PAGE 1 / 4

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Paul Junge for Congress 17195 Silver Parkway, #408 ADDRESS (number and street) (Check if address is changed) Fenton 48430 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS vaultcampaigns@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.pauljunge.com (Check if address is changed) DATE 2022 C00726687 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. Tillstrom, Valerie, , , Type or Print Name of Treasurer Tillstrom, Valerie,,, [Electronically Filed] 2022 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 Only Local 202-694-1100

ı	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	COMMITTEE	
Can	didate	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. (Cominformation below.)	plete the candidate
Name Cand	e of lidate	Junge, Paul, , ,	
	lidate	Office	State
Party	/ Affiliatio	on REP Sought: X House Senate President	District 08
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Parl	ty Con	nmittee:	
(d)		· · · · ·	(Democratic, Republican, etc.) Party.
Poli	tical A	action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor-	nected organization is a:
		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 secommittee. (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.)	
Join	t Func	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo 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	mittees Participating in Joint Fundraiser	
	1.		
	2.		
	3.	FEC ID number C	
	4.	FEC ID number	

FEC Form 1 (Revised 02/2)	200	Page 3
Write or Type Committee Name	700)	r age o
Paul Junge for Co	naress	
	nization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
NONE		
Mailing Address		
L		
	CITY STATE	ZIP CODE
Relationship: Connected Org	ganization Affiliated Committee Joint Fundraising Representative Le	adership PAC Sponsor
Custodian of Records: Identify books and records.	by name, address (phone number optional) and position of the person in po	ssession of committee
Tillstrom, Val,	,	.
	96 Golf View Dr.	
maining /tauross		
bı	ighton MI 48116	
Title or Position	CITY	ZID CODE
Title of Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 517 -	285 9094
Treasurer: List the name and ad any designated agent (e.g., assis	dress (phone number optional) of the treasurer of the committee; and the natant treasurer).	nme and address of
Full Name Tillstrom, Valer	e,,,	1
of Treasurer 45	96 Golf View Dr.	
Mailing Address		
<u> </u>	ighton	791
	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number 517 -	285 9094

FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit boxes of Name of Bank, Deposit		
safety deposit boxes of Name of Bank, Deposit	th Third 300 W. North	
safety deposit boxes of Name of Bank, Deposition	th Third	48116
safety deposit boxes of Name of Bank, Deposition	th Third 300 W. North	
safety deposit boxes of Name of Bank, Deposition	th Third 300 W. North Brighton CITY STATE	48116
safety deposit boxes of Name of Bank, Deposit Fift Mailing Address	th Third 300 W. North Brighton CITY STATE	48116
safety deposit boxes of Name of Bank, Deposit Fift Mailing Address	th Third 300 W. North Brighton CITY STATE	48116
safety deposit boxes of Name of Bank, Deposit Fift Mailing Address	th Third 300 W. North Brighton CITY STATE	48116
safety deposit boxes of Name of Bank, Deposition Fift Mailing Address Name of Bank, Deposition Name of Bank, Deposition	th Third 300 W. North Brighton CITY STATE	48116
safety deposit boxes of Name of Bank, Deposition Fift Mailing Address Name of Bank, Deposition Name of Bank, Deposition	th Third 300 W. North Brighton CITY STATE	48116