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. Rogers for Senate PO Box 132 ADDRESS (number and street) (Check if address is changed) Saint Joseph 49085-0132 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address vaultcampaigns@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) Rogersforsenate.com (Check if address is changed) DATE 2024 C00849810 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. Type or Print Name of Treasurer Tillstrom, Valerie, , Tillstrom, Valerie, , , Date 04 21 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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 information below.)	candidate
	Name of Candidate Rogers, Michael, J, ,	
	Candidate Party Affiliation REP Office Sought: House X Senate President	State MI District 00
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a NAT (National, State or subordinate) committee of the Republican,	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	I organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization Trade Association Cooperation	ive
	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 committee. (i.e., nonconnected committee)	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.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

J	FEC Form 1 (Revised 0	2/2009)	Page 3
۷	Vrite or Type Committee Name		
_	Rogers for Sena		entative or Leadership DAC Spancer
6.	Mike Rogers Victory	ganization, Affiliated Committee, Joint Fundraising Represe	entative, or Leadership PAC Sponsor
	Wine Rogers Victory		
	Mailing Address	PO Box 132	
		1	
		Saint Joseph	MI 49085-
		CITY A S	TATE ▲ ZIP CODE ▲
	Deletionalis. Commented		
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising R	depresentative Leadership PAC Sponso
7.	Custodian of Records: Identi	fy by name, address (phone number optional) and position of the	he person in possession of committee
	-		
	Tillstrom, V	alerie, , ,	
	Mailing Address	PO Box 132	
		1	
		Saint Joseph	MI 49085-0132
	Title or Position ▼	CITY ▲ S	TATE ▲ ZIP CODE ▲
	Custodian of Records		, 517 , 292 , 3118
	Custodian of Records	Telephone number	er - -
8.	any designated agent (e.g., a	l address (phone number optional) of the treasurer of the cossistant treasurer).	ommittee; and the name and address of
	Full Name Tillstrom, V of Treasurer	alerie, , ,	
		PO Box 132	
	Mailing Address		
		Saint Joseph	MI 49085-0132 - -
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone numbe	er 517 – 292 – 3118

	FEC Form 1	(Revised 02/2009)	Page 4
	Full Name of Designated Agent		
	Mailing Address		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
•		Depositories: List all banks or other depositories in which the committee deposits funds, however or maintains funds.	lds accounts, rents
	Name of Bank, D	epository, etc.	
		John Marshall Bank	
	Mailing Address	1625 K St. NW, Ste. 1050	
		Washington DC 20006	
		CITY ▲ STATE ▲	ZIP CODE ▲
	Name of Bank, D	epository, etc.	
		Bank of Nevada	
	Mailing Address	8505 Centennial Parkway	
		Las Vegas NV 89149	
		CITY ▲ STATE ▲	ZIP CODE ▲

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

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h). Joint Fundraisi n		FEC ID number	
		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		T LO ID Humber	0
ame of Any Connected	Organization, Affiliated Committee, Joint Funds	raising Representative	e, or Leadership PAC Spon
2024 Senators Class	ic Jfc		
Marilia a Aslalas a	228 S. Washington St.		
Mailing Address	Ste. 115		
	Alexandria	ı VA ı	22314-
Relationship:			
neiationship.	CITY A	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee X Joint y by name, address (phone number – optional)	t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		t Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify		t Fundraising Represent	Leadership PAC S
esignated Agent: Identif		t Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identif	y by name, address (phone number – optional)	t Fundraising Representation	Leadership PAC Spanisher
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma	y by name, address (phone number – optional) CITY CITY Te ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. Chain	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or ma ame of Bank, epository, etc. Chain	y by name, address (phone number – optional) CITY CITY Telestries: List all banks or other depositories in which aintains funds. Bridge Bank	STATE A	ZIP CODE A

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
Brown/Rogers Victor	I Organization, Affiliated Committee, Joint Fundry Fund	draising Representative	e, or Leadership PAC Spons
Mailing Address	3275 NORTH FORT APACHE ROAD 150		
Relationship:	Las Vegas	NV NV	89129-
neialionship.	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joinfy by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Ories: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A

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

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	g Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fo	undraising Representativ	e, or Leadership PAC Spons
Reclaim The Majority			
Mailing Address	421 Office Park Dr		
	Mountain Brk	AL	35223-2411
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	by name, address (phone number - optional	l)	
Full Name	by name, address (phone number – optiona	i)	
	by name, address (phone number – optiona	I)	
Full Name	by name, address (phone number – optiona		
Full Name			ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY A		ZIP CODE A
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor afety deposit boxes or ma	CITY A ies: List all banks or other depositories in white intains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name	CITY A ies: List all banks or other depositories in white intains funds.	STATE A Telephone Number	ts funds, holds accounts, rents
Full Name Mailing Address TITLE OR POSITION Banks or Other Depositor safety deposit boxes or main safety deposit boxes or main safety depository, etc.	CITY A ies: List all banks or other depositories in wlintains funds.	STATE Telephone Number inich the committee deposit	ts funds, holds accounts, rents

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

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	ve, or Leadership PAC Spon
Senate Path to Victor	ry 2024		
Mailing Address	421 Office Park Dr		
	1		
	Mountain Brk	AL	35223-2411
Relationship:	CITY A	STATE A	ZIP CODE A
Connecte	ed Organization Affiliated Committee X J	oint Fundraising Represen	tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
Connecte esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi			tative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
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