Only

STATEMENT OF

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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. Mary Draves For Congress PO Box 2267 ADDRESS (number and street) (Check if address is changed) Midland 48641-2267 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address erisow@yeoandyeo.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE C00874891 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Sowatsky, Eric, , Date 07 14 2024 Signature of Treasurer Sowatsky, Eric, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

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TYPE OF COMMITTEE:				
Candidate Committee:				
a) X 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 Candidate Draves, Mary, F., ,				
Candidate Party Affiliation Office Sought: House Senate President	State MI District 08			
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District			
Name of Candidate				
Party Committee:				
(d) This committee is a (National, State or subordinate) committee of the Republica	tic, n, etc.) Party			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.	ted organization is a:			
Corporation Corporation w/o Capital Stock Labor	Organization			
Membership Organization Trade Association Coope	rative			
In addition, this committee is a Lobbyist/Registrant PAC.				
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ted 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:				
(i) 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.	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 committees/organizations, none 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 committees/organizations, none of which is an authorized committee of a federal candidate.			
Committees Participating in Joint Fundraiser				
1. C				
C				

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V	/rite or Type Committee Name				
	Mary Draves For				
6.		ganization, Affiliated Committee, Joint Fundraising Representative, o	or Leadership PAC Sponsor		
	GOP Winning Wome	า 2024 			
	Mailing Address	228 S Washington St			
		Ste 115			
		Alexandria	22314-5404		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representat	tive Leadership PAC Sponso		
7.	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person	in possession of committee		
	Sowatsky, Full Name	Eric, , ,			
	Mailing Address	5300 Bay Road			
		Suite 100			
		Saginaw	48604-2517		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼				
	Custodian of Records	Telephone number			
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 Sowatsky, of Treasurer	Eric, , ,			
		5300 Bay Road			
	Mailing Address	Suite 100			
		Saginaw	48604-2517		
		OITV A	710 0005 4		
	Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲		
	Treasurer	Telephone number	- -		

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Full Name of Designated Agent				
Mailing Address				
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲		
	Depositories: List all banks or other depositories in which the committee deposits funds, hold ses or maintains funds.	ds accounts, rents		
Name of Bank, Depository, etc.				
	Chain Bridge Bank			
Mailing Address	1445-A Laughlin Ave			
	McLean VA 22102			
	CITY ▲ STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.				
	Isabella Bank			
Mailing Address	210 S Saginaw Rd			
	Midland 48640			
	CITY ▲ STATE ▲	ZIP CODE ▲		