Only

# STATEMENT OF

PAGE 1 / 11 =

FORM 1		0	RGAN	IIZAT	101	1							Office	Use O	nlv			
1. NAME OF COMMITTEE (ir	n full)		Check if nam changed)			e:If type:		ype		2F	E4N				,			
Michigan De	mocra	atic Stat	e Centra	al Com	mitt	ee_						ı						
ADDRESS (number a	nd street)	606 Towr	nsend St.															
(Check if a is changed	address																	
is changed	1)	Lansing	TV A							MI		4	3933					_
COMMITTEE'S E-MA	AIL ADDF		TY▲						•	STATI	-			2	IP C	ODE <b>A</b>	•	
(Check if a	address		@michigande	ms.com														ı
is changed	d)	Optional	Second E-Ma	ail Address														_
			nes@michigan															
COMMITTEE'S WEB  (Check if a is changed	address	,	RL) chigandems.co	om 														
2. DATE 12	M / D	06 / Y	2022															
3. FEC IDENTIFIC	CATION I	NUMBER <b>&gt;</b>	. C	C00031	054													
4. IS THIS STATEM	MENT	NEW	(N) <b>O</b>	R	×	AME	NDED	) (A)										
certify that I have e	examined	this Stateme	nt and to the	best of m	y knov	vledge	and l	belief	it is t	rue,	corre	ect ar	nd co	mplet	Э.			_
Type or Print Name	of Treasu	rer <u>Kornak,</u>	Traci, , ,															_
Signature of Treasure	er Ko	nak, Traci, , ,	_	_					Da	ite	_	07	/	24	/	202		
NOTE: Submission of	false, erro		omplete inform	-									e per	alties	of 52	U.S.C	. §301	09.
Office Use					Fed	furthe	ection C	Commis		ct:				EC F		M 1		_

Toll Free 800-424-9530

Local 202-694-1100

FE	C Form 1 (Revised 03/2022)	Page <b>2</b>
5.	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.)	e candidate
	Name of Candidate	
	Candidate Party Affiliation Office Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) X This committee is a STA (National, State or subordinate) committee of the DEM (Democratic Republican,	
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:
	Corporation Corporation w/o Capital Stock Labor O	rganization
	Membership Organization Trade Association Coopera	_
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d 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 PA	AC).
	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 of committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two of committees/organizations, none of which is an authorized committee of a federal candidate.	r more political
	Committees Participating in Joint Fundraiser	
	1	

	FEC Form 1 (Revised 02	2/2009)	Page <b>3</b>
V	Write or Type Committee Name  Michigan Democ	ratic State Central Committee	
6.		ganization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
	DNC Victory Fund		
	Mailing Address	430 So. Capitol St., S.E.	
		Washington	20003
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representation	ve Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of the person i	in possession of committee
	Jensen, Ch	ristine, , ,	
	Mailing Address	606 Townsend St.	
		Lansing	48933
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Compliance Director	Telephone number	7 - 371 - 5410
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Full Name Kornak, Tra	ci, , ,	
	Mailing Address	606 Townsend St.	
		Lansing MI	48933
	T11	CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼    Treasurer		7

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Barnes, Lavora, , , , 606 Townsend St.	
Mailing Address		
	Lansing MI 48933	
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur		371 - 5410
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds.	ds accounts, rents
Name of Bank, D	epository, etc.	
	Capitol National Bank	
Mailing Address	200 N. Washington Square	
	Lansing MI 48933	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Amalgamated Bank	
Mailing Address	275 Seventh Avenue	
	New York	
	CITY ▲ STATE ▲	ZIP CODE ▲

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ny Connected O	rganization, Affiliated (	Committee, Joint F	FEC ID FEC ID FEC ID FEC ID	number number number	C C C C C C C C C C C C C C C C C C C
-		Committee, Joint F	FEC ID	number	C
-		Committee, Joint F	FEC ID	number	C
-		Committee, Joint F			
-		Committee, Joint F	undraising Repr	esentative,	and and and the BLO C
-		Committee, Joint F	undraising Repr	esentative,	and and another Back C
atic Grassroots	Victory Fund				or Leadership PAC Spons
g Address	430 So. Capitol St., S.E				
	Washington			DC	20003
onship:		CITY A		STATE A	ZIP CODE ▲
ne					
Address					
OR POSITION V	, C	CITY A	S	TATE 🛦	ZIP CODE ▲
			Telephone Nu	mber	
	Agent: Identify by the Address	Washington Onship:  Connected Organization  Affiliate  Agent: Identify by name, address (phorme  Address	Washington  Onship:  CITY   Connected Organization  Affiliated Committee  Agent: Identify by name, address (phone number – optional phone in the interval of t	Washington Onship:  CITY ▲  Connected Organization  Affiliated Committee  X Joint Fundraising  Agent: Identify by name, address (phone number – optional)  me  Address  OR POSITION ▼  CITY ▲  S	Washington Onship:  CITY A  STATE A  Agent: Identify by name, address (phone number – optional)  Address  CITY A  STATE A  STATE A  STATE A

