Only

## 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. The Launch PAC 711 South Division St ADDRESS (number and street) (Check if address is changed) Ann Arbor 48104 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS thelaunchpac@gmail.com (Check if address is changed) Optional Second E-Mail Address paristshusterfallou@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00782862 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. Glasser, Reuben, , , Type or Print Name of Treasurer Glasser, Reuben, , , [Electronically Filed] 80 2021 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

Local 202-694-1100

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	E OF COMMITTEE					
	naidate	Committee:				
(a)	Ш	This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	Ш	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)				
	ne of didate					
	didate y Affiliatio	Office Sought: House Senate President	State			
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
	ne of didate					
Par	arty Committee:					
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.			
Pol	itical A	ction Committee (PAC):				
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont	nected 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.				
<b>(5)</b>			areasted fund or porty			
(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.)				
Joir	nt 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.	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				
	2.	FEC ID number				
	3.	FEC ID number				
	4.					

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Write or Type Committee Nam		
The Launch PA		
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	ed Organization Affiliated Committee Joint Fundraising Representative Le	eadership PAC Sponsor
<ul> <li>Custodian of Records: Ide books and records.</li> </ul>	entify by name, address (phone number optional) and position of the person in po	ssession of committee
	Reuben, , ,	1
Full Name	3311 Old Colony	
Mailing Address		
	, Kalamazoo , MI , 49008	
	Kalamazoo MI 49008	
Title or Position	CITY STATE	ZIP CODE
Executive Director		599
3. <b>Treasurer:</b> List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the na assistant treasurer).	ame and address of
Full Name Glasser, F	Reuben, , ,	
Mailing Address	3311 Old Colony	
	Kalamazoo MI 49008	
Title or Position	CITY STATE	ZIP CODE
		599 - 2276

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Full Name of Designated Agent	Shusterfallou, Paris, , ,					
Mailing Address	711 S Division Street					
	Ann Arbor  CITY  STATE  ZI	IP CODE				
Title or Position Custodian		80 – 9203				
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.						
	Bank of Ann Arbor					
Mailing Address	125 S. Fifth Ave					
	Ann Arbor MI 48104					
	CITY STATE Z	IP CODE				
Name of Bank, [	Depository, etc.					
Mailing Address						
	CITY STATE Z	IP CODE				