| FEC<br>FORM 1  | STATEME<br>ORGANIZ  | _  | O                    | PAGE 1 / 4                      |
|--|---|--|----------------------|---------------------------------|
| 1. NAME OF<br>COMMITTEE (in full)                          | (Check if name is changed)                                  | Example: If typing, type over the lines.   | 12FE4M5              |                                 |
| Brenda Lawren  | ce for Congress   |  |                      |                                 |
|  |   |  |                      |                                 |
| ADDRESS (number and street                                 | 499 S. Capitol Street, SW                                   |  |                      |                                 |
| (Check if address is changed)                              | Suite 420   |  |                      |                                 |
|  | Washington  |  | DC 200<br>STATE ▲    |                                 |
| COMMITTEE'S E-MAIL ADD                                     | RESS  |  |                      |                                 |
| (Check if address is changed)                              |   | sultingDC.com  |                      |                                 |
|  | Optional Second E-Mail Ad                                   | dress  |                      |                                 |
| COMMITTEE'S WEB PAGE .<br>(Check if address<br>is changed) | ADDRESS (URL)   |  |                      |                                 |
| 2. DATE 07   | 05 / Y Y Y Y<br>05 2022                                     |  |                      |                                 |
| 3. FEC IDENTIFICATION                                      | NUMBER ► C C  | 00552588   |                      |                                 |
| 4. IS THIS STATEMENT                                       | NEW (N) OR  | × AMENDED (A)  |                      |                                 |
| I certify that I have examine                              | d this Statement and to the best                            | of my knowledge and belief it  | is true, correct and | complete.                       |
| Type or Print Name of Treas                                | urer Angerholzer, Lindsay, , ,                              |  |                      |                                 |
| Signature of Treasurer                                     | ngerholzer, Lindsay, , ,                                    | [Electronically Filed]   | Date 07              | 05 / Y Y Y Y<br>05 2022         |
| NOTE: Submission of false, er                              | roneous, or incomplete information<br>ANY CHANGE IN INFORMA | may subject the person signing<br>TION SHOULD BE REPORTED  |                      | penalties of 52 U.S.C. §30109   |
| Office<br>Use<br>Only                                      |   | For further information of<br>Federal Election Commiss<br>Toll Free 800-424-9530<br>Local 202-694-1100 |                      | FEC FORM 1<br>(Revised 06/2012) |

|    | •  |   |                                       |  |
|----|--|---|---------------------------------------|--|
| FE | EC Form 1 (Revised 03/2022)  |   | Page <b>2</b>                         |  |
| j. | TYPE OF COMMITTEE:   |   |                                       |  |
|    | Candidate Committee:   |   |                                       |  |
|    | (a) <b>X</b> This committee is a principal campaign committee. (C  | Complete the candidate information below  | <i>N</i> .)                           |  |
|    | (b) This committee is an authorized committee, and is No information below.)   | OT a principal campaign committee. (Co    | omplete the candidate                 |  |
|    | Name of Lawrence, Brenda, Lulenar, , Candidate   |   |                                       |  |
|    | Candidate Office   |   | State MI                              |  |
|    | Party Affiliation DEM Sought: K Hou  | use Senate Presid                         | District 14                           |  |
|    | (c) This committee supports/opposes only one candidate   | , and is NOT an authorized committee.     |                                       |  |
|    | Name of     Candidate     Image: Conditional state     Image: Condition state     Image: Condit state <th imag<="" th=""><th></th><th></th></th> | <th></th> <th></th>                       |                                       |  |
|    | (d) This committee is a (National, State   | · ·                                       | Democratic,<br>epublican, etc.) Party |  |
|    | Political Action Committee (PAC):  |   |                                       |  |
|    | (e) This committee is a separate segregated fund. (Identi  | fy connected organization on line 6.) Its | connected organization is a:          |  |
|    | Corporation  | oration w/o Capital Stock                 | Labor Organization                    |  |
|    | Membership Organization Trade  | Association                               | Cooperative                           |  |
|    | In addition, this committee is a Lobbyist/Reg  | gistrant PAC.                             |                                       |  |
|    | (f) This committee supports/opposes more than one Fed committee. (i.e., nonconnected committee)  | leral candidate, and is NOT a separate    | segregated fund or party              |  |
|    | In addition, this committee is a Lobbyist/Re   | gistrant PAC.                             |                                       |  |
|    | In addition, this committee is a Leadership  | PAC. (Identify sponsor on line 6.)        |                                       |  |
|    | (g) This committee is an independent expenditure-only po   | olitical 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:

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

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|-----------------------------|
|-----------------------------|

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Write or Type Committee Name

