FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

`12FE4M5`

6TH CONGRESSIONAL DISTRICT DEMOCRATS

ADDRESS (number and street)

(Check if address is changed) ◄

2010 Hogback Rd.

Ste 2A

Ann Arbor	MI	48105	–
CITY ▲	STATE ▲	ZIP CODE ▲	

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) ◄

treasurer@6THdistrictDEMS.COM

Optional Second E-Mail Address

mdsjr2@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) ◄

6thdistrictdems.com

2. DATE

M M	D D	Y Y Y Y
02	10	2023

3. FEC IDENTIFICATION NUMBER ► C C00542720

4. 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.

Type or Print Name of Treasurer   Scott, Doug, , Mr.,

Signature of Treasurer   *Scott, Doug, , Mr.,*   *[Electronically Filed]*

Date

M M	D D	Y Y Y Y
03	15	2023

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate 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 Candidate '' '' '' '' '

Candidate Party Affiliation ☐   Office Sought: ☐ House   ☐ Senate   ☐ President   State ☐

District ☐

(c) ☐   This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) ☒   This committee is a   SUB   (National, State or subordinate) committee of the   DEM   (Democratic, Republican, etc.) Party

Political Action 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 segregated fund or party 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.)

(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 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 or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.   C

2.   C

Write or Type Committee Name

6TH CONGRESSIONAL DISTRICT DEMOCRATS

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

MICHIGAN DEMOCRATIC STATE CENTRAL COMMITEE

Mailing Address   606 TOWNSEND ST.

LANSING   MI   48933   –

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship: ☐ Connected Organization   ☒ Affiliated Organization   ☐ Joint Fundraising Representative   ☐ Leadership PAC Sponsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name   Scott, Doug, , Mr.,

Mailing Address   1525 Harding Road

Ann Arbor   MI   48104   –

CITY ▲   STATE ▲   ZIP CODE ▲

Title or Position ▼

Treasurer   Telephone number   734 – 678 – 4457

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
of Treasurer   Scott, Doug, , Mr.,

Mailing Address   1525 Harding Road

Ann Arbor   MI   48104   –

CITY ▲   STATE ▲   ZIP CODE ▲

Title or Position ▼

Treasurer   Telephone number   734 – 678 – 4457

Full Name of Designated Agent

Haener, David, , ,

Mailing Address

35100 Huron River Drive

New Boston   MI   48164   –

CITY ▲   STATE ▲   ZIP CODE ▲

Title or Position ▼

Deputy Treasurer   Telephone number   734   –   252   –   9252

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9. **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.

COMERICA BANK

Mailing Address

3305 Washtenaw Ave

Ann Arbor   MI   48104   –

CITY ▲   STATE ▲   ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

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

FEC **Form 1S** (Revised 02/2017)

5(g) or (h). **Joint Fundraising Participant:**

1. FEC ID number C

2. FEC ID number C

3. FEC ID number C

4. FEC ID number C

6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

WASHTENAW COUNTY DEMOCRATIC - FEDERAL ACCOUNT

Mailing Address

418 W Michgan Ave

PO Box 980586

Ypsilanti   MI   48198

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship:

[ ] Connected Organization [✗] Affiliated Committee [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

TITLE OR POSITION ▼

Telephone Number

9. **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.

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