Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Michigan Democratic State Central Committee 606 Townsend St. ADDRESS (number and street) (Check if address is changed) Lansing 48933 MΙ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS cjensen@michigandems.com (Check if address is changed) Optional Second E-Mail Address lavorabarnes@michigandems.com COMMITTEE'S WEB PAGE ADDRESS (URL) w.w.w.michigandems.com (Check if address is changed) DATE 2022 C00031054 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. Kornak, Traci, , , Type or Print Name of Treasurer Kornak, Traci,,, [Electronically Filed] Date 06 2023 Signature of Treasurer 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: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC	Form 1	1 (Revised 03/2022)	Page 2
. T	YPE O	OF COMMITTEE:	
С	andid	late 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 information below.)	ne candidate
	Name Candid		
	Candic Party /	date Office Affiliation Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Nam Cand	ne of didate	
P	arty C	Committee:	
(d) x	This committee is a STA (National, State or subordinate) committee of the DEM Republican	c, , etc.) Party
P	olitica	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
		Corporation Corporation w/o Capital Stock Labor C	Organization
		Membership Organization Trade Association Cooper	ative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	ed 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 (Super PAC).	
		In addition, this committee is a Lobbyist/Registrant PAC.	
(h)	This committee is a political committee with both contribution and non-contribution accounts (Hybrid P.	AC).
		In addition, this committee is a Lobbyist/Registrant PAC.	
J	oint F	fundraising Representative:	
(i)		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.	or more political
(j)		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	C	

!	FEC Form 1 (Revis	sed 02/2009)	Page 3
V	Vrite or Type Committee N		
		emocratic State Central Committee	
6.		ed Organization, Affiliated Committee, Joint Fundraising Representat	tive, or Leadership PAC Sponsor
	DNC Victory Fun	a 	
		400 Co. Control Ct. C.F.	
	Mailing Address	430 So. Capitol St., S.E.	
		Washington DC	20003
		CITY ▲ STATE	ZIP CODE ▲
	Relationship: Conne	ected Organization Affiliated Organization X Joint Fundraising Repre-	sentative Leadership PAC Sponso
			_
	Custodian of Records:	Identify by name, address (phone number optional) and position of the pe	erson in nossession of committee
	books and records.	isonary by name, address (priorie names. opasinary and position of the po	stadir iir padadadidir di dariiiriikad
	Jense	en, Christine, , ,	
	Full Name		
	Mailing Address	606 Townsend St.	
	-		
		Lansing	1 48933 1 1
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼		
	Compliance Director	Telephone number	517 - 371 - 5410
8.	Treasurer: List the nam any designated agent (e	ne and address (phone number optional) of the treasurer of the comme.g., assistant treasurer).	ittee; and the name and address of
	Full Name Korna	ak, Traci, , ,	
	of Treasurer		
	Mailing Address	606 Townsend St.	
		Lansing	48933
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼	5 SIAIL	. 2.1 GODE -
	Treasurer	Telephone number	517 - 371 - 5410

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent	Barnes, Lavora, , ,		
Mailing Address	606 Townsend St.		
	Lansing	MI MI	48933
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur	er i	e number 517	7 - 371 - 5410
	Depositories: List all banks or other depositories in which the cortes or maintains funds.	mmittee deposits fun	nds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Capitol National Bank		
Mailing Address	200 N. Washington Square		
	Lansing	MI	48933
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Amalgamated Bank	1 1 1 1 1	
Mailing Address	275 Seventh Avenue		
	New York	NY	10001
	CITY ▲	STATE ▲	ZIP CODE ▲

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

(h). Joint Fundrais i	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	d Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spons
Dollars for Demo	ocrats		
Mailing Address	430 So. Capitol St., S.E.		
	Washington	DC	20003
		STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee Joint	int Fundraising Represent	ative Leadership PAC Spo
Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee		ative Leadership PAC Spo
Connect Connect Designated Agent: Ident	ed Organization Affiliated Committee		ative Leadership PAC Spo
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Connect Designated Agent: Ident Full Name	ed Organization Affiliated Committee Joint		Leadership PAC Spo
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Connect Designated Agent: Ident Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit afety deposit boxes or no process of the proposition of Bank, Amaly Depository, etc.	Affiliated Committee Affiliated Committee Joint Indian Street S	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

h). Joint Fundraisi r	.g		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spon
Democratic Grass	sroots Victory Fund		
1			
Mailing Address	430 So. Capitol St., S.E.		
	1		
	Washington	l DC l	20003
Relationship:	CITY A	STATE A	ZIP CODE A
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	d Organization Affiliated Committee Joint y by name, address (phone number – optional)	Fundraising Represent	ative Leadership PAC Sp
		Fundraising Represent	ative Leadership PAC Sp
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esignated Agent: Identif		Fundraising Represent	ative Leadership PAC Sp
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FEC Form 1S (Revised 02/2017)

