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. Take Back The West PAC 7975 W Badura Ave #1000 ADDRESS (number and street) (Check if address is changed) Las Vegas 89113 NV CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS .jkordenbrock@fraserlawfirm.com (Check if address is changed) Optional Second E-Mail Address |fec@mcshanellc.com COMMITTEE'S WEB PAGE ADDRESS (URL) takebackthewest.com (Check if address is changed) DATE 2019 C00727230 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. Kordenbrock, Jean, , , Type or Print Name of Treasurer Kordenbrock, Jean, , , [Electronically Filed] 09 2021 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

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	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.	District
	ne of didate		
Par	ty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.	
(5)			areasted fund or porty
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fulld of party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee N	Name	-
Take Back Th	he West PAC	
. Name of Any Connecte	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
		<u> </u>
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	nected Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponso
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person in pos	ssession of committe
Korde Full Name	enbrock, Jean, , ,	
Mailing Address	124 W. Allegan St. 1000	
	Lansing MI 48933	
Title or Position	CITY STATE	ZIP CODE
Treasurer		575
Treasurer: List the name any designated agent (e.	ne and address (phone number optional) of the treasurer of the committee; and the na e.g., assistant treasurer).	ame and address of
any designated agent (e.	ne and address (phone number optional) of the treasurer of the committee; and the na e.g., assistant treasurer).	ame and address of
any designated agent (e.	e.g., assistant treasurer).	ame and address of
any designated agent (e. Full Name Korder of Treasurer	e.g., assistant treasurer).	ame and address of
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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE Z	ZIP CODE
Title or Position		1 1
	Telephone number	
Banks or Other safety deposit be Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, holds exes or maintains funds. Depository, etc. Nevada State Bank	accounts, rents
safety deposit be	Depository, etc. Nevada State Bank PO Box 990	accounts, rents
safety deposit be Name of Bank,	Depository, etc. Nevada State Bank PO Box 990 Las Vegas NV 89125	
safety deposit be Name of Bank,	Depository, etc. Nevada State Bank PO Box 990 Las Vegas NV 89125 CITY STATE	ZIP CODE
safety deposit be Name of Bank, Mailing Address	Depository, etc. Nevada State Bank PO Box 990 Las Vegas NV 89125 CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Nevada State Bank PO Box 990 Las Vegas NV 89125 CITY STATE	
Name of Bank, Mailing Address Name of Bank,	Depository, etc. Nevada State Bank PO Box 990 Las Vegas NV 89125 CITY STATE	
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