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| STATEMENT | OF |
|------------|----|
| ORGANIZATI | ON |

| FEC FORM 1 | | STATEMEI ORGANIZ | | | PAGE 1 / 5 |
|--|--|--------------------------------|---|--------------------------|---|
| 1. NAME OF COMMITTEE (ir | n full) | (Check if name is changed) | Example: If typing, typ over the lines. | De 12FE4M | D |
| Friends of I | Dan Ki | dee | | | |
| | | | | | |
| ADDRESS (number a | nd street) | P.O. Box 248 | | | |
| (Check if a is changed | | | | | |
| | | Flint | | MI | 48501 |
| | | CITY ▲ | | STATE ▲ | ZIP CODE▲ |
| COMMITTEE'S E-MA | AIL ADDRES | | | | |
| (Check if a is changed | | jtippett2@comcast.net | | | |
| | | Optional Second E-Mail Ad | dress | | 1 |
| | | | | | |
| COMMITTEE'S WEB | address | RESS (URL) | | | |
| 2. DATE 0 | M / D 09 | 2018 | | | |
| 3. FEC IDENTIFIC | 3. FEC IDENTIFICATION NUMBER ► C C00499947 | | | | |
| 4. IS THIS STATE | MENT | NEW (N) OR | × AMENDED (| (A) | |
| I certify that I have e | examined thi | s Statement and to the best | of my knowledge and be | elief it is true, correc | t and complete. |
| Type or Print Name | of Treasurer | Tippett, Jeffrey, , , | | | |
| Signature of Treasure | er <i>Tippett</i> | , Jeffrey, , , | [Electronically Filed | d] Date 0 | M / D D / Y Y Y 8 24 2021 |
| NOTE: Submission of | | ous, or incomplete information | | - | o the penalties of 2 U.S.C. §437g. S. |
| Office Use Only | | | For further informa Federal Election Cor Toll Free 800-424-95 Local 202-694-1100 | mmission | FEC FORM 1 (Revised 06/2012) |

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| _ | | |
|-------------------|--------|--|
| FE | EC Fo | rm 1 (Revised 02/2009) Page 2 |
| TYPE | OF C | OMMITTEE |
| Cand | lidate | 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 Candid | | Kildee, Daniel, , , |
| Candid Party A | | DEM Office Sought: X House Senate President District 05 |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. |
| Name Candid | | |
| Party | Con | nmittee: |
| (d) | | This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party. |
| Politie | cal A | ction 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 | Fund | raising 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. |
| | Com | mittees Participating in Joint Fundraiser |
| | 1. | FEC ID number |
| | 2. | |
| | 3. | |
| | 4. | |
| | | |

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Page 3

Write or Type Committee Name

Friends of Dan Kildee

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

| Kildee Victory Fund | | | | |
|---|--------------------|----------------|--|--|
| | | | | |
| Mailing Address | 8077 Hawkcrest Dr. | | | |
| | | | | |
| | Grand Blanc | MI 48439 | | |
| | CITY | STATE ZIP CODE | | |
| Relationship: Connected Organization Affiliated Committee X 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.

| Tippett, Jef | frey, , , | |
|-------------------|--|------|
| Full Name | | |
| Mailing Address | P.O. Box 248 | |
| | | |
| | Flint MI 48501 - - - | |
| Title or Position | CITY STATE ZIP CODE | |
| Treasurer | Telephone number 810 241 | 5664 |

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 | Tippett, Jeffrey, , , |
|--------------------------------|---|
| Mailing Address | P.O. Box 248 |
| | $[\ \ , \ \ , \ \ , \ \ , \ \ , \ \ $ |
| | Flint |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | Tippett, Jeffrey, , , |
|-------------------------------------|---|
| Mailing Address | 8077 Hawkcrest Dr. |
| | |
| | Grand Blanc |
| | CITY STATE ZIP CODE |
| Title or Position Treasurer | Telephone number 810 - 241 - 5664 |

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.

| | The State Bank | |
|-----------------|------------------|----------------|
| Mailing Address | 175 N. Leroy St. | |
| | | |
| | Fenton | MI 48430 |
| | CITY | STATE ZIP CODE |
| Name of Bank, D | epository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY | STATE ZIP CODE |

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Change of Bank

Form/Schedule: Transaction ID: