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STATEMENT OF	
ORGANIZATION	

 FEC FORM 1		STATEMEN ORGANIZ				I
						Office Use Only
1. NAME OF COMMITTEE (ir	ı full)	(Check if name is changed)	Example: If typing, t over the lines.	ype	12FE4M5	
Great Lakes	PAC					
ADDRESS (number a	nd street)	PO Box 1295				
(Check if a is changed						
	,	East Lansing CITY ▲			MI 4 STATE ▲	8826
COMMITTEE'S E-MA						
X < (Check if a is changed		michiganglp@gmail.com				
	1)	Optional Second E-Mail Add	Iress			
COMMITTEE'S WEB	address	PRESS (URL)				
2. DATE 03	^M 3 / ^D 26					
3. FEC IDENTIFIC	CATION NU	MBER ► C co	00375584			
4. IS THIS STATEM		NEW (N) OR	× AMENDED	D (A)		
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and	belief it i	s true, correct a	nd complete.
Type or Print Name	of Treasurer	Kaltenbach, Tim, , ,				
Signature of Treasure	er Kalter	bach, Tim, , ,			Date 03	/ D D / Y Y Y Y 08 / 2024
NOTE: Submission of	false, errone	ous, or incomplete information ANY CHANGE IN INFORMAT				ne penalties of 52 U.S.C. §30109
Office Use Only			For further inform Federal Election (Toll Free 800-424 Local 202-694-110	Commissioı -9530		FEC FORM 1 (Revised 06/2012)

		ge 2
	E OF COMMITTEE:	
Canc	didate 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 candid information below.)	ate
	me of ndidate	
	ndidate Office Sta rty Affiliation Office Sought: House Senate President Distri	
(c) Na	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Cá		
Party	y Committee:	
	Candidate	rty
Party (d)	y Committee: (National, State or subordinate) committee of the (Democratic, Republican, etc.) Pa	rty
Party (d)	y Committee is a (National, State (Democratic,	-
Party (d) Politi	Candidate	zation is a
Party (d) Politi	candidate	zation is a
Party (d) Politi	Candidate	zation is a
Party (d) Politi	vandidate y Committee: This committee is a (National, State or subordinate) committee of the tical Action Committee (PAC): This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Corporation Corporation w/o Capital Stock Labor Organization Trade Association	zation is a

(g)		This	committee	is an	independent	expenditure-only	political	committee	(Super	PAC).
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	In	addition,	this	committee	is	а	Lobbyist/Registrant PAC.	
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(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

X In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

(i) 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.
 (j) 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.
 2.

Relationship:

Connected Organization

	FEC Form 1 (Revised 0	2/2009)														Pag	ge 3	6	
۷	Vrite or Type Committee Name																		
	Great Lakes PAC	C																	
6.	Name of Any Connected Or	rganization, Affiliated	Commit	tee, J	Joint	Fund	Iraisi	ng R	lepre	senta	tive,	or	Lead	lers	hip	PAC	Spo	ons	or
	Take Back the Senat	e 2020																	
	Mailing Address	918 Pennsylvania Ave	SE												<u> </u>				
		Washington										l	200	03					
			CITY							STATI					ZIP	COI	DE 4	•	

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

X Joint Fundraising Representative

Leadership PAC Sponsor

Affiliated Organization

Wilson, Sc	ott, , ,																
Full Name																	
Mailing Address	PO Box 1295																
	East Lansing								_ N	ЛI		48	826				
			CITY	< ▲					STA					ZIP	COD	E 🔺	
Title or Position ▼																	
Compliance Assistant						Tele	ephon	ne nu	ımber	L			- L				

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	Kaltenbach, Tim, , ,
Mailing Address	PO Box 1295
	East Lansing MI 48826
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	7
Treasurer	Image:

FEC Form 1	I (Revised 02/2009)	Page 4
Full Name of Designated Agent	Wilson, Scott, , ,	
Mailing Address	PO Box 1295	
	East Lansing MI 48826	
	CITY A STATE A Z	
Title or Position	▼	
Compliance Assis	stant Telephone number	

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. 9.

Name of Bank, Depository, etc.

	Independent Bank		
Mailing Address	1380 W Lake Lansing Rd		
	East Lansing	MI 48826	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, [Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC 20006	
	CITY 🔺	STATE A	ZIP CODE

FEC Form 1S (Revised 02/2017)

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

		Participant:									
1.] FEC	ID number	С				
2.					J FEC	ID number	С				
3.					FEC	ID number	С				
4.					FEC	ID number	С				
		· · · · · ·			, 						
Name of	Any Connected	Organization, A	ffiliated Commit	tee, Joint Fu	ndraising F	lepresentativ	e, or L	eadersh	nip PA	C Spo	nso
STAE	BENOW, DEBB	IE,,,								1 1	I
											i
Ма	iling Address										
						MI	4	8917		-	
						STATE 🔺		Z	IP CO		
	Connected	Organization by name, addre	CITY A Affiliated Comm ess (phone numb	nittee J		ing Represent	ative	X Lea			Spo
Designat	Connected		Affiliated Comm	nittee J			ative	X Lea			Spo
Designat Full N	Connected		Affiliated Comm	nittee J				X Lea			
Designat Full N	Connected		Affiliated Comm	nittee J			ative	X Lea			
Designat Full N	Connected		Affiliated Comm	nittee J			ative	× Lea			
Designat Full N Mailir	Connected	by name, addre	Affiliated Commenses (phone numb	nittee J		ing Represent	ative		dership	PAC :	
Designat Full N Mailir	Connected	by name, addre	Affiliated Commenses (phone numb	nittee J		ing Represent	ative			PAC :	