12/17/2020 13:37 Image# 202012179387370477 PAGE 1/4 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Creating A Majority Party Action Committee (C.A.M.P.A.C.) 5915 Eastman Avenue ADDRESS (number and street) Suite 100 (Check if address is changed) Midland 48640-6824 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kellie.bos@ahpplc.com (Check if address is changed) Optional Second E-Mail Address kim.holzhauer@ahpplc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 20 2019 C00347476 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. Bos, Kellie, M, Ms., Type or Print Name of Treasurer Bos, Kellie, M, Ms., [Electronically Filed] 17 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:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offig			Local 202-694-1100

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	orm 1 (Revised 02/2009) COMMITTEE	Page 2					
	e 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. (Compinformation below.)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate							
Candidate Party Affiliat	ion Office Sought: House Senate President	State District					
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.						
Name of Candidate							
Party Cor		_					
(d)		Democratic, Republican, etc.) Party					
Political A	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) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (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 Fund	draising 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					
Com	nmittees 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		i age 3
• •	ority Party Action Committee (C.A.M.P	AC)
	rganization, Affiliated Committee, Joint Fundraising Representative, or	
•	ngamzadon, Anniatea Committee, John Fundralsing Representative, or	readership FAC Shouson
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
. Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the perso	on in possession of committee
	Kim, D, Ms.,	
Full Name	5915 Eastman Avenue	
Mailing Address	Suite 100	
	Midland	48640-6824
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer		
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; an ssistant treasurer).	d the name and address of
Full Name Bos, Kellie, of Treasurer	M, Ms.,	
Mailing Address	5915 Eastman Avenue	
	Suite 100	
	Midland	48640-6824
Title or Position	CITY STATE	ZIP CODE
Treasurer	989 Telephone number	

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Full Name of Designated Ho Agent	olzhauer, Kim, D, ,	
Mailing Address	5915 Eastman Avenue	
	Suite 100	
	Midland 48640-6	5824 ZIP CODE
Title or Position Assistant Treasurer		835 77721
safety deposit boxes Name of Bank, Depo		ds accounts, rents
	₁ 2222 N Saginaw Road	
Mailing Address		
	Midland Midl	2660
	IVIII HOUTU-2	
	CITY STATE	ZIP CODE
Name of Bank, Depo	ository, etc.	_
L		
Mailing Address		
Mailing Address		
Mailing Address		