

AKOURI & ASSOCIATES, P.L.L.C.

Attorneys and Counselors

6528 Schaefer Road

Dearborn, Michigan 48126

Phone: (313) 584-1404

Facsimile: (313) 584-1485

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FEC MAIL CENTER

2019 DEC 16 PM 12:32

Robert L. Akouri
John A. Akouri

Of Counsel
Landry, Mazzo & Dembinski P.C.
37000 Grand River Avenue, Suite 200
Farmington Hills, Michigan 48335
Phone: (248) 476-6900

December 10, 2019

Certified Mailing

Federal Election Commission
1050 First Street N. E.
Washington, D.C. 20463

Re: Candidate ID Number: P20003109
Thaddeus G. McCotter

Dear Ms. Davis:

First and foremost, I would like to thank you for accommodating me and walking me through this process. Please find enclosed a copy of my client's:]

Statement of Organization (FEC Form 1)
Report of Receipts and Disbursements (FEC Form 3P)
Schedule B-P Itemized Disbursements (FEC Schedule B-P [Form 3P])
Schedule D-P Debts and Obligations (FEC Schedule D-P[Form 3P])

Upon receipt and review, I would ask that you please confirm in writing that you will be able to close out this account. I thank you for your anticipated cooperation, and indeed if you have any questions or concerns, please feel free to contact my office.

Respectfully Submitted,

Robert L. Akouri

c.c. McCotter

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED
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1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

MCCOTTER 2012

ADDRESS (number and street)

C/O 6528 SCHAEFER RD

(Check if address is changed)

~~DEARBORN~~

DEARBORN MI 48126

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

AKOURI PLLC @ YAHOO.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE

12 / 04 / 2019

3. FEC IDENTIFICATION NUMBER

C00498220

4. 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.

Type or Print Name of Treasurer

ROBERT AKOURI

Signature of Treasurer

Robert Akouri

Date

12 / 04 / 2019

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. 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 campaign committee. (Complete the candidate information below.)

Name of Candidate MCCOTTER, THADDEUS G

Candidate Party Affiliation REP Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	<input type="text"/>	FEC ID number	<input type="text"/>
2.	<input type="text"/>	FEC ID number	<input type="text"/>
3.	<input type="text"/>	FEC ID number	<input type="text"/>
4.	<input type="text"/>	FEC ID number	<input type="text"/>

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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.

Full Name

[Empty grid lines for full name]

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

[Empty grid lines for title or position]

Telephone number

[Empty grid lines for telephone number]

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

ROBERT AKOURI

Mailing Address

6528 SCHAEFER RD

[Empty grid lines for address continuation]

DEARBORN MI 48126

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

~~0000~~ ~~0000~~

NON-FINANCIAL DISCLOSURE

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

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.

CHAIN BRIDGE BANK

Mailing Address

1445~~5~~A LAUGHUN AVE

[Grid for Mailing Address Line 2]

~~MCLEAN~~ MCLEAN VA 22101-

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

NON-FEDERAL CAMPAIGN

5(g) or (h). **Joint Fundraising Participant:**

1. _____
 2. _____
 3. _____
 4. _____

FEC ID number C _____
 FEC ID number C _____
 FEC ID number C _____
 FEC ID number C _____

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address _____

Relationship: _____ CITY ▲ STATE ▲ ZIP CODE ▲
 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name _____
 Mailing Address _____

 _____ CITY ▲ STATE ▲ ZIP CODE ▲
 TITLE OR POSITION ▼ _____ Telephone Number _____-_____-_____

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. _____
 Mailing Address _____

 _____ CITY ▲ STATE ▲ ZIP CODE ▲

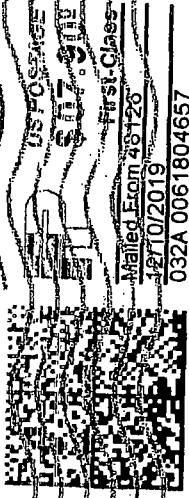
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Akouri & Associates, PLLC
6528 Schaefer
Dearborn, Michigan, 48126

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WED 11 DEC 2019 10:50 AM



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Federal Election Commission
1050 First Street N. E.
Washington, D.C. 20463

Federal Election Commission
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 The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ES
PREPARER
12/16/19
DATE PREPARED

20191216 10:00:00 AM