

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAILCENTER

2024 JAN 24 PM 3:37

1. NAME OF  
COMMITTEE (in full)

☐

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

SHELDON NEELEY FOR CONGRESS

ADDRESS (number and street)

2305 BEGOLE

☐

(Check if address  
is changed)

FLINT

CITY ▲

MI

STATE ▲

48504

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address  
is changed)

SHELDONNEELEY@ICLOUD.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address  
is changed)

2. DATE

MM / DD / YYYY

3. FEC IDENTIFICATION NUMBER ►

C

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

Joshua Freeman

Signature of Treasurer

Joshua Freeman

Date

01 / 21 / 2024

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 03/2022)

## 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

SHELDON NEeley

Candidate  
Party Affiliation

DEM

Office  
Sought:☒

House

☐

Senate

☐

President

State

MI

District

08

- (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 or subordinate) committee of the  (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. 2. C C 

2025-01-25 03:00:00 PM

Write or Type Committee Name

\_\_\_\_\_

\_\_\_\_\_

**Mailing Address**

CITY ▲

STATE ▲

ZIP CODE ▲

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

Full Name |

**Mailing Address**

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

Full Name  
of Treasurer

**Mailing Address**

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

1470885400-30-52-1101-2024

Full Name of  
Designated  
Agent

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.

ELGIA CREDIT UNION

Mailing Address

2303 S. CENTER ROAD

BURTON

MI

48519

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

## 5(i) or (j). Joint Fundraising Participant:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

FEC ID number

C \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 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 ▲

Retail



20002

U.S. POSTAGE PAID  
PME 1-Day  
FLINT, MI 48502  
JAN 22, 2024

**\$30.45**

R2304E105589-20

RDC 07

PRESS FIRMLY TO SEAL



SEAL

UNITED STATES  
POSTAL SERVICE®
PRIORITY  
MAIL  
EXPRESS®


EI 925 760 086 US

## CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE 810 223-7034

Sheldon Neeley  
2305 Begole  
Flint, MI 48504

602

## PAYMENT BY ACCOUNT (if applicable)

Federal Agency Acct. No. or Postal Service™ Acct. No.

## ORIGIN (POSTAL SERVICE USE ONLY)

<input checked="" type="checkbox"/> 1-Day	<input type="checkbox"/> 2-Day	<input type="checkbox"/> Military	<input type="checkbox"/> DPO
PO ZIP Code 48503	Scheduled Delivery Date (MM/DD/YY) 1-23-24	Postage \$ 30.45	
Date Accepted (MM/DD/YY) 1-12-24	Scheduled Delivery Time 6:00 PM	Insurance Fee \$	COD Fee \$
Time Accepted 3:32	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee \$	Live Animal Transportation Fee \$
Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees 30.45	
Weight lbs. ozs.	Acceptance Employee Initials		

## DELIVERY OPTIONS (Customer Use Only)

- ☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- Delivery Options
- ☐ No Saturday Delivery (delivered next business day)
- ☐ Sunday/Holiday Delivery Required (additional fee, where available\*)
- \*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

PHONE ( )

Federal Elections Commission  
1050 First Street NE  
Washington, DC

ZIP + 4® (U.S. ADDRESSES ONLY)

2 0 0 0 2 -

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 insurance included.

PEEL FROM THIS CORNER

## DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature

LABEL 11-B, NOVEMBER 2023

PSN 7690-02-000-9996



16

EP13F July 2022  
OD: 12, 1/2 x 9 1/2

UNITED STATES  
POSTAL SERVICE®

The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

USPS First Class Mail

Date of Receipt

USPS Registered/Certified

Postmarked (R/C)

USPS Priority Mail

Postmarked

USPS Priority Mail Express

Postmarked

01/22/2024

Postmark Illegible

No Postmark

Overnight Delivery  
Service (Specify):

Shipping Date

Date of Receipt

Next Business Day Delivery

7

Received via FAX

Date of Receipt

Received via Email

Date of Receipt

Received from Electronic Filing Office

Date of Receipt

Other (Specify):

Date of Receipt or Postmarked

2B  
PREPARER  
(4/2023)

01/25/2024  
DATE PREPARED