## Brenda Lawrence for Congress

| 6. | Name of Any Con<br>NONE | nected  | Orga  | nizatio | on, | Affi | liate | ed (  | Cor | nm  | itte | e, .  | Joi | nt F | Fur | ndra | isi  | ng   | Rep  | ore | ser | ntat | ive | , o   | r Lo | eac | der | shi | ρF  | PAC  | Sp  | oon | sor |       |
|----|-------------------------|---------|-------|---------|-----|------|-------|-------|-----|-----|------|-------|-----|------|-----|------|------|------|------|-----|-----|------|-----|-------|------|-----|-----|-----|-----|------|-----|-----|-----|-------|
|    |                         |         |       |         |     |      |       |       |     |     |      |       |     |      |     |      |      |      |      |     |     |      |     |       |      |     |     |     |     |      |     |     |     |       |
|    |                         |         |       |         |     |      |       |       |     |     |      |       |     |      |     |      |      |      |      |     |     |      |     |       |      |     |     |     |     |      |     |     |     |       |
|    | Mailing Address         |         | L     |         |     |      |       |       |     |     |      |       |     |      |     |      |      |      |      |     |     |      |     |       |      |     |     |     |     |      |     |     |     |       |
|    |                         |         | L     |         |     |      |       |       |     |     |      |       |     |      |     |      |      |      |      |     |     |      |     |       |      |     |     |     |     |      |     |     |     |       |
|    |                         |         | L     |         |     |      |       |       |     |     |      |       |     |      |     |      |      |      |      |     |     |      |     |       |      |     |     |     |     |      | - [ |     |     |       |
|    |                         |         |       |         |     |      |       |       | С   | ITY | ′▲   |       |     |      |     |      |      |      |      | :   | STA | ΛTE  |     |       |      |     |     | Z   | P   | COI  | DE  |     |     |       |
|    | Relationship:           | Connect | ed Or | ganizat | ion |      | Aff   | iliat | ed  | Org | ani  | zatio | on  | C    | ].  | Join | t Fi | undr | aisi | ng  | Rej | ores | sen | tativ | /e   |     |     | Lea | ade | rshi | рР  | PAC | Spo | onsoi |

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

| Angerholze          | r, Lindsay, , ,           |                     |
|---------------------|---------------------------|---------------------|
| Full Name           |                           |                     |
| Mailing Address     | 499 S. Capitol Street, SW |                     |
|                     | Suite 420                 |                     |
|                     | Washington                | DC                  |
|                     | CITY A ST                 | TATE ▲ ZIP CODE ▲   |
| Title or Position ▼ |                           |                     |
|                     | Telephone numbe           | er 202 – 403 – 0606 |

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         | Angerholzer, Lindsay, , ,         |
|-------------------|-----------------------------------|
| of Treasurer      |                                   |
| Mailing Address   | 499 S. Capitol Street, SW         |
|                   | Suite 420                         |
|                   | Washington   DC   20003           |
|                   | CITY ▲ STATE ▲ ZIP CODE ▲         |
| Title or Position | ,                                 |
| Treasurer         | Telephone number 202 - 403 - 0606 |

| FEC Form 1 (Revised 02              | 2/2 | 009 | )) |  |  |    |    |  |   |   |      |     |     |      |     |     |     |  |  |      |    | F  | Pag | e 4 | 1 |   |  |
|-------------------------------------|-----|-----|----|--|--|----|----|--|---|---|------|-----|-----|------|-----|-----|-----|--|--|------|----|----|-----|-----|---|---|--|
| Full Name of<br>Designated<br>Agent |     |     |    |  |  |    |    |  | ĺ |   |      |     |     | ĺ    |     |     |     |  |  |      |    |    |     |     |   | 1 |  |
| Mailing Address                     |     |     |    |  |  |    |    |  |   |   |      |     |     |      |     |     |     |  |  |      |    |    |     |     |   |   |  |
|                                     |     |     |    |  |  |    |    |  |   |   |      |     |     |      |     |     |     |  |  |      |    |    |     |     |   |   |  |
|                                     |     |     |    |  |  |    |    |  |   |   |      |     |     |      |     |     |     |  |  |      |    |    |     | L   |   |   |  |
|                                     |     |     |    |  |  | Cľ | TΥ |  |   |   |      |     |     |      | \$  | STA | ΛTE |  |  |      | ZI | ΡC |     | ЭЕ  |   |   |  |
| Title or Position ▼                 |     |     |    |  |  |    |    |  |   |   |      |     |     |      |     |     |     |  |  |      |    |    |     |     |   |   |  |
|                                     |     |     |    |  |  |    |    |  |   | - | Tele | əph | one | e ni | umt | ber |     |  |  | · [_ |    |    |     |     |   |   |  |

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.

|                 | Michigan First Credit Union         |          |          |
|-----------------|-------------------------------------|----------|----------|
|                 |                                     |          |          |
| Mailing Address | 2700 Evergreen Road                 |          |          |
|                 |                                     |          |          |
|                 | Lathrup Village                     | MI 48076 |          |
|                 | CITY 🔺                              | STATE A  | ZIP CODE |
| Name of Bank,   | Depository, etc.<br>Bank of America |          |          |
| Mailing Address | 201 Pennsylvania Ave, SE            |          |          |
|                 |                                     |          |          |
|                 | Washington                          | DC 20003 |          |
|                 | CITY 🔺                              | STATE A  | ZIP CODE |