| Image# 202008319267064112 | | | | 00/31/2020 19.30 |
|--|---|--|-----------------------|--|
| FEC FORM 1 | STATEME ORGANIZ | | | PAGE 1 / 4 — |
| | | | Offic | e Use Only |
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example: If typing, type over the lines. | 12FE4M5 | |
| Michigan Victory | / 2020 | | | |
| | | | | |
| ADDRESS (number and street) | 611 Pennsylvania Ave SE | | | |
| (Check if address | Num 143 | | | |
| is changed) | Washington | | DC 2000 | 3 |
| | CITY A | | STATE A | ZIP CODE |
| COMMITTEE'S E-MAIL ADDF | RESS | | | |
| (Check if address is changed) | jcarr@mbacg.com | | | |
| | Optional Second E-Mail Ad | ldress | | |
| | | | | |
| COMMITTEE'S WEB PAGE A (Check if address is changed) | | | | |
| 2. DATE 08 | 31 Y Y Y Y 2020 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C C | 00757039 | | |
| 4. IS THIS STATEMENT | × NEW (N) OR | AMENDED (A) | | |
| L certify that I have examined | this Statement and to the best | t of my knowledge and heliof it | is true correct and c | complete |
| ostary mater have chamilled | | to my moviedge and benefit | | semploto. |
| Type or Print Name of Treasu | rer Mele, Steven, , , | | | |
| Signature of Treasurer | le, Steven, , , | [Electronically Filed] | Date 08 | 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| NOTE: Submission of false, erro | oneous, or incomplete information ANY CHANGE IN INFORMAT | may subject the person signing ION SHOULD BE REPORTED W | | enalties of 2 U.S.C. §437g |
| Office Use Only | | For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100 | ion F | FEC FORM 1 (Revised 06/2012) |

08/31/2020 19 : 36

| - | | | |
|---|--|--|--|
| FEC | C Form 1 (Revised 02/2009) | Page 2 | |
| TYPE C | DF COMMITTEE | | |
| Candi | date 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. (Compl information below.) | ete the candidate | |
| Name o Candida | | | |
| Candida Party Af | | State | |
| (C) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | |
| Name o Candida | | | |
| Party | Committee: | | |
| (d) | | Democratic, epublican, etc.) Party. | |
| Politic | al Action Committee (PAC): | | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.) | ected organization is a: | |
| | Corporation V/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 seg committee. (i.e., nonconnected committee) | regated 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 F | undraising Representative: | | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political | |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political | |
| (| Committees Participating in Joint Fundraiser | | |
| | PETERS FOR MICHIGAN | 37889 | |
| | HALEY STEVENS FOR CONGRESS 2. FEC ID number C C0063 | 38650 | |
| (| 3. BRENDA LAWRENCE FOR CONGRESS FEC ID number C C0055 | 52588 | |
| 2 | 4. FEC ID number | | |

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Michigan Victory 2020

6. 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 | | | | |

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

| Mele, Stev | /en, , , |
|-------------------|----------------------------------|
| Full Name | |
| Mailing Address | 611 Pennsylvania Ave SE |
| | Num 143 |
| | Washington DC 20003 |
| Title or Position | CITY STATE ZIP CODE |
| Treasurer | Telephone number 202 552 0221 |

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 | Mele, Steven, , , |
|--------------------------------|--|
| Mailing Address | 611 Pennsylvania Ave SE |
| | Num 143 |
| | Washington DC 20003 - |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 202 552 0221 |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | Snyder, Lili, , , |
|-------------------------------------|--|
| Mailing Address | 611 Pennsylvania Ave SE |
| | Num 143 |
| | Washington DC 20003 Image: Image of the second sec |
| | CITY STATE ZIP CODE |
| Title or Position | Jrer |

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.

| Am | algamated Bank | | | | |
|-----------------------|--------------------------------|-------|----------|--|--|
| Mailing Address | 1825 K Street NW | | | | |
| | | | | | |
| | Washington | | 006 | | |
| | CITY | STATE | ZIP CODE | | |
| Name of Bank, Deposit | Name of Bank, Depository, etc. | | | | |
| | | | | | |
| Mailing Address | | | | | |
| | | | | | |
| | | | | | |
| | CITY | STATE | ZIP CODE | | |