

RECEIVED
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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

WILLIS FOR U.S. SENATE

ADDRESS (number and street) P.O. BOX 6015

(Check if address is changed) 160 GEROW ST

CHEBOYGAN MI 49721 - 6015
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) WILLIS4USSENATE@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) WWW.VALERIEWILLIS4SENATE.COM

2. DATE 03 / 16 / 2018

3. FEC IDENTIFICATION NUMBER C

4. 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.

Type or Print Name of Treasurer NORMAN M. WILLIS

Signature of Treasurer *Norman M. Willis* Date 03 / 16 / 2018

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 Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201803270200179567

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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

Full Name

VALERIE WILLIS

Mailing Address

P.O. BOX 6015

[Empty grid lines for mailing address]

CHEBOYGAN MI 49721 - 6015

Title or Position

CITY

STATE

ZIP CODE

RECORDS/ASSISTANT TREASURER

Telephone number 989 - 392 - 9697

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

NORMAN MICHAEL WILLIS

Mailing Address

P.O. BOX 6015

[Empty grid lines for mailing address]

CHEBOYGAN MI 49721 - 6015

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 989 - 392 - 9697

201803270200179659

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for Telephone number]

9. 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.

Name of Bank, Depository, etc.

AWAKON FEDERAL CREDIT UNION [Grid]

Mailing Address

1496 WEST MAIN STREET [Grid]

[Grid for Mailing Address Line 2]

GAYLORD [MI] 49735 [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

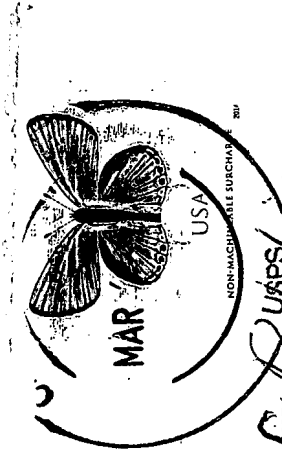
ZIP CODE

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201803270200179672

VARRE WILIS
P.O. BOX 6015
CHEBOYGAN, MI
49721

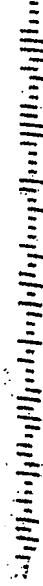
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Senate Office of Public
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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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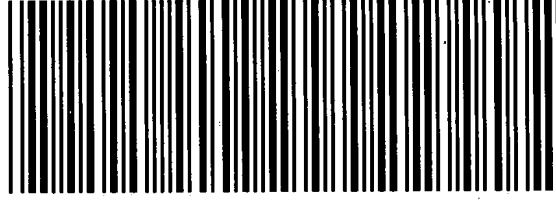
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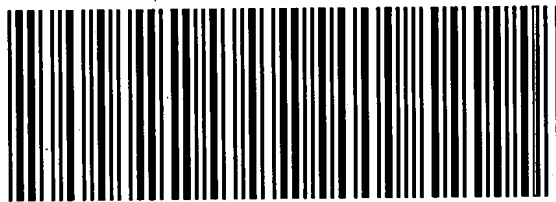
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PREPARER BP DATE PREPARED 3/27/18

201803270200179673



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