by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
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esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or main arms of Bank,	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) CITY CITY Ties: List all banks or other depositories in which	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
7.			
ame of Any Connected	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Takano Equality \	Nave		
	PO Box 15320		
Mailing Address	1 0 00 13320		
	Washington	DC DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	t Fundraising Representa	ative Leadership PAC S
		t Fundraising Representa	Leadership PAC S
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esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). Joint Fundraisin	g Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	С
	3.		FEC ID number	C
	4		FEC ID number	С
6.		Organization, Affiliated Committee, Joint Fundra ent Defenders Fund	ising Representative	e, or Leadership PAC Sponsor
	Mailing Address	PO Box 5418		
		Takoma Park	MD	20913
	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify Full Name	y by name, address (phone number – optional)		
	Mailing Address			
	ag / taaooo			
		1		
		CITY A	STATE A	ZIP CODE A
	TITLE OR POSITION	1	STATE A	ZIP CODE A
	TITLE OR POSITION	•		ZIP CODE A
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
	Banks or Other Depositor	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	
	Banks or Other Depositor safety deposit boxes or many Name of Bank, Depository, etc.	ries: List all banks or other depositories in which the	STATE ▲ ephone Number	