## 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. Steve Bieda for Congress 32721 Valley Drive ADDRESS (number and street) (Check if address is changed) Warren 48093 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS biedaforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address sbieda76@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2018 C00664367 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. Karner, Edmund, , , Type or Print Name of Treasurer Karner, Edmund, , , [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

FEC Ear	<b>m 1</b> (Revised 02/2009)	Page <b>2</b>
TYPE OF C		raye <b>Z</b>
Candidate	Committee:	
(a) <b>x</b>	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. (Corinformation below.)	nplete the candidate
Name of Candidate	Bieda, Steven, , ,	
Candidate Party Affiliation	on DEM Office Sought: <b>X</b> House Senate President	State MI District 09
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com		
(d)	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 scommittee. (i.e., nonconnected committee)	egregated 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 Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Comr	nittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revised 02/2009)  Write or Type Committee Name  Steve Bieda for Congress  6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
NONE	
Mailing Address	
CITY STATE ZIP	CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leader	ship PAC Sponso
Custodian of Records: Identify by name, address (phone number optional) and position of the person in possess books and records.	sion of committee
Karner, Edmund, , ,	
Mailing Address 1272 Wayburn	
Grosse Pointe Park MI 48230	
Title or Position CITY STATE ZIP	CODE
3. <b>Treasurer:</b> List the name and address (phone number optional) of the treasurer of the committee; and the name any designated agent (e.g., assistant treasurer).	and address of
Full Name Karner, Edmund, , , of Treasurer	
Mailing Address 1272 Wayburn	
<u> </u>	
Grosse Pointe Park	
CITY STATE ZIP Title or Position	CODE
Telephone number	

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Full Name of Designated Agent B	Bieda, Steven, , ,	
Mailing Address	32721 Valley Drive	
	Warren MI 48093	ZIP CODE
Title or Position Candidate		
	epositories: List all banks or other depositories in which the committee deposits funds, he sor maintains funds.	nus accounts, rents
safety deposit boxes Name of Bank, Dep	s or maintains funds.	Jus accounts, Tents
safety deposit boxes Name of Bank, Dep	s or maintains funds.  pository, etc.  JP Morgan Chase, NA	
safety deposit boxes Name of Bank, Dep	s or maintains funds.  pository, etc.  IP Morgan Chase, NA  270 Park Avenue	
safety deposit boxes Name of Bank, Dep	S or maintains funds.  Doository, etc.  IP Morgan Chase, NA  270 Park Avenue  New York City  NY  10017	7
safety deposit boxes  Name of Bank, Dep	S or maintains funds.  Doository, etc.  IP Morgan Chase, NA  270 Park Avenue  New York City  NY  10017	7
safety deposit boxes  Name of Bank, Dep	S or maintains funds.  Doository, etc.  IP Morgan Chase, NA  270 Park Avenue  New York City  NY  10017	7
safety deposit boxes  Name of Bank, Dep  Mailing Address  Name of Bank, Dep	S or maintains funds.  Doository, etc.  IP Morgan Chase, NA  270 Park Avenue  New York City  NY  10017	7
safety deposit boxes  Name of Bank, Dep  Mailing Address  Name of Bank, Dep	S or maintains funds.  Doository, etc.  IP Morgan Chase, NA  270 Park Avenue  New York City  NY  10017	7