| Image# 202308109596511744 | | | | 08/10/2023 12 : 08 PAGE 1 / 4 — |
|---|--|--|---------------------|------------------------------------|
| FEC FORM 1 | STATEME ORGANIZ | | | |
| 1. NAME OF | (Check if name | Example:If typing, type | | Office Use Only |
| COMMITTEE (in full) | is changed) | over the lines. | 12FE4M5 | |
| Detroit Regional C | hamber Fed PAC | | | |
| | | | | |
| | 777 Woodward Avenue, Suit | e 800 | | |
| ADDRESS (number and street) | | | | |
| is changed) | | | | |
| | Detroit └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ └ | | LMI STATE ▲ | <u>48226</u> ∠IP CODE ▲ |
| | | | STATE | |
| | | | | |
| (Check if address is changed) | rmoore@dykema.com | | | |
| | Optional Second E-Mail Ad | dress | | |
| | | | | |
| (Check if address is changed) | | | | |
| 2. DATE 08 / 0 | D / Y Y Y Y 1 2023 | | | |
| 3. FEC IDENTIFICATION N | | 00366872 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| | | | | |
| certify that I have examined t | his Statement and to the best | of my knowledge and belief | it is true, correct | t and complete. |
| Type or Print Name of Treasure | er Williams, Brad, , , | | | |
| Signature of Treasurer Willia | ams, Brad, , , | | Date 08 | M / D D / Y Y Y Y 10 2023 |
| NOTE: Submission of false, erron | | may subject the person signing TION SHOULD BE REPORTE | - | |
| Office Use Only | | For further information Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100 | contact: | FEC FORM 1 (Revised 06/2012) |

08/10/2023 12:08

| FE | C Form 1 (Revised 03/2022) | Page 2 |
|----|--|---|
| 5. | TYPE OF COMMITTEE: | |
| | Candidate Committee: | |
| | (a) This committee is a principal campaign committee. (Complete the candidate information bel | low.) |
| | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (c) information below.) | Complete the candidate |
| | Name of Candidate | |
| | Candidate Office Party Affiliation Sought: House Senate Pres | State sident District |
| | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee | |
| | Name of Candidate | |
| | Party Committee: | |
| | (d) This committee is a | (Democratic, Republican, etc.) Party |
| | Political Action Committee (PAC): | |
| | (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) | Its connected organization is a: |
| | Corporation Corporation w/o Capital Stock | Labor Organization |
| | X 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 committee. (i.e., nonconnected committee) | e segregated 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 PAC) | | | | | | | | |
| | In addition, this committee is a Lobbyist/Registrant PAC. | | | | | | | | |

Joint Fundraising Representative:

This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (i) committees/organizations, at least one of which is an authorized committee of a federal candidate. This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political (j) committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser С 1. С 2.

| FEC Form 1 (Revised 02/2009) | Page 3 |
|--|--------------------------|
| Write or Type Committee Name | |
| Detroit Regional Chamber Fed PAC | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, o | r Leadership PAC Sponsor |
| Detroit Regional Chamber | |
| | |

| Mailing Address | 777 Woodward Ave Ste 800 | |
|---------------------------|---|----------------------|
| | | |
| | Detroit 48226 | |
| | CITY A STATE A Z | |
| Relationship: X Connected | d Organization Affiliated Organization Joint Fundraising Representative | adership 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.

| Moore, Rer | nae, , , |
|---------------------|---|
| Full Name | |
| Mailing Address | 201 Townsend St |
| | Ste 900 |
| | Lansing |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Book Keeper | Telephone number 517 374 9121 |

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 | Villiams, Brad, , , |
|---------------------|---|
| of Treasurer | |
| Mailing Address | 777 Woodward Avenue |
| | Suite 800 |
| | Detroit MI48226 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position ▼ | |
| Treasurer | Telephone number 517 402 1744 |

| FEC Form 1 (Revised 02 | /20 | 09) |) | | | | | | | | | | | | | | | | | | F | Page | e 4 | ۱ | | _ |
|-------------------------------------|-----|-----|---|--|--|----|----|--|--|-----|-----|-----|-----|-----|-----|-----|--|--|------|----|----|------|-----|----------|---|---|
| Full Name of Designated Agent | 1 | | | | | | | | | | | | | | | | | | | | | | | | 1 | |
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | Cľ | ΤY | | | | | | | | STA | λΤΕ | | | | ZI | ΡC | | ЭЕ | | | |
| Title or Position ▼ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | Tel | eph | one | e n | umł | ber | | | | - [_ | | | | | <u> </u> | | |

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.

| | ink | | | | | | | | | |
|--------------------------------|-------------------------|--|----------|------------|--|--|--|--|--|--|
| Mailing Address | 120 N Washington Square | | | | | | | | | |
| | Suite 100 | | | | | | | | | |
| | Lansing | | MI 48933 | | | | | | | |
| | CITY 🔺 | | STATE A | ZIP CODE ▲ | | | | | | |
| Name of Bank, Depository, etc. | | | | | | | | | | |
| | | | | | | | | | | |
| Mailing Address | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | CITY ▲ | | STATE A | ZIP CODE ▲ | | | | | | |