Only

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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) Great Lakes Bay Regional Alliance Federal PAC 5915 Eastman Ave ADDRESS (number and street) Suite 100 (Check if address is changed) Midland 48640 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mark.freed@ahpplc.com (Check if address is changed) Optional Second E-Mail Address kim.holzhauer@ahpplc.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2014 C00566877 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. Freed CPA, CSEP, Mark, R.,, Type or Print Name of Treasurer Freed CPA, CSEP, Mark, R.,, [Electronically Filed] 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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

| FF0 = | 4 (Davided 00/0000) | D 0 |
|-----------------------------|---|--|
| | orm 1 (Revised 02/2009) COMMITTEE | Page 2 |
| | 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. (Compinformation below.) | plete the candidate |
| Name of Candidate | | |
| Candidate Party Affiliat | ion Office Sought: House Senate President | State District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name of Candidate | | |
| Party Cor | | _ |
| (d) | | Democratic, Republican, etc.) Party |
| Political A | Action Committee (PAC): | |
| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con- | nected organization is |
| _ | Corporation Corporation w/o Capital Stock | Labor Organization |
| | Membership Organization Trade Association | Cooperative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) x | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | gregated 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 | draising Representative: | |
| (g) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate. | o or more political |
| (h) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| Com | nmittees Participating in Joint Fundraiser | |
| 1. | FEC ID number | |
| 2. | FEC ID number | |
| 3. | FEC ID number | |
| 4. | | |

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|---|---|--------------------------------|
| Write or Type Committee Name | | . 252 2 |
| • • | y Regional Alliance Federal PAC | |
| | rganization, Affiliated Committee, Joint Fundraising Representative, or | r Leadership PAC Sponsor |
| NONE | | |
| | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Connected | Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Iden books and records. | tify by name, address (phone number optional) and position of the pers | son in possession of committee |
| Holzhauer, | Kim, D, , | |
| | 5915 Eastman Ave. | |
| Mailing Address | Suite 100 | |
| | Midland | 48640 |
| | | |
| Title or Position | CITY STATE | ZIP CODE |
| Desig. Recordkeeper | | 9 - 835 - 7721 |
| 3. Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the committee; an issistant treasurer). | nd the name and address of |
| Full Name Freed CPA of Treasurer | A, CSEP, Mark, R., , | |
| Mailing Address | 5915 Eastman Avenue | |
| | Suite 100 | |
| | Midland | 48640 |
| Title or Position | CITY STATE | ZIP CODE |
| Treasurer | 989 Telephone number | 835 - 7721 |

| | evised 02/2009) | |
|---|--|-------------------|
| | | |
| Full Name of Designated Freed Agent | d CPA, CSEP, Mark, R., , | |
| Mailing Address | 5915 Eastman Avenue | |
| 3 | Suite 100 | |
| | , Midland | 48640 |
| | | ZIP CODE |
| Title or Position | CITY STATE | ZIP CODE |
| | Telephone number | |
| | | |
| | | |
| safety deposit boxes or Name of Bank, Deposit Hur Mailing Address | | |
| Name of Bank, Deposit | ntington Bank 333 East Main Street | |
| Name of Bank, Deposit | ntington Bank 333 East Main Street | 48640 |
| Name of Bank, Deposit | ntington Bank 333 East Main Street | 48640 ZIP CODE |
| Name of Bank, Deposit Hur Mailing Address | atory, etc. Thington Bank 333 East Main Street Midland CITY STATE | |
| Name of Bank, Deposit Hur Mailing Address | atory, etc. Thington Bank 333 East Main Street Midland CITY STATE | |
| Name of Bank, Deposit Mailing Address Name of Bank, Deposit | atory, etc. Thington Bank 333 East Main Street Midland CITY STATE | |
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