PAGE 1 / 7 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) THE GREAT LAKES LEADERSHIP PAC 6836 BYRON CENTER AVE SW ADDRESS (number and street) **SOUTH UNIT** (Check if address is changed) **BYRON CENTER** 49315 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS GREATLAKESLEADERSHIP@RTASTRATEGY.COM (Check if address is changed) Optional Second E-Mail Address DROSS@COMPASSLEGAL.ORG COMMITTEE'S WEB PAGE ADDRESS (URL) GREATLAKESLEADERSHIP.COM (Check if address is changed) DATE 09 2022 C00806687 FEC IDENTIFICATION NUMBER 3. X 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. BOLES, JASON, D,, Type or Print Name of Treasurer BOLES, JASON, D,, [Electronically Filed] Date 09 2022 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. FEC FORM 1

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

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TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.)	ommittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization	on line 6.) Its connected organization is as
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 committee. (i.e., nonconnected committee)	Γ a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on I	ine 6.)
(g) This committee is an independent expenditure-only political committee (Super Pr	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
1.	C
	C

	FEC Form 1 (Revised 0	(2/2009)		Pa	ge 3
٧	Vrite or Type Committee Name	,		<u> </u>	
	THE GREAT L	AKES LEADERSHIP P	AC		
6.		rganization, Affiliated Committee, Joint Fu	undraising Representa	tive, or Leadership PAC	Sponsor
	JOHN GIBBS GREA	T LAKES COMMITTEE			
	Mailing Address	PO BOX 501029			
		1			
		ATLANTA	ı GA	31150	1
		CITY ▲	STATE		
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repre	sentative Leadershi	p PAC Sponso
7.	Custodian of Records: Ident	ify by name, address (phone number option	al) and position of the po	erson in possession of cor	nmittee
	books and records.				
	BOLES, JA	SON, D, ,			
	Full Name				
	Mailing Address	PO BOX 1483			
		1			1 1 1 1
		ROSWELL	l GA	30077	.1
	Title or Position ▼	CITY A	STATE	E ▲ ZIP COI	DE A
	TREASURER			770 330	ı 6185
	ITTEACORER		Telephone number		- 1100
_					
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the assistant treasurer).	treasurer of the comm	ittee; and the name and	address of
	Full Name BOLES, JA	SON. D			
	of Treasurer				
	Mailing Address	PO BOX 1483			
	Walling Address				
		DOOMEN		20077	
		ROSWELL	GA	30077	-
		CITY ▲	STATE	ZIP COI	DE 🛦
	Title or Position ▼				
	TREASURER		Telephone number	770 - 330 -	6185

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Full Name of THOMPSON, RIC Agent	< ,,,		
Mailing Address	3OX 1483		
ROS	WELL 	GA GA	30077
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
ASSISTANT TREASURER		lephone number	
Banks or Other Depositories: List safety deposit boxes or maintains fu	all banks or other depositories in which ands.	the committee deposits fu	inds, holds accounts, rents
Name of Bank, Depository, etc.			
SERVISFIRS	ST BANK		
Mailing Address	GALLERIA PARKWAY		
STE.	100		
ATLA	NTA	GA L	30339
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depository, etc.			
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

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

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5(g)	or(h). Joint Fundraising	ı Participant:			
	1		FEC ID nu	ımber C	
	2.		FEC ID nu	ımber C	
	3.		FEC ID nu	ımber C	
	4		FEC ID nu	ımber C	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fund	raising Repres	entative, or L	eadership PAC Sponsor
	Mailing Address	6836 BYRON CENTER AVE SW			
		SOUTH UNIT			
		BYRON CENTER		MI	49315
	Relationship:	CITY A	ST	ATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee Join	t Fundraising Re	presentative	Leadership PAC Sponsor
8.	Designated Agent: Identify ROSS, DE Full Name	by name, address (phone number – optional)			
	Mailing Address	300 INDEPENDENCE AVE. SE			
		WASHINGTON LICENSTANCE OF THE CONTROL OF THE CONTRO		DC 2	0003
	TITLE OR POSITION	▼ CITY ▲	STA	TE ▲	ZIP CODE ▲
	ATTORNEY-IN-FACT		elephone Numb	er	937 2309
9.	safety deposit boxes or mai	ies: List all banks or other depositories in which ntains funds.	the committee	deposits fund	s, holds accounts, rents
	Depository, etc.				
	Mailing Address				
_		CITY A	STA	TE ▲	ZIP CODE ▲

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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	C
3.		FEC ID	number	C
4.		FEC ID	number	С
Name of Any Connected Gibbs Victory Co	I Organization, Affiliated Committee, Jo mmittee	int Fundraising Rep	resentative	, or Leadership PAC Spons
Mailing Address	PO Box 1483			
	Peguali		C A	30077
	Roswell		GA	30077
Relationship:	CITY ▲		STATE A	ZIP CODE ▲
Full Name				
Mailing Address			1 1 1	
Mailing Address				
Mailing Address				
	CITY A		STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A		STATE A	ZIP CODE A
	CITY A	Telephone No		ZIP COD
TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank,	pries: List all banks or other depositories	Telephone No	umber	
TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories	Telephone No	umber	
TITLE OR POSITION Banks or Other Deposite afety deposit boxes or management of Bank, Depository, etc.	pries: List all banks or other depositories	Telephone No	umber	

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

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h). Joint Fundraisir		FEC ID number	C
1.		FEC ID number	C
2.		FEC ID number	C
3.			
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Barrett-Gibbs Vic	_		
<u> </u>			
Mailing Address	1060 Powers Place		
	Alpharetta	GA	30009
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization Affiliated Committee	Fundraising Representa	ative Leadership PAC S
Connecte	d Organization Affiliated Committee Joint Joint y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
Connecte		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif		Fundraising Representa	Leadership PAC S
Connecte esignated Agent: Identif Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
connecte esignated Agent: Identif	y by name, address (phone number – optional) CITY		
connecte esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
connecte esignated Agent: Identif Full Name Mailing Address TITLE OR POSITION anks or Other Depositor	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
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connecte esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or mailing ame of Bank,	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Depositor afety deposit boxes or maintain and provided the second state of Bank, epository, etc.	y by name, address (phone number – optional) CITY Te	STATE A	ZIP CODE A