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h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		delete Berner delle	DIO O
Slotkin Victory Fund	Organization, Affiliated Committee, Joint Fun	draising Representative	e, or Leadersnip PAC Spons
Mailing Address	401 1st Street, S.E.		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		int Fundraising Representa	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Spo
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identi	ed Organization Affiliated Committee X Jo	int Fundraising Representa	Leadership PAC Sport
esignated Agent: Identi	Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Representation	Leadership PAC Special PAC Spe
esignated Agent: Identi  Full Name  Mailing Address	Affiliated Committee X Jo fy by name, address (phone number – optional)  CITY		
connected signated Agent: Identification of Bank, Republication Residence of Bank, Republication of Bank, Republic	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	Affiliated Committee X Jo  fy by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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ame of Any Connected , Michigan Victory Ful	I Organization, Affiliated Committee, Joint Fur	ndraising Representativ	e, or Leadership PAC Spons
- Iviloringari Victory i di			
Mailing Address	P.O. Box #4462		
	East Lansing	MI MI	48826
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ed Organization Affiliated Committee X Joffy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
		int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	sint Fundraising Represent	ative Leadership PAC Sp
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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   pries: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which paintains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
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4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	o or Leadershin BAC Snon
Peters Leadership F	_		., or Ecaucismp 120 open
Mailing Address	611 Pennsylvania Ave. SE		
	Ste 143		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte	Affiliated Committee X July by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
Connecte			ative Leadership PAC Sp
Connecte esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	fy by name, address (phone number – optional)		
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		FEC ID num	ber C	
nected Organization	, Affiliated Committee, Joint	Fundraising Represer	ntative, or	Leadership PAC Spons
ORY FUND				
ss 122 C STF	REET NW			
SUITE 360	)			
WASHING	TON		C L	20001
	CITY A	STA	ΓE Δ	ZIP CODE ▲
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	CITY A	STATE		ZIP CODE A
	DRY FUND  122 C STR  SUITE 360  WASHING	DRY FUND  122 C STREET NW  SS  SUITE 360  WASHINGTON  CITY A  Innected Organization  Affiliated Committee	DRY FUND  122 C STREET NW  SUITE 360  WASHINGTON  CITY   STAT	SUITE 360  WASHINGTON  CITY   STATE   Affiliated Committee  X Joint Fundraising Representative

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(h). <b>Joint Fundra</b>	ising Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
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4.		FEC ID number	C
Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Sponsor
Harris Victory Fur	<b>d</b>		
Mailing Address	430 S Capital St SE		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	ected Organization Affiliated Committee X Joint		tive Leadership PAC Spon
	ected Organization Affiliated Committee X Joint	: Fundraising Representa	
Designated Agent: Ide			
Designated Agent: Ide			
Designated Agent: Ide			
Designated Agent: Ide Full Name Mailing Address	entify by name, address (phone number – optional)	STATE A	ZIP CODE A
Designated Agent: Ide	entify by name, address (phone number – optional)  CITY   CITY		ZIP CODE A
Full Name  Full Name  Mailing Address  TITLE OR POSIT  Banks or Other Deposafety deposit boxes of Name of Bank, Depository, etc.	entify by name, address (phone number – optional)  CITY   CITY   Sitories: List all banks or other depositories in which maintains funds.	STATE A	s funds, holds accounts, rents
Full Name  Full Name  Mailing Address  TITLE OR POSIT  Banks or Other Deposafety deposit boxes of Name of Bank,	entify by name, address (phone number – optional)  CITY   CITY   Sitories: List all banks or other depositories in which maintains funds.	STATE A elephone Number the committee deposits	s funds, holds accounts, rents
Full Name  Full Name  Mailing Address  TITLE OR POSIT  Banks or Other Deposafety deposit boxes of Name of Bank, Depository, etc.	entify by name, address (phone number – optional)  CITY   CITY   Sitories: List all banks or other depositories in which maintains funds.	STATE A elephone Number the committee deposits	s funds, holds accounts, rents
Full Name  Full Name  Mailing Address  TITLE OR POSIT  Banks or Other Deposafety deposit boxes of Name of Bank, Depository, etc.	entify by name, address (phone number – optional)  CITY   CITY   Sitories: List all banks or other depositories in which maintains funds.	STATE A elephone Number the committee deposits	s funds, holds accounts, rents

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4.		FEC ID number	С
ame of Any Connected SCHOLTEN VICTOR	l Organization, Affiliated Committee, Joint Fund RY FUND	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	122 C ST NW		
	SUITE 360		
	WASHINGTON	DC	20001
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Affiliated Committee X Join for by name, address (phone number – optional)	nt Fundraising Representa	ative Leadership PAC Sp
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esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	city by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A  Telephone Number	ZIP CODE A