5(a)	or(h). Joint Fundraisin	g Participant:		
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	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	C
	4.			
6.	Name of Any Connected	Organization, Affiliated Committee, Joint Fundra	aising Representative	e. or Leadership PAC Sponsor
	Slotkin Victory Fur		3 1	,,
	Mailing Address	401 1st Street, S.E.		
	_			
		Washington	, DC	20003
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
			Fundraising Representa	
	Connected	Organization Affiliated Committee X Joint	Fundraising Representa	Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		1		
				1
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	V		_ _
		le	lephone Number	
9.				
	Banks or Other Depositor safety deposit boxes or ma	ries: List all banks or other depositories in which tintains funds.	the committee deposit	s funds, holds accounts, rents
			the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents
	safety deposit boxes or ma		the committee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.		the committee deposit	s funds, holds accounts, rents

FEC Form 1S (Revised 02/2017)

or(h). Joint Fundraisi r		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected Stevens Victory F	Organization, Affiliated Committee, Joint Fundrais	sing Representative	e, or Leadership PAC Sponsor
Mailing Address	918 Pennsylvania Avenue, S.E.		
	Washington	DC	20003
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
- 1	OII I	• = -	
Connecte		undraising Representa	Leadership PAC Spons
Designated Agent: Identif	d Organization Affiliated Committee		ative Leadership PAC Spons
Connecte Designated Agent: Identif	d Organization Affiliated Committee		Leadership PAC Spons
Designated Agent: Identif	d Organization Affiliated Committee	undraising Representa	
Designated Agent: Identif	Affiliated Committee y by name, address (phone number – optional)		Leadership PAC Spons
Designated Agent: Identification Full Name Mailing Address	Affiliated Committee y by name, address (phone number – optional) CITY	undraising Representa	
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp. Battleground States 2020 Mailing Address PO Box 9 Lexington Affiliated Committee Joint Fundraising Representative Leadership PAC Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address Title OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Telephone Number	3.		FEC ID number	
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Connected Organization		Lexington	KY	40588
esignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address CITY A STATE A ZIP CODE A Telephone Number — — — — — — — — — — — — — — — — — — —	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ______

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Agent: Identify by name, address (phone number – optional) Address	Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Inated Agent: Identify by name, address (phone number – optional) Affiliated Committee X Joint Fundraising Representative Leadership PAC Inated Agent: Identify by name, address (phone number – optional) CITY A STATE A ZIP CODE A	STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Agent: Identify by name, address (phone number – optional)	elationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PA ated Agent: Identify by name, address (phone number – optional) Name ling Address	Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Agent: Identify by name, address (phone number – optional) Address	Relationship: CITY STATE ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC nated Agent: Identify by name, address (phone number – optional) Ill Name ailing Address	Relationship: CITY STATE ZIP CODE A Joint Fundraising Representative Leadership PAC Lea	Relationship: CITY STATE ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC nated Agent: Identify by name, address (phone number – optional) Il Name national Address	Relationship: CITY STATE ZIP CODE A Joint Fundraising Representative Leadership PAC Lea	Relationship: CITY STATE ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC nated Agent: Identify by name, address (phone number – optional) Il Name ailing Address	elationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC ated Agent: Identify by name, address (phone number – optional) Name ling Address	elationship: CITY STATE ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC ated Agent: Identify by name, address (phone number – optional) Name Joint Fundraising Representative Leadership PAC ated Agent: Identify by name, address (phone number – optional)	Relationship: CITY STATE ZIP CODE A Joint Fundraising Representative Leadership PAC ated Agent: Identify by name, address (phone number – optional) I Name Jiling Address	Relationship: CITY STATE ZIP CODE A Joint Fundraising Representative Leadership PAC mated Agent: Identify by name, address (phone number – optional) Il Name miling Address	Relationship: CITY STATE ZIP CODE A Joint Fundraising Representative Leadership PAC ated Agent: Identify by name, address (phone number – optional) I Name iling Address	Relationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC nated Agent: Identify by name, address (phone number – optional) Ill Name ailing Address	Relationship: CITY STATE ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC nated Agent: Identify by name, address (phone number – optional) Il Name ailing Address	elationship: CITY STATE ZIP CODE Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAG ated Agent: Identify by name, address (phone number – optional) Name ling Address	ationship: CITY STATE ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC and Agent: Identify by name, address (phone number – optional) ame Address
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FEC Form 1S (Revised 02/2017) for Lines 5(g) or (h), 6, 8

