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FEC FORM 2

STATEMENT OF CANDIDACY

_	() 11						
1.	(a) Name of Candidate (in full) Tlaib, Rashida, , ,						
	(b) Address (number and street) PO Box 32777		Check if addre	ss changed		Candidate's FEC Identification Number H8MI13250	
	(c) City, State, and ZIP Code					3. Is This New Amende	ed e
	Detroit		MI	48232	2	Statement (N) OR (A)	
4.	Party Affiliation	5. Office Soug	ght			trict of Candidate	
	DEMOCRATIC PARTY	House			MI	12	
	DI	ESIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE	
7.	I hereby designate the following na	med political co	ommittee as m	y Principal C	Campaign Com	mittee for the $\frac{2024}{\text{(year of election)}}$ election(s).	
	NOTE: This designation should be	filed with the ap	opropriate offi	ce listed in th	ne instructions.		
	(a) Name of Committee (in full)						
	Rashida Tlaib for C	ongress					
	(b) Address (number and street)						
	PO Box 32777						
	(c) City, State, and ZIP Code						-
	Detroit				MI	48232	
	DI	ESIGNATIO	N OF OT	HER AU1	THORIZED	COMMITTEES	
					g Representativ		
8.	I hereby authorize the following na candidacy.	med committee	, which is NO	Γ my principa	al campaign co	mmittee, to receive and expend funds on behalf of my	/
	NOTE: This designation should be	filed with the pr	incipal campa	ign committe	ee.		
	(a) Name of Committee (in full)						
	The Empowerment	Fund					
	(b) Address (number and street)						
	PO Box 1863						
	(c) City, State, and ZIP Code						
	Indianapolis				IN	46206	
		amined this Sta	tement and to	the best of i	my knowledge a	and belief it is true, correct and complete.	
Si	gnature of Candidate					Date	•
T	laib, Rashida, , ,					04/30/2024	
NO	OTE: Submission of false arrangous	or incomplete	information n	nav suhiect tl	!	4b:- 04-4	
	JIE. Submission of laise, enoneous	s, or incomplete	- Intermediction	iay sabject ti	ne person signi	ng this Statement to penalties of 2 U.S.C. §437g.	
	STE. Submission of false, entineous	s, or incomplete		lay subject to	ne person signi	ng this Statement to penalties of 2 U.S.C. §437g.	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	The Squad Victory Fund						
	(b) Address (number and street)						
	611 Pennsylvania Ave SE						
	Num 143 (c) City, State, and ZIP Code						
	Washington	DC	20003				
				_			
8.	I hereby authorize the following named committee, which is NOT my candidacy. NOTE : This designation should be filed with the principal			ıy			
	(a) Name of Committee (in full)			_			
	Rustbelt Rosebuds						
	(b) Address (number and street)			_			
	611 Pennsylvania Avenue SