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Use

Only

**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED SECRETARY OF THE SENATE

2018 MAR 27 PM 12: 10

**FEC FORM 1** 

(Revised 06/2012)

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. |WILLIS, FOR, U.S., SENATE ADDRESS (number and street) (Check if address is changed) STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS (Check if address |WILLIS4USSENATE@GMAIL.COM is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address WWW.VALERIEWILLIS4SENATE.COM is changed) 03 16 2018 DATE C FEC IDENTIFICATION NUMBER > 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 Signature of Treasurer 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 For further information contact:

Federal Election Commission

Toll Free 800-424-9530

Local 202-694-1100

FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE OF C	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. (Corinformation below.)	nplete the candidate
Name of Candidate	VALERIE WILLIS	
Candidate Party Affiliation	on REP Office Sought: House X Senate President	State MI District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Con		
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	Corporation 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 s committee. (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.)	
Joint Fund	raising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number C	
2.	FEC ID number C	
3.	FEC ID number C	
4.	FEC ID number. C	

FEC Form 1 (Revised 02/2009)

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Write or Type Comp	1 (Revised 02/2009)	Page 3
vino or type com	mmittee Name	•
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6. Name of Any Co	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lead	lership PAC Sponsor
		1 1 1 1 1 1 1
Mailing Address	s []]]]]]]]]	
	CITY STATE	ZIP CODE
Relationship:	Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Re books and record	Records: Identify by name, address (phone number optional) and position of the person in ords.	possession of committee
Full Name	VALERIE WILLIS.	
Mailing Address	P. <sub>1</sub> O <sub>1</sub> BOX 6015	<u> </u>
		<u>                                     </u>
	CHEBOYGAN 4972	21   -  6015
Title or Position	CITY STATE	
	CITY STATE	ZIP CODE
	SITE	ZIP CODE
RECORDS/AS  Treasurer: List the	SSISTANT TREASURED 1 1000 1	392 <sub> </sub>
RECORDS/AS  Treasurer: List the any designated ag	SSISTANT TREASURER Telephone number [989] — the name and address (phone number optional) of the treasurer of the committee; and the	392 <sub> </sub>
RECORDS/AS  Treasurer: List the any designated ag  Full Name	Telephone number 1989  the name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	392 <sub> </sub>
Treasurer: List the any designated age Full Name of Treasurer	Telephone number 1989  the name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	392 <sub> </sub>
Treasurer: List the any designated age Full Name of Treasurer	Telephone number 1989  the name and address (phone number optional) of the treasurer of the committee; and the agent (e.g., assistant treasurer).	name and address of

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	FEC Form 1S (Revised 02/	2017)	Optional Supplem for Lines 5(g) or	nental Info (h), 6, 8 a	ormation nd/or 9	Paç	ge <b>of</b> _	
5(g)	or(h). <b>Joint Fundraisi</b> r	ng Participant:						-
	1.				FEC ID number	C		
	2.	1111			FEC ID number	C		
	3	11111			FEC ID number	,c		
	4.				FEC ID number	C.		
6.	Name of Any Connected	Organization, Af	filiated Committee, Jo	oint Fundrai	sing Representativ	e, or Leaders	hip PAC Spc	nsor
						1 1 1 1 1		1 1
	Mailing Address	1						
	Maining Address	1	<del>                                      </del>			1 1 1 1	111	
								11.
	Relationship:		CITY ▲		STATE A			
		d Organization	Affiliated Committee	loint F	undraising Represent		ZIP CODE A	Sponsor
8.	Designated Agent: Identify	/ by name, addres	ss (phone number – op	ptional)		<u>.</u> .		
	Full Name VALER	RIE WILLIS	1	1 1 1 1		1 1 1 1 1	1 4 1 1	!
	Mailing Address	P.O. BOX	6015				<del></del>	ل <u>سطي</u> ا
		1 , , , ,				<del></del>	<del></del>	
		CHEBOYG	AN		<del></del>	ı49721	<del></del> 601	5
	TITLE OR POSITION	<u> </u>	CITY ▲		STATE ▲		CODE A	لىل
	DESIGNATED A			Tele	phone Number			7
9.	Banks or Other Depositor safety deposit boxes or ma	r <b>ies:</b> List all banks lintains funds.	s or other depositories	in which the	e committee deposit	s funds, holds	accounts, rea	nts
	Depository, etc.	<del></del>				1 1 1	111	ш.
	Mailing Address	<u> </u>				1 1 1 1		
				111			<del>                                     </del>	ш
					1 1 1	1	1 1	1

CITY 🛦

STATE A

ZIP CODE A

VALORE WILLS
P.O BOX 6015
CHEBOYGAN MI
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LYG721

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HART SENATE OFFICE BUILDING SUITE 232

## United States Senate

OFFICE OF THE SECRETARY

WASHINGTION, DC 20510-7116
PHONE(202) 224-0322

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVEREDDate of Receipt
USPS FIRST CLASS MAIL  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt  Date of Receipt
USPS REGISTERED/CERTIFIED
USPS PRIORITY MAIL
Postmark
DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL
USPS EXPRESS MAIL  Postmark
OVERNIGHT DELIVERY SERVICE:
SHIPPING DATE NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS
UPS
AIRBORNE EXPRESS
RECEIVED FROM FEDERAL ELECTION COMMISSION
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OTHER
PREPARER Date of Receipt or Postmark DATE PREPARED 3/27/18



SEN PATCH



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