PAGE 1/5 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) MICHIGANS 5TH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY - 2023 1401 FOX RUN ADDRESS (number and street) (Check if address is changed) **TECUMSEH** 49286 ΜI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS billswift@comcast.net (Check if address is changed) Optional Second E-Mail Address patrick.ulanowicz@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00835611 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. Swift, William, Howard, Mr., II Type or Print Name of Treasurer Swift, William, Howard, Mr., II [Electronically Filed] 07 25 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530 Local 202-694-1100
,			LUCAI 202-034-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate 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 campaig information below.)	gn committee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an autho	rized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a SUB (National, State or subordinate) committee of the	(Democratic, DEM Republican, etc.) Party
or substantate) committee of the	riopublican, cic., rarty
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organizat	ion on line 6.) Its connected organization is a:
Corporation Corporation w/o Capital Stoc	ck 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 committee. (i.e., nonconnected committee)	NOT a separate 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.)
_	
(g) This committee is an independent expenditure-only political committee (Superior of the committee) and the committee of th	er PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	ibution accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburcommittees/organizations, at least one of which is an authorized committee	·
(j) This committee collects contributions, pays fundraising expenses and disburcommittees/organizations, none of which is an authorized committee of a fee	·
Committees Participating in Joint Fundraiser	
1.	C
	0

Write or Type Committee Name MICHIGANS 5TH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY - 2023 Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor NONE 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name Mailing Address 1401 Fox Run Telephone number 734 - 972 - 9034 7. 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 Mailing Address 1401 Fox Run Mailing Address 1401 Fox Run Mailing Address				
MICHIGANS 5TH CONGRESSIONAL DISTRICT DEMOCRATIC PARTY - 2023 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name Mailing Address 1401 Fox Run 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: 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). Mailing Address 1401 Fox Run Mailing Address		· · · · · · · · · · · · · · · · · · ·		Page 3
Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor NONE Mailing Address Mailing Address Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization Joint Fundralsing Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name Mailing Address 1401 Fox Run 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 Swift, William, Howard, Mr., II of Treasurer Mailing Address 1401 Fox Run Mailing Address				
NONE Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name Mailing Address 1401 Fox Run Treasurer Telephone number 734 972 9034 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 Swift, William, Howard, Mr., II of 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 Swift, William, Howard, Mr., II of Treasurer: List description of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).	MICHIGANS	S 5TH CONGRESSIONAL DISTRICT DEMO	OCRATIC PA	ARTY - 2023
Mailing Address City		ected Organization, Affiliated Committee, Joint Fundraising Repres	sentative, or Leader	ship PAC Sponsor
CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name 1401 Fox Run				
CITY ▲ STATE ▲ ZIP CODE ▲ Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address (phone number — optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name Hall Fox Run Tecumseh MI Hall Hall Hall Hall Hall Hall Hall Hal				
Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name	Mailing Address			
Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name				
Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sp 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name				
7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Swift, William, Howard, Mr., II Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Treasurer Telephone number 734 - 972 - 9034 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 Swift, William, Howard, Mr., II of Treasurer Mailing Address		CITY ▲ S	STATE A	ZIP CODE ▲
Swift, William, Howard, Mr., II Full Name Mailing Address Tecumseh CITY A STATE A ZIP CODE A Title or Position Treasurer 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 Swift, William, Howard, Mr., II of Treasurer Mailing Address 1401 Fox Run	Relationship: Co	onnected Organization Affiliated Organization Joint Fundraising I	Representative	Leadership PAC Sponso
Full Name Mailing Address CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Treasurer Telephone number 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 Swift, William, Howard, Mr., II of Treasurer Mailing Address 1401 Fox Run		ds: Identify by name, address (phone number optional) and position of	the person in possess	sion of committee
Mailing Address Tecumseh CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Treasurer Telephone number Telephone numbe	Sı	wift, William, Howard, Mr., II		
Tecumseh CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼ Treasurer Telephone number Telephone numb	Full Name			
Title or Position ▼ Treasurer Telephone number Telephone numbe	Mailing Address	1401 Fox Run		
Title or Position ▼ Treasurer Telephone number Telephone numbe				
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 Mailing Address Mailing Address		Tecumseh	MI 49286	
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 Swift, William, Howard, Mr., II of Treasurer Mailing Address 1401 Fox Run		CITY ▲ S	STATE A	ZIP CODE ▲
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 Mailing Address 1401 Fox Run	Title or Position ▼			
any designated agent (e.g., assistant treasurer). Full Name Swift, William, Howard, Mr., II of Treasurer Mailing Address 1401 Fox Run	Treasurer	Telephone numb	per	972 9034
of Treasurer Mailing Address 1401 Fox Run	8. Treasurer: List the rany designated ager	name and address (phone number optional) of the treasurer of the count (e.g., assistant treasurer).	committee; and the n	ame and address of
Mailing Address 1401 Fox Run	Full Name Si	wift, William, Howard, Mr., II		
Mailing Address	of Treasurer			
Tecumseh MI 49286	Mailing Address	1401 Fox Run		
Tecumseh MI 49286				
		Tecumseh	MI 49286	
CITY ▲ STATE ▲ ZIP CODE ▲ Title or Position ▼	Title or Position =	CITY ▲ S	STATE A	ZIP CODE ▲
		1	ı 734 ı ı	972 9034

Telephone number

FEC Form 1 (Rev	ised 02/2009)		Page 4
Full Name of Ulan Designated Agent	nowicz, Patrick, , ,		
Mailing Address	418 East Maple		
	Adrian	MI	49286
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Chair		Telephone number 51	7 - 918 - 8948
Banks or Other Depo safety deposit boxes or	sitories: List all banks or other depositories in r maintains funds.	which the committee deposits fu	inds, holds accounts, rents
Name of Bank, Deposi	tory, etc.		
TLO	C Community Credit Union		
Mailing Address	1102 West Chicago Blvd		
	Tecumseh		49286
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Deposi	tory, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

Page _____ **of** _____

1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected C	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spor
<u> </u>			
Mailing Address			
Relationship:	CITY 🛦	STATE ▲	ZIP CODE ▲
	by name, address (phone number - optional)	int Fundraising Representa	Leadership PAC S
esignated Agent: Identify Pedersen, Full Name	by name, address (phone number – optional) Shelia, , ,	int Fundraising Representa	Leadersnip PAC S
esignated Agent: Identify Pedersen,	by name, address (phone number - optional)	Int Fundraising Representa	Leadersnip PAC S
esignated Agent: Identify Pedersen, Full Name	by name, address (phone number – optional) Shelia, , , 23536 Forest Shores Dr		
esignated Agent: Identify Pedersen, Full Name	by name, address (phone number – optional) Shelia, , , 23536 Forest Shores Dr Cassopolis	MI	49031
esignated Agent: Identify Pedersen, Full Name Mailing Address	by name, address (phone number – optional) Shelia, , , 23536 Forest Shores Dr Cassopolis		
esignated Agent: Identify Pedersen, Full Name	by name, address (phone number – optional) Shelia, , , 23536 Forest Shores Dr Cassopolis CITY	MI	49031
Pedersen, Full Name Mailing Address TITLE OR POSITION Vice-Chair Anks or Other Depositori	by name, address (phone number – optional) Shelia, , , 23536 Forest Shores Dr Cassopolis CITY es: List all banks or other depositories in whice	STATE A Telephone Number	49031 ZIP CODE A
Pedersen, Full Name Mailing Address TITLE OR POSITION Vice-Chair Anks or Other Depositori afety deposit boxes or main	by name, address (phone number – optional) Shelia, , , 23536 Forest Shores Dr Cassopolis CITY es: List all banks or other depositories in whice	STATE A Telephone Number	49031 ZIP CODE A
Pedersen, Full Name Mailing Address TITLE OR POSITION Vice-Chair Anks or Other Depositori afety deposit boxes or main	by name, address (phone number – optional) Shelia, , , 23536 Forest Shores Dr Cassopolis CITY es: List all banks or other depositories in whice	STATE A Telephone Number	49031 ZIP CODE A
Pedersen, Full Name Mailing Address TITLE OR POSITION Vice-Chair anks or Other Depositori afety deposit boxes or main ame of Bank, epository, etc.	by name, address (phone number – optional) Shelia, , , 23536 Forest Shores Dr Cassopolis CITY es: List all banks or other depositories in whice	STATE A Telephone Number	49031 ZIP CODE A