

FEC  
FORM 1

# STATEMENT OF ORGANIZATION

RECEIVED  
FEC MAILCENTER

2024 FORM 1  
2024-05-01 10:22

1. NAME OF  
COMMITTEE (in full)



(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

COMMITTEE TO ELECT CHRISTOPHER J. DARDZINSKI TO THE U.S. HOUSE OF REPRESENTATIVES

ADDRESS (number and street)

1359 CHANDLER AVE

(Check if address  
is changed)

LINCOLN PARK

CITY ▲

MI

48146

- 2009

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

LEADERSHIP1776@YAHOO.COM

Optional Second E-Mail Address

CHRISDARDZINSKI@YAHOO.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

WWW.LEADERSHIP1776.COM

2. DATE

MM / DD / YY  
05 / 01 / 2024

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT



NEW (N)



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.

Type or Print Name of Treasurer

POLLY L. KENZIE

Signature of Treasurer

*Polly L. Kenzie*

Date

MM / DD / YY  
05 / 01 / 2024

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  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE

**Candidate 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 candidate information below.)

Name of Candidate

CHRISTOPHER J. DARDZINSKI

Candidate Party Affiliation

USTPM

Office Sought:



House



Senate



President

State

MI

District

13

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

**Party Committee:**

(d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party.

**Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)



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 net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

## Committees Participating in Joint Fundraiser

1.  FEC ID number  C

2.  FEC ID number  C

3.  FEC ID number  C

4.  FEC ID number  C

Write or Type Committee Name

**COMMITTEE TO ELECT CHRISTOPHER J. DARDZINSKI TO THE U.S. HOUSE OF REPRESENTATIVES**

**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  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.

Full Name **[POLLY L. KENZIE]**

Mailing Address **[14741 DASHER]**

**[ ]**

**[ ]**

Title or Position

CITY

STATE

ZIP CODE

**[OPPERATIONS DIRECTOR]** Telephone number **[313] - [686] - [9446]**

**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 **[POLLY KENZIE]**

Mailing Address **[14741 DASHER]**

**[ ]**

**[ ]**

Title or Position

CITY

STATE

ZIP CODE

**[TREASURER]** Telephone number **[313] - [686] - [9446]**

Full Name of  
Designated  
Agent

LAURIE A SCHULTZ

Mailing Address

37097 VINCENT STREET

WESTLAND

CITY

MI

48186

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

313 - 506 - 8657

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.

J.P. MORGAN CHASE N.A.

Mailing Address

14601 SOUTHFIELD ROAD

ALLEN PARK

MI

48101

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

5(g) or (h). **Joint Fundraising Participant:**

|    |       |
|----|-------|
| 1. | _____ |
| 2. | _____ |
| 3. | _____ |
| 4. | _____ |

FEC ID number  
C  
C  
C  
C

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

|       |
|-------|
| _____ |
| _____ |

Mailing Address

|       |
|-------|
| _____ |
| _____ |
| _____ |

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

|       |
|-------|
| _____ |
|-------|

Mailing Address

|       |
|-------|
| _____ |
| _____ |
| _____ |

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number

|       |
|-------|
| _____ |
|-------|

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.

|       |
|-------|
| _____ |
|-------|

Mailing Address

|       |
|-------|
| _____ |
| _____ |
| _____ |

CITY ▲ STATE ▲ ZIP CODE ▲

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**  
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

---

(a) Name of Committee (in full)

---

(b) Address (number and street)

---

(c) City, State, and ZIP Code

---

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

---

(a) Name of Committee (in full)

---

(b) Address (number and street)

---

(c) City, State, and ZIP Code

---

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

---

(a) Name of Committee (in full)

---

(b) Address (number and street)

---

(c) City, State, and ZIP Code

---

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

---

(a) Name of Committee (in full)

---

(b) Address (number and street)

---

(c) City, State, and ZIP Code

---

CHRIS  
1359 Currer Rd.

LINCOLN PARK, MI. 48146-2009

APR 30 2024 PM

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
2025 MAY - 7 AM 10:22

FEDERAL ELECTIONS COMMISSION  
1050 FIRST STREET N.E.  
WASHINGTON, D.C. 20463

INEGAL - 010 - 010 - 000 - 00047-19882

## Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

|   |   |                 |
|---|---|-----------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                                     |                 |
| <input checked="" type="checkbox"/> USPS First Class Mail   | Date of Receipt<br>05/07/24                         |                 |
| <input type="checkbox"/> USPS Registered/Certified  | Postmarked (R/C)                                    |                 |
| <input type="checkbox"/> USPS Priority Mail   | Postmarked  |                 |
| <input type="checkbox"/> USPS Priority Mail Express   | Postmarked  |                 |
| <input type="checkbox"/> Postmark Illegible   |   |                 |
| <input type="checkbox"/> No Postmark  |   |                 |
| <input type="checkbox"/> Overnight Delivery Service (Specify):  | Shipping Date                                       | Date of Receipt |
|   | Next Business Day Delivery <input type="checkbox"/> |                 |
| <input type="checkbox"/> Received via FAX   | Date of Receipt                                     |                 |
| <input type="checkbox"/> Received via Email   | Date of Receipt                                     |                 |
| <input type="checkbox"/> Received from Electronic Filing Office   | Date of Receipt                                     |                 |
| <input type="checkbox"/> Other (Specify):   | Date of Receipt or Postmarked                       |                 |
| <br>PREPARER<br>(4/2023) | 05/07/24<br>DATE PREPARED                           |                 |