FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / · Office Use Only	4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
	13800 WOODWARD AVE			
ADDRESS (number and street) (Check if address is changed)	APT 706 DETROIT CITY ▲		MI 48202 STATE ▲ ZIP CODE ▲	
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	RMOORE@DYKEMA.C         Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
	5 / Y Y Y Y 2020			
3. FEC IDENTIFICATION N	UMBER ► C co	00743633		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief i	t is true, correct and complete.	
Type or Print Name of Treasure	JACKSON, CHRIS, , ,			
Signature of Treasurer	KSON, CHRIS, , ,	[Electronically Filed]	Date 05 / 05 / 2020	
NOTE: Submission of false, error	eous, or incomplete information i ANY CHANGE IN INFORMATIO		this Statement to the penalties of 2 U.S.C. § VITHIN 10 DAYS.	}437g.
Office Use Only		For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		

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TYPE C	DF COMMITTEE			
Candi	date 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. (Comp information below.)	plete the candidate		
Name o Candida				
Candida Party Af		State		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Name o Candida				
Party	Committee:			
(d)		Democratic, Republican, etc.) Party		
Politic	al Action Committee (PAC):			
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected organization is		
	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 seg committee. (i.e., nonconnected committee)	gregated 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 F	undraising Representative:			
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw 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		
(	Committees Participating in Joint Fundraiser			
	1 FEC ID number C			
	2 FEC ID number C			
3	3 FEC ID number C			
2	4 FEC ID number C			

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Write or Type Committee Name

## CONCERNED CITIZENS OF MICHIGAN

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

NONE					
Mailing Address					
<u> </u>					
	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.

JACKSON	I, CHRIS, , ,
Full Name	
Mailing Address	3800 WOODWARD AVE
	APT 706
	DETROIT MI 48202
Title or Position	CITY STATE ZIP CODE
	313     727     2148       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	JACKSON, CHRIS, , ,
Mailing Address	3800 WOODWARD AVE
	APT 706
	CITY STATE ZIP CODE
Title or Position	Telephone number     313     727     2148

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Full Name of MOOR Agent	E, RENAE, , ,
Mailing Address	201 TOWNSEND ST. STE. 900
	LANSING
	CITY STATE ZIP CODE
Title or Position ASSISTANT TREASURE	ER          9121              9121

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.

PNC B			
Mailing Address	4900 E. MCNICHOLS		
			18212 
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE