ORGANIZATION

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STATEMENT OF **FEC** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. People for David Benac 1410 Henderson Dr ADDRESS (number and street) (Check if address is changed) Kalamazoo 49006 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS dbenac24@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2017 C00638973 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Stryker, Jannette, , , Type or Print Name of Treasurer Stryker, Jannette, , , [Electronically Filed] 80 2017 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

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		OMMITTEE 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate	Benac, David, Thomas, Dr., II	
	didate / Affiliati	on DEM Office Sought: House Senate President	State MI District 06
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical 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 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.)	
Join	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo 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 N		
People for Da	vid Benac	
•	ed Organization, Affiliated Committee, Joint Fundraising Representa	tive, or Leadership PAC Sponsor
NONE		
<u> </u>		
NA-Wasa Ashkasa		
Mailing Address		
	CITY STAT	E ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Repres	sentative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	he person in possession of committee
Benad Full Name	c, David, , Dr,	
Mailing Address	1410 Henderson Dr	
maming / laar see		
	Kalamazoo	49006
Title or Position	CITY STATE	ZIP CODE
	Telephone number	
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the commi g., assistant treasurer).	ittee; and the name and address of
Full Name Stryke of Treasurer	r, Jannette, , ,	
Mailing Address	6954 N 30th Street	
	Richland	49083
Title or Position	CITY STATE	ZIP CODE
	Telephone number	269

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Full Name of Designated	Benac, Heather, , ,	
Agent		
Mailing Address	1410 Henderson Dr	
	Kalamazoo MI 49006	
	CITY STATE	ZIP CODE
Title or Position		
Mailing Address	Lake Michigan Credit Union PO Box 2848	
Mailing Address		
Mailing Address		
Mailing Address	PO Box 2848	ZIP CODE
Mailing Address Name of Bank, I	PO Box 2848 Grand Rapids MI 49501 CITY STATE	ZIP CODE
	PO Box 2848 Grand Rapids MI 49501 CITY STATE	ZIP CODE
	PO Box 2848 Grand Rapids CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	PO Box 2848 Grand Rapids CITY STATE Depository, etc.	ZIP CODE
Name of Bank, I	PO Box 2848 Grand Rapids CITY STATE Depository, etc.	ZIP CODE