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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. The Committee to Draft Michelle Obama 1602 North Fernandez Avenue ADDRESS (number and street) (Check if address is changed) Arlington Heights 60004 IL CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS contact@draftmichelle.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) draftmichelle.org (Check if address is changed) DATE 2020 C00745075 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. Manthy, Ryan, , , Type or Print Name of Treasurer Manthy, Ryan, , , [Electronically Filed] 05 2020 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

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 aye 2
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candid			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	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 secommittee. (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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	
The Committee to Draft Michelle Obama	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	ship PAC Sponsor
NONE	
Mailing Address	
Walling Address	
	-
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person in pobooks and records.	ossession of committee
Manthy, Ryan, , ,	I
Full Name1602 North Fernandez Avenue	
Mailing Address	
Arlington Heights IL 60002	-
Title or Desition	71D 00DE
Title or Position CITY STATE	ZIP CODE
Telephone number 973	657
. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name designated agent (e.g., assistant treasurer).	ame and address of
Full Name Manthy, Ryan, , , of Treasurer	
Mailing Address 1602 North Fernandez Avenue	
Arlington Heights	
CITY STATE Title or Position	ZIP CODE
	657 - 2008

FEC Forr	n 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Lederman, Clyde, , ,	
Mailing Address	110 Castle Heights Ave	
	Nyack 10960 CITY STATE ZI	P CODE
Title or Position	Telephone number 973 - 65	
	Depositories: List all banks or other depositories in which the committee deposits funds, holds a base or maintains funds. Depository, etc. Azlo Business, INC 15 South 20th Street	accounts, rents
Mailing Address		
	Birmingham AL 35233	
	CITY STATE ZI	IP CODE
Name of Bank,	Depository, etc.	
Mailing Address		
	CITY STATE ZI	IP CODE

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N 5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

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h). Joint Fundraising		FEC ID number	C
1.		FEC ID number	C
2.			
3.		FEC ID number	C
4.		FEC ID number	[C]
ame of Any Connected Or	ganization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spor
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	y name, address (phone number – optional)	int Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Batson, Will Full Name	y name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Batson, Will	y name, address (phone number – optional) iam, , , 615 North Broadway	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identify b Batson, Will Full Name	y name, address (phone number – optional) iam, , , 615 North Broadway Cottage C		
esignated Agent: Identify b Batson, Will Full Name	y name, address (phone number – optional) iam, , , 615 North Broadway	int Fundraising Represent	Leadership PAC S
esignated Agent: Identify b Batson, Will Full Name	y name, address (phone number – optional) iam, , , 615 North Broadway Cottage C		
esignated Agent: Identify b Batson, Will Full Name Mailing Address	y name, address (phone number – optional) iam, , , 615 North Broadway Cottage C Nyack CITY	NY	10960
esignated Agent: Identify b Batson, Will Full Name Mailing Address TITLE OR POSITION anks or Other Depositorie	y name, address (phone number – optional) iam, , , 615 North Broadway Cottage C Nyack CITY S: List all banks or other depositories in which	STATE A Telephone Number	10960 ZIP CODE A
esignated Agent: Identify b Batson, Will Full Name	y name, address (phone number – optional) iam, , , 615 North Broadway Cottage C Nyack CITY S: List all banks or other depositories in which	STATE A Telephone Number	10960 ZIP CODE A
Batson, Will Full Name Mailing Address TITLE OR POSITION anks or Other Depositorie afety deposit boxes or maint ame of Bank,	y name, address (phone number – optional) iam, , , 615 North Broadway Cottage C Nyack CITY S: List all banks or other depositories in which	STATE A Telephone Number	10960 ZIP CODE A
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Batson, Will Full Name Mailing Address TITLE OR POSITION anks or Other Depositorie afety deposit boxes or maint ame of Bank, epository, etc.	y name, address (phone number – optional) iam, , , 615 North Broadway Cottage C Nyack CITY S: List all banks or other depositories in which	STATE A Telephone Number	10960 ZIP CODE A