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	Raleigh	NC NC	27605
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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin	g Participant:			
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	3	<u> </u>	FEC ID	number	C
	4		FEC ID	number	C
6.	Name of Any Connected KILDEE VICTORY	Organization, Affiliated Committee, Joint F	undraising Rep	resentative	e, or Leadership PAC Sponsor
	Mailing Address	P.O. BOX 402			
		FLINT	1	MI	48501
	Relationship:	CITY A		STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraising	Representa	ative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional))		
	Full Name				
	Mailing Address				
	TITLE OR POSITION	▼ CITY ▲	S	STATE A	ZIP CODE ▲
			Telephone Nu	ımber	
9.	Banks or Other Depositor safety deposit boxes or ma	ies: List all banks or other depositories in wintains funds.	nich the committ	ee deposit	s funds, holds accounts, rents
	Name of Bank, Depository, etc.				
	Mailing Address				
		CITY ▲	5	STATE A	ZIP CODE ▲

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TITLE OR POSITION Banks or Other Deposito safety deposit boxes or management of Bank, Depository, etc. Mailing Address	ries: List all banks	or other depositories in w	Telephone Number	ZIP CODE ZIP CODE Disits funds, holds accounts, rents
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		Telephone Number	
Banks or Other Deposito safety deposit boxes or ma	ries: List all banks		Telephone Number	
Banks or Other Deposito	ries: List all banks		Telephone Number	
			Telephone Number	
TITLE OR POSITION	V	CITY A		ZIP CODE 🛦
TITLE OR POSITION	\	CITY A	STATE A	ZIP CODE ▲
Mailing Address				
Full Name				
Designated Agent: Identify	/ by name, address	s (phone number – optiona	l)	
Connected	d Organization	Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Spo
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
	LAFAYETTE		LA	70506
J				
Mailing Address	114 BEAUCHAN	MP LANE		
FRIENDS OF STA	_			
Name of Any Connected	Organization Affi	listed Committee Joint F	undraicing Panyaconta	tive, or Leadership PAC Spons
4.			FEC ID numbe	er C
			」 │ FEC ID numbe	
3.			FEC ID numbe	er C
			FEC ID numbe	r C

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h). Joint Fundraisi	ig i artioipartii	l EEC	ID number	
1.				
2.			ID number	С
3.		FEC	ID number	С
4		FEC	ID number	C
	Organization, Affiliated Committee	, Joint Fundraising I	Representativ	e, or Leadership PAC Spon
Michigan Victory	Fund 			
Mailing Address	P.O. Box #4462			
	East Lansing		MI	48826
Relationship:	CITY ▲		STATE ▲	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	ee X Joint Fundrais	sing Represent	ative Leadership PAC S
esignated Agent: Identi			sing Represent	ative Leadership PAC S
esignated Agent: Identi	d Organization Affiliated Committee		sing Represent	ative Leadership PAC S
esignated Agent: Identi	d Organization Affiliated Committee		sing Represent	ative Leadership PAC S
esignated Agent: Identi	d Organization Affiliated Committee		sing Represent	
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee	– optional)	STATE	ative Leadership PAC S
esignated Agent: Identi	Affiliated Committee	– optional)	STATE A	
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Ty by name, address (phone number CITY CITY Ories: List all banks or other depositor	- optional) Telephone	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	Affiliated Committee Ty by name, address (phone number CITY CITY Ories: List all banks or other depositor	- optional) Telephone	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee Ty by name, address (phone number CITY CITY Ories: List all banks or other depositor	- optional) Telephone	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	Affiliated Committee Ty by name, address (phone number CITY CITY Ories: List all banks or other depositor	- optional) Telephone	STATE A	ZIP CODE A

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	,				
5(g) or (l	(h). Joint Fundraising	Participant:			
	1.] FEC	ID number	C
	2.] FEC	ID number	C
	3.		FEC	ID number	C
	4.		j FEC	ID number	С
5. N	lame of Any Connected (Organization, Affiliated Committee, Joint Fu	ndraising F	Representative	e, or Leadership PAC Sponsor
	Peters Leadership	Fund			
	Mailing Address	611 Pennsylvania Ave. SE			
		Ste 143			<u> </u>
		Washington		DC	20003
	Relationship:	CITY A		STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	oint Fundrais	sing Representa	ative Leadership PAC Sponsor
3. D e	esignated Agent: Identify	by name, address (phone number – optional)	_		
	Mailing Address	1			
	Malling Address				
	- 22700	_ CITY ▲		L STATE ▲	ZIP CODE ▲
	TITLE OR POSITION •		Telephone		
_			Тогории	INGINIOS.	
sa Na	tanks or Other Depositorical deposit boxes or main lame of Bank, depository, etc.		ich the com	mittee deposit	s funds, holds accounts, rents
	Mailing Address				
	-				
		CITY ▲		STATE ▲	ZIP CODE ▲