Only

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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. Haley Stevens for Congress 33717 Woodward Ave ADDRESS (number and street) #539 (Check if address is changed) Birmingham 48009 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS fec@capcompliance.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.haleystevensforcongress.com (Check if address is changed) DATE 2022 C00638650 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. Marcotte, Maria, , , Type or Print Name of Treasurer Marcotte, Maria, , , [Electronically Filed] 10 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

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	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 cano information below.)	didate					
	Name of Candidate Stevens, Haley, , ,						
	Party Affiliation DEM Sought:  House Senate President	State MI					
	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 Republican, etc.) Party							
	Political Action Committee (PAC):						
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	nization is a					
	o, The committee is a coparate cogregated tarial (tacitally commission of garingation on line commission of garingation)	anzanon io a.					
	Corporation Corporation w/o Capital Stock Labor Organiz	ation					
	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 p 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:						
This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic							
	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 politic committees/organizations, none of which is an authorized committee of a federal candidate.							
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W	/rite or Type Comn	ittee Name				
	Haley St	evens for Congres	SS			
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor NONE					
	INOINE					
	Mailing Address					
			CITY A		STATE ▲	ZIP CODE ▲
	Relationship:	Connected Organization Affilia	ated Organization	Joint Fundraising	Representative	Leadership PAC Sponso
 7.		ords: Identify by name, address (p	phone number option	al) and position o	f the person in	possession of committee
	books and record					
	E II Nome	Marcotte, Maria, , ,				1
	Full Name	33717 Woodward Ave				
	Mailing Address					
		#539 				
		Birmingham			MI	48009
			CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position	,				
	Treasurer			Telephone num	ber	
3.		e name and address (phone num gent (e.g., assistant treasurer).	nber optional) of the	treasurer of the	committee; an	d the name and address of
	Full Name	Marcotte, Maria, , ,				
	of Treasurer					
	Mailing Address	33717 Woodward Ave	: 			
		#539				
		Birmingham			MI	48009
			CITY A		STATE ▲	ZIP CODE ▲
	Title or Position					
	Treasurer			Telephone num	ber	

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Full	Name of signated				
Age					
Mai	ling Address				
Title	e or Position <b>•</b>	CITY ▲	STATE ▲	ZIP CODE ▲	
		Telephone	number		
		Depositories: List all banks or other depositories in which the comes or maintains funds.	mittee deposits f	unds, holds accounts, rents	
Nam	ne of Bank, D	epository, etc.			
		Amalgamated Bank			
Mail	ling Address	1825 K St NW			
		Washington	DC DC	20006	
		CITY ▲	STATE ▲	ZIP CODE ▲	
Name of Bank, Depository, etc.					
Mail	ing Address				
		CITY ▲	STATE ▲	ZIP CODE ▲	