PAGE 1 / 4

STATEMENT OF **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. Kurt Heise for Congress 9054 Muirland Drive ADDRESS (number and street) (Check if address is changed) Plymouth 48170 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@campaignfinancial.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2018 C00658187 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. Lypka, Christie, Collins,, Type or Print Name of Treasurer Lypka, Christie, Collins,, [Electronically Filed] 01 2018 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 Only Local 202-694-1100

FE	EC Form 1 (Revised 02/2009)	Page <b>2</b>
	OF COMMITTEE	
	idate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate info	ormation below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign c information below.)	ommittee. (Complete the candidate
Name Candid	TIGOG, IXIII, L., .	
Candid Party /	late Office Sought: X House Senate	State President District  MI  11
(c)	This committee supports/opposes only one candidate, and is NOT an authorized	d committee.
Name Candid		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	cal Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization of	on line 6.) Its connected organization is a
	Corporation Corporation w/o Capital Stoc	k 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 NO committee. (i.e., nonconnected committee)	T 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	.)
Joint	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses ne committees/organizations, at least one of which is an authorized committee of a fed	
(h)	This committee collects contributions, pays fundraising expenses and disburses necommittees/organizations, none of which is an authorized committee of a federal call.	
	Committees Participating in Joint Fundraiser	
	1.	ber C
	2.	ober C
	3.	ber C
	4.             FEC ID num	ber C

FEC <b>Form 1</b> (Rev	vised 02/2009)	Page <b>3</b>
Write or Type Committee	Name	
Kurt Heise fo	or Congress	
	cted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE		
<u> </u>		
Mailing Address		
Walling Address		
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	s: Identify by name, address (phone number optional) and position of the person	n possession of committee
Cam Full Name	npaign, Financial Services, , ,	
Mailing Address		
Title or Position	CITY STATE	ZIP CODE
Record Keeper	Telephone number	- 654 - 3220
. <b>Treasurer:</b> List the nan any designated agent (	me and address (phone number optional) of the treasurer of the committee; and the description (e.g., assistant treasurer).	ne name and address of
Full Name Lypk of Treasurer	ca, Christie, Collins, ,	
Mailing Address	46991 Red Oak Drive	
	Northville MI 481	
Title or Position Treasurer	CITY STATE  Telephone number 301	ZIP CODE  - 654 - 3220 - 3220

FEC For	n 1 (Revised 02/2009)	Page 4
Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number	
safety deposit b Name of Bank,	Depositories: List all banks or other depositories in which the committee deposits funds, hold oxes or maintains funds.  Depository, etc.  Wells Fargo Bank	
safety deposit b	Depository, etc.  Wells Fargo Bank  ,7901 Wisconsin Avenue	is accounts, rents
safety deposit b Name of Bank,	Wells Fargo Bank  7901 Wisconsin Avenue	zip code
safety deposit b Name of Bank,	Wells Fargo Bank  7901 Wisconsin Avenue  Bethesda  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Wells Fargo Bank  7901 Wisconsin Avenue  Bethesda  CITY  STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc.  Wells Fargo Bank  7901 Wisconsin Avenue  Bethesda  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Wells Fargo Bank  7901 Wisconsin Avenue  Bethesda  CITY  STATE  Depository, etc.	
safety deposit b Name of Bank, Mailing Address  Name of Bank,	Depository, etc.  Wells Fargo Bank  7901 Wisconsin Avenue  Bethesda  CITY  STATE  Depository, etc.	