FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Michael Lemon PAC 412 w sunset ADDRESS (number and street) (Check if address is changed) greensboro 21639 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS michaelscottlemon@gmail.com (Check if address is changed) Optional Second E-Mail Address michael@lemon2022.us COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2022 C00814657 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. Britt, Lawrence, J, Mr, Type or Print Name of Treasurer Britt, Lawrence, J, Mr, [Electronically Filed] 05 06 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

Local 202-694-1100

FE	C For	rm 1 (Revised 02/2009)	Page 2				
TYPE (OF C	OMMITTEE					
Candi	idate	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. (Complete the candidate information below.)					
Name of Candida		lemon, michael, scott, ,					
Candida		Office Sought: X House Senate President	State				
Party A	Affiliatio	on REP Sought: X House Senate President	District 05				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candida							
Party	Party Committee:						
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.				
Politic	cal A	ction Committee (PAC):					
(e)		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				
		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 se committee. (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 F	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				
	Comi	mittees Participating in Joint Fundraiser					
	1.	FEC ID number					
	2.	FEC ID number					
	3.	FEC ID number					
	4.						

Write or Type Committee Name Michael Lemon PAC 3. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 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 in possession of committee books and records. Britt, Lawrence, J, Mr, Full Name Mailing Address Park Lawrence, J, Mr, Itappe MD 21673 Title or Position CITY STATE ZIP CODE Treasurer Telephone number 443 - 262 - 5118	FEC Form 1 (Revis	sed 02/2009)	Page 3
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 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 in possession of committe books and records. Britt, Lawrence, J, Mr, Full Name Za468 Isunwayn dr Mailing Address Title or Position CITY STATE ZIP CODE 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 Britt, Lawrence, J, Mr, of Treasurer Mailing Address CITY STATE ZIP CODE Title or Position CITY STATE ZIP CODE			-3
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 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 in possession of committe books and records. Britt, Lawrence, J, Mr, Full Name Za468 Isunwayn dr Mailing Address Title or Position CITY STATE ZIP CODE 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 Britt, Lawrence, J, Mr, of Treasurer Mailing Address CITY STATE ZIP CODE Title or Position CITY STATE ZIP CODE	Michael Lemo	on PAC	
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 in possession of committee books and records. Britt, Lawrence, J. Mr., Full Name Address 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 Britt, Lawrence, J. Mr., Full Name Britt, Lawrence, J. Mr., CITY STATE ZIP CODE 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 Britt, Lawrence, J. Mr., CITY STATE ZIP CODE Tritle or Position CITY STATE ZIP CODE			ve, or Leadership PAC Sponsor
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 in possession of committee books and records. Britt, Lawrence, J. Mr., Full Name Address 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 Britt, Lawrence, J. Mr., Full Name Britt, Lawrence, J. Mr., CITY STATE ZIP CODE 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 Britt, Lawrence, J. Mr., CITY STATE ZIP CODE Tritle or Position CITY STATE ZIP CODE	NONE		
City State Zip code Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponse Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records. Britt, Lawrence, J, Mr, Full Name Address Title or Position City State Zip Code 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 Britt, Lawrence, J, Mr, of Treasurer Mailing Address [29468 laurwayn dr] MD [21673] Lawrence, J, Mr, of Treasurer Mill Name Britt, Lawrence, J, Mr, of Treasurer Mill Name City State Zip Code Title or Position Title or Position Title or Position City State Zip Code			
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Britt, Lawrence, J, Mr, Full Name 29468 laurwayn dr Mailing Address 29468 laurwayn dr Title or Position CITY STATE ZIP CODE Treasurer	Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represen	ntative Leadership PAC Sponso
Title or Position CITY STATE ZIP CODE 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 of Treasurer Mailing Address Print Lawrence, J, Mr, of Treasurer Mailing Address CITY STATE ZIP CODE Trappe Lawrence, J, Mr, of Treasurer MD 21673 CITY STATE ZIP CODE		Identify by name, address (phone number optional) and position of the	e person in possession of committee
Title or Position CITY STATE ZIP CODE 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 of Treasurer Mailing Address Britt, Lawrence, J, Mr, of 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 of Treasurer Mailing Address CITY STATE ZIP CODE Title or Position			
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Title or Position CITY STATE ZIP CODE Treasurer Telephone number Telephone num	Mailing Address		
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 of Treasurer Mailing Address Pritt, Lawrence, J, Mr, Mailing Address Pritt, Lawrence, J, Mr, Of Treasurer Mod 21673 CITY STATE ZIP CODE Title or Position		trappe	21673
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 of Treasurer Mailing Address Pritt, Lawrence, J, Mr, Mailing Address Pritt, Lawrence, J, Mr, Of Treasurer Mod 21673 CITY STATE ZIP CODE Title or Position			
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any designated agent (e.g., assistant treasurer). Full Name of Treasurer Mailing Address 29468 laurwayn dr	Treasurer	Telephone number	443 5118
of Treasurer Mailing Address 29468 laurwayn dr	Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committee g., assistant treasurer).	ee; and the name and address of
trappe CITY STATE ZIP CODE Title or Position 443 + 262 + 5118		awrence, J, Mr,	
CITY STATE ZIP CODE Title or Position 443 1 262 1 5118	Mailing Address	29468 laurwayn dr	
CITY STATE ZIP CODE Title or Position 443 1 262 1 5118			
Title or Position		trappe	21673
. 443 262 5118	Title or Position	CITY STATE	ZIP CODE
		Telephone number	443

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Full Name of Designated Agent	Lemon, michael, Scott, ,						
Mailing Address	412 west sunset						
	greensboro MD 21639						
Title or Position	CITY STATE ZIF	P CODE 0					
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.							
	Truist						
Mailing Address							
	greensboro MD 21639						
	CITY STATE ZII	P CODE					
Name of Bank, [Depository, etc.						
Mailing Address							
	CITY STATE ZII	P CODE					