Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Battleground Michigan 918 Pennsylvania Ave SE ADDRESS (number and street) (Check if address is changed) Washington 20003 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS zamore@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00749309 FEC IDENTIFICATION NUMBER > 3. 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. Zamore, Judith, , , Type or Print Name of Treasurer Zamore, Judith,,, [Electronically Filed] 06 2020 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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|------------|------------------------|--|---|
| TYP | E OF C | OMMITTEE | |
| Car | ndidate | 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. (Compinformation below.) | lete the candidate |
| Nam Can | ne of didate | | |
| | didate y Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Can | ne of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, depublican, etc.) Party. |
| Poli | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn | ected 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 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.) | |
| Join | nt Fund | raising 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. | o 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 |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | PETERS FOR MICHIGAN FEC ID number C C004: | 37889 |
| | 2. | HALEY STEVENS FOR CONGRESS FEC ID number C C0063 | 38650 |
| | 3. | ELISSA SLOTKIN FOR CONGRESS FEC ID number C C0068 | 50150 |
| | 4. | | |

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|--|--|--------------------------------------|
| Write or Type Committee N | | , ago c |
| Battleground | | |
| | ed Organization, Affiliated Committee, Joint Fundraising Representat | tive, or Leadership PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | E ZIP CODE |
| Relationship: Conne | ected Organization Affiliated Committee Joint Fundraising Repres | entative Leadership PAC Sponsor |
| 7. Custodian of Records: books and records. | Identify by name, address (phone number optional) and position of the | ne person in possession of committee |
| | ore, Judith, , , | |
| Full Name | 918 Pennsylvania Ave SE | |
| Mailing Address | | |
| | Washington | , 20003 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | Telephone number | 202 - 544 - 6960 |
| 8. Treasurer: List the name any designated agent (e | e and address (phone number optional) of the treasurer of the commit .g., assistant treasurer). | ttee; and the name and address of |
| | re, Judith, , , | |
| of Treasurer | 918 Pennsylvania Ave SE | |
| Mailing Address | | |
| | - Washington | |
| | Washington | ZID CODE |
| Title or Position Treasurer | CITY STATE Telephone number | ZIP CODE |
| | | |

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|----------------------------|---|---------------|
| | | |
| Full Name of Designated | | |
| Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| Name of Bank, [| oxes or maintains funds. Depository, etc. | |
| Name of Bank, [| | |
| | Depository, etc. Amalgamated Bank | |
| Name of Bank, [| Depository, etc. Amalgamated Bank | |
| Name of Bank, [| Depository, etc. Amalgamated Bank 1825 K St NW | ZIP CODE |
| Name of Bank, [| Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |
| Name of Bank, I | Depository, etc. Amalgamated Bank 1825 K St NW Washington CITY STATE | |