Only

PAGE 1 / 7

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. BergmanForCongress 3585 Bunker Hill Rd, #434 ADDRESS (number and street) (Check if address is changed) Acme 49610 MΙ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS jack@bergmanforcongress.com (Check if address is changed) Optional Second E-Mail Address jackbergman@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.bergmanforcongress.com (Check if address is changed) DATE 16 2022 C00614214 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. Hardin, Hord, , , II Type or Print Name of Treasurer Hardin, Hord, , , II [Electronically Filed] 08 2022 Signature of Treasurer Date 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

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
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. (Complet information below.)	e the candidate
Name of Candidate Bergman, John, , ,	
Candidate Party Affiliation REP Sought: House Senate President	State MI District 01
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State (Democratic or subordinate) committee of the Republic Republication (National, State (Democratic or subordinate) committee of the Republication (National, State or subordinate) committee or subordinate (National, State or subordinate) committee or subordinate (National, State or subordinate) committee (National	cratic, can, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected organization is a:
Corporation Corporation w/o Capital Stock Lab	or Organization
Membership Organization Trade Association Coo	perative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segrecommittee. (i.e., nonconnected committee)	gated 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 (Hybri	d 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.	vo or more political
(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.	vo or more political
Committees Participating in Joint Fundraiser	
1	

I	FEC Form 1 (Re	evised 02/2009)	Page <b>3</b>
٧	/rite or Type Committed	e Name	
	BergmanF	orCongress	
6.	<del>-</del>	ected Organization, Affiliated Committee, Joint Fundraising Representated N VICTORY COMMITTEE	tive, or Leadership PAC Sponsor
		<u> </u>	
	Mailing Address	824 S. MILLEDGE AVE	
	Maining / Idanoso	STE 101	
		IATHENS I GA	20005
		ATHENS	30605
		CITY ▲ STATE	ZIP CODE ▲
	Relationship: Co	nnected Organization Affiliated Organization x Joint Fundraising Repres	sentative Leadership PAC Sponso
7.	Custodian of Record books and records.	Is: Identify by name, address (phone number optional) and position of the pe	erson in possession of committee
	Mo	ohme, Jane, , ,	
	Full Name		
	Mailing Address	6398 Lightfoot Road	
		Harbor Springs   MI	49740
	Title or Position ▼	CITY ▲ STATE	ZIP CODE ▲
	•		004 500 0400
	Custodian of Records	Telephone number	231 - 526 - 9433
8.		ame and address (phone number optional) of the treasurer of the comm	ittee; and the name and address of
	any designated agen	t (e.g., assistant treasurer).	
	Tall Harris	ırdin, Hord, , , II	
	of Treasurer	6200 Lightfoot Dood	
	Mailing Address	6398 Lightfoot Road	
		Harbor Springs   MI	49740
		CITY ▲ STATE	ZIP CODE ▲
	Title or Position ▼	OH A STATE	. = ZIF CODE =
	Treasurer		231     526     9433
		Telephone number	

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Kilgore, Paul, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	
Title or Position <b>▼</b>	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur		534
	Depositories: List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds.	ds accounts, rents
Name of Bank, D	repository, etc.	
	First Community Bank	
Mailing Address	200 E Main Street	
	Harbor Springs MI 49740	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Wells Fargo Bank	<u> </u>
Mailing Address	8302 Woodmont Avenue	
	Bethesda MD 20814	
	CITY ▲ STATE ▲	ZIP CODE ▲

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

FEC Form 1S (Revised 02/2017) for Lir

Page \_\_\_\_ **of** \_\_\_\_

n). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID numbe	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
ame of Any Connected (	Organization, Affiliated Committee, Joint F	Fundraising Representa	tive, or Leadership PAC Spor
	ART WALBERG VICTORY COM		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY A	STATE	▲ ZIP CODE ▲
esignated Agent: Identify  Full Name	by name, address (phone number – options	al)	
Mailing Address	1		
Mailing Address			
Mailing Address			
	CITY	STATE A	ZIP CODE A
Mailing Address  TITLE OR POSITION	CITY A		
TITLE OR POSITION	CITY A	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION  anks or Other Depositori fety deposit boxes or mai	CITY   ies: List all banks or other depositories in water named to the state of the	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION  anks or Other Depositor  fety deposit boxes or mai  ame of Bank,  epository, etc.	CITY A  ies: List all banks or other depositories in water name of the state of the	STATE ▲ Telephone Number	ZIP CODE A
TITLE OR POSITION  anks or Other Depositor  fety deposit boxes or mai  ame of Bank,  epository, etc.	CITY A  ies: List all banks or other depositories in water name of the state of the	STATE ▲ Telephone Number	ZIP CODE A

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

FEC Form 1S (Revised 02/2017)

Page \_\_\_ **of** \_\_\_\_

FEC ID number C TOMMITTEE, INC.  C/O RED CURVE SOLUTIONS 138 CONANT STREET, 2ND FLOOR BEVERLY CITY A STATE A ZIP CODE A Decided Organization Affiliated Committee  Joint Fundraising Representative Leadership PAC Spotentify by name, address (phone number – optional)
FEC ID number  FEC ID number  Coted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor COMMITTEE, INC.  C/O RED CURVE SOLUTIONS  138 CONANT STREET, 2ND FLOOR  BEVERLY  MA  O1915  CITY A  STATE A  ZIP CODE A  sected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spo
FEC ID number  Cotted Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor COMMITTEE, INC.  C/O RED CURVE SOLUTIONS  138 CONANT STREET, 2ND FLOOR  BEVERLY  MA  O1915  CITY A  STATE A  ZIP CODE A  Decided Organization  Affiliated Committee  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spo
C/O RED CURVE SOLUTIONS  138 CONANT STREET, 2ND FLOOR  BEVERLY  MA  01915  CITY  STATE  ZIP CODE   Affiliated Committee  X Joint Fundraising Representative  Leadership PAC Sponsor
C/O RED CURVE SOLUTIONS  138 CONANT STREET, 2ND FLOOR  BEVERLY  CITY A  STATE A  ZIP CODE A  Decided Organization  Affiliated Committee
C/O RED CURVE SOLUTIONS  138 CONANT STREET, 2ND FLOOR  BEVERLY  CITY A  STATE A  ZIP CODE A  Decided Organization  Affiliated Committee
C/O RED CURVE SOLUTIONS  138 CONANT STREET, 2ND FLOOR  BEVERLY  CITY   STATE   ZIP CODE   Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spo
138 CONANT STREET, 2ND FLOOR  BEVERLY  CITY ▲ STATE ▲ ZIP CODE ▲  Dected Organization Affiliated Committee   Joint Fundraising Representative Leadership PAC Spo
138 CONANT STREET, 2ND FLOOR  BEVERLY  CITY ▲ STATE ▲ ZIP CODE ▲  Dected Organization Affiliated Committee   Joint Fundraising Representative Leadership PAC Spo
BEVERLY  CITY   STATE   ZIP CODE   Dected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spo
BEVERLY  CITY   STATE   ZIP CODE   Dected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spo
CITY ▲ STATE ▲ ZIP CODE ▲  sected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Spo
ected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spo
entify by name, address (phone number – optional)
TION ▼ CITY ▲ STATE ▲ ZIP CODE ▲
Telephone Number
- - -

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

FEC Form 1S (Revised 02/2017)

ental information h), 6, 8 and/or 9 Page  $\frac{7}{2}$  of  $\frac{7}{2}$ 

n). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
7.			
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spor
BERGMAN MOC	LENAAR LEADERSHIP COMMITTE	<b>EE</b>	
Mailing Address	5915 EASTMAN AVE.		
	SUITE 100		
	MIDLAND		48640
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecto	d Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC S
	y by name, address (phone number – optional)	in randialong riopicoons	Locationip The C
			Lance Locationip 1770 o
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif			
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identification Full Name  Mailing Address	by by name, address (phone number – optional)  CITY		
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or m	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, Classi	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, Classic epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  C City Bank	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite fety deposit boxes or mame of Bank, Classic epository, etc.	y by name, address (phone number – optional)  CITY   CITY   Ories: List all banks or other depositories in which aintains funds.  C City Bank	STATE A	ZIP CODE A