



## 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

[REDACTED]

**Party Committee:**

(d)  This committee is a [REDACTED] (National, State or subordinate) committee of the [REDACTED] (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:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> 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)

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
<input type="checkbox"/> 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).

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
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(h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.
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**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. [REDACTED]
2. [REDACTED]

C	[REDACTED]
C	[REDACTED]

Write or Type Committee Name

## 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 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 Mailing Address   -  -

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

  -  - 

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 of Treasurer JOSHUA FREEMAN Mailing Address 8275 FAULKNER DR DAVISON  MI 48423 - 

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER   -  - 

Telephone number

810-397-3797

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.

ELGA 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 \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Mailing Address  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization  Affiliated Committee  Joint Fundraising Representative  Leadership PAC Sponsor

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

Full Name \_\_\_\_\_

Mailing Address  
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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**

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



20002

**\$30.45**

R2304E105589-20

SEAL



PRESS FIRMLY TO SEAL

RDC 07

TY

SS®

GHT  
3  
pickup,  
10/20/2023
**PRIORITY  
MAIL  
EXPRESS®**


EI 925 760 086 US

## CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (810) 223-7034

Sheldon Neely  
2305 Begole  
Flint, MI 48504

62

## 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)

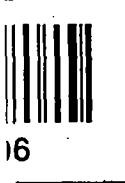
PHONE ( )

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**


16

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

## 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
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PO ZIP Code 48503	Scheduled Delivery Date (MM/DD/YY) 1/23/24	Postage \$ 30.45
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Date Accepted (MM/DD/YY) 1/18/24	Scheduled Delivery Time <input type="checkbox"/> 6:00 PM	Insurance Fee \$	COD Fee \$
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Time Accepted 3:32	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Return Receipt Fee \$	Live Animal Transportation Fee \$
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Special Handling/Fragile \$	Sunday/Holiday Premium Fee \$	Total Postage & Fees 30.45
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Weight lbs. 0.00 ozs.	<input type="checkbox"/> Flat Rate	Acceptance Employee Initials JL
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DELIVERY (POSTAL SERVICE USE ONLY)
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Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
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Delivery Attempt (MM/DD/YY)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
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LABEL 11-B, NOVEMBER 2023 PSN 7690-02-000-9996



Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/>	Hand Delivered	Date of Receipt
<input type="checkbox"/>	USPS First Class Mail	Date of Receipt
<input type="checkbox"/>	USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/>	USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/>	USPS Priority Mail Express	Postmarked 01/22/2024
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Overnight Delivery Service (Specify):	Shipping Date      Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/>	Received via FAX	Date of Receipt
<input type="checkbox"/>	Received via Email	Date of Receipt
<input type="checkbox"/>	Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Date of Receipt or Postmarked
PB PREPARER (4/2023)		01/25/2024 DATE PREPARED