Only

STATEMENT OF

PAGE 1/5

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. Peters for Michigan PO Box 32072 ADDRESS (number and street) (Check if address is changed) Detroit 48244 MI CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS peters@mbacg.com (Check if address is changed) Optional Second E-Mail Address smele@mbacg.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00437889 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. Buckles, Geraldine, , , Type or Print Name of Treasurer Buckles, Geraldine, , , [Electronically Filed] 04 15 2021 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

FEC	Form 1 (Revised 02/2009) Page 2
	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	Peters, Gary, , ,
Candidate	DEM
Party Affil	iation DEM Sought: House X Senate President District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party C	ommittee:
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Part
Politica	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	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 segregated fund or part committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fu	ndraising Representative:
(g)	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.
(h)	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.
Co	ommittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4	

FEC Form 1 (Revised	02/2009)	Page 3
Write or Type Committee Nam		. ago c
Peters for Mich		
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
-		or Education privile openion
Peters Leadership Fu	na 	
Mailing Address	611 Pennsylvania Ave SE	
J	Ste 143	
	Washington DC	20003
	CITY STATE	ZIP CODE
_		_
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
books and records.	entify by name, address (phone number optional) and position of the pe	erson in possession of committee
Mele, Ste	ve,.,	
Mailing Address	611 Pennsylvania Ave SE	
	Ste 143	
	Washington	20003
Title or Position	CITY STATE	ZIP CODE
Assistant Treasurer	Telephone number	
3. Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
	Geraldine, , ,	
of Treasurer	IPO Pov 22072	
Mailing Address	PO Box 32072	
	Detroit MI	48244
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	02 544 6960

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	Mele, Steve, , ,	1 1 1 1 1 1 1 1 1
Mailing Address	611 Pennsylvania Ave SE	
J J	Ste 143	
	Washington DC 20	0003
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number]
Banks or Other safety deposit bo Name of Bank, I	 Depositories: List all banks or other depositories in which the committee deposits funds oxes or maintains funds. Depository, etc. 	s, holds accounts, rents
,		
·	Credit Union One	1 1 1 1 1 1 1 1 1
Mailing Address	Credit Union One	
	Credit Union One	
	Credit Union One 42886 Woodward Ave	8304
	Credit Union One 42886 Woodward Ave	8304 ZIP CODE
Mailing Address	Credit Union One 42886 Woodward Ave Bloomfield Hills CITY STATE	
Mailing Address	Credit Union One 42886 Woodward Ave Bloomfield Hills CITY STATE Depository, etc.	
Mailing Address	Credit Union One 42886 Woodward Ave Bloomfield Hills CITY STATE Depository, etc. Amalgamated Bank 1825 K Street NW	
	Credit Union One 42886 Woodward Ave Bloomfield Hills CITY STATE Depository, etc. Amalgamated Bank 1825 K Street NW	

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page ____ **of** ____

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	d Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spon
DSCC Chair Vict	ory Fund		
	400 Manufaced Acre NIS		
Mailing Address	120 Maryland Ave NE		
	Washington	DC	20002
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X Join	t Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee Solution Join Join fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi		t Fundraising Represent	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional) CITY		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY To	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mailing and ma	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY Tories: List all banks or other depositories in which	STATE A	ZIP CODE A