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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. American Veterans for the Home Front 37131 Almont Dr. E ADDRESS (number and street) (Check if address is changed) Sterling Heights 48310 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS sophie11@hotmail.com (Check if address is changed) Optional Second E-Mail Address sophie11@hotmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2020 C00753673 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. Rudnicki, Chester, , Mr., Rudnicki Type or Print Name of Treasurer Rudnicki, Chester, , Mr., Rudnicki [Electronically Filed] 80 03 2020 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

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|------------|------------------------|--|---|
| | | OMMITTEE | |
| | naidate | Committee: | |
| (a) | Ш | This committee is a principal campaign committee. (Complete the candidate information below.) | |
| (b) | Ш | This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.) | plete the candidate |
| | ne of didate | | |
| | didate y Affiliatio | Office Sought: House Senate President | State |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | District |
| | ne of didate | | |
| Par | ty Con | nmittee: | |
| (d) | | · · · · · · · · · · · · · · · · · · · | Democratic, Republican, etc.) Party. |
| Pol | itical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cont | nected organization is a |
| | | Corporation Corporation w/o Capital Stock | Labor Organization |
| | | Membership Organization Trade Association | Cooperative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (5) | | _ | areasted fund or porty |
| (f) | × | This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee) | gregated fulld of party |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| | | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.) | |
| Joir | nt Fund | raising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two 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 | mittees 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 | raye 3 |
| American Veterans for the Home Front | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Le | Padershin PAC Sponsor |
| | Addressing 1 710 Openioon |
| NONE | |
| | |
| Mailing Address | |
| | |
| | |
| CITY STATE | ZIP CODE |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records. | in possession of committee |
| Rudnicki, Chester, , Mr., Rudnicki | |
| Full Name 37131 Almont Dr. E. | |
| Mailing Address | |
| Sterling Heights | B310 , , , , |
| | |
| Title or Position CITY STATE | ZIP CODE |
| Treasurer 586 | 8772 |
| 3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer). | the name and address of |
| Full Name Rudnicki, Chester, , Mr., Rudnicki | 1 |
| of Treasurer | |
| Mailing Address | |
| Ctorling Heights | 2210 |
| | ZIP CODE |
| Title or Position | 21P CODE |
| Telephone number |]- [|

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|---|---|---------------|
| | | |
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |
| | | |
| | epositories: List all banks or other depositories in which the committee deposits further or maintains funds. pository, etc. | |
| safety deposit boxes Name of Bank, Dep | s or maintains funds. | |
| safety deposit boxes Name of Bank, Dep | s or maintains funds. pository, etc. Citizens Bank | |
| safety deposit boxes Name of Bank, Dep | or maintains funds. pository, etc. Citizens Bank 36520 Moravian Dr. | 148035 |
| safety deposit boxes Name of Bank, Dep | s or maintains funds. pository, etc. Citizens Bank | 48035 |
| safety deposit boxes Name of Bank, Dep | or maintains funds. pository, etc. Citizens Bank 36520 Moravian Dr. | |
| safety deposit boxes Name of Bank, Dep | Citizens Bank 36520 Moravian Dr. Clinton Township CITY STATE | |
| safety deposit boxes Name of Bank, Dep Mailing Address | Sor maintains funds. Ditizens Bank 36520 Moravian Dr. Clinton Township CITY STATE Dository, etc. | |
| Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep | Citizens Bank 36520 Moravian Dr. Clinton Township CITY STATE | |
| safety deposit boxes Name of Bank, Dep Mailing Address | Sor maintains funds. Ditizens Bank 36520 Moravian Dr. Clinton Township CITY STATE Dository, etc. | |
| Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep | Sor maintains funds. Ditizens Bank 36520 Moravian Dr. Clinton Township CITY STATE Dository, etc. | |
| Safety deposit boxes Name of Bank, Dep Mailing Address Name of Bank, Dep | Sor maintains funds. Ditizens Bank 36520 Moravian Dr. Clinton Township CITY STATE Dository, etc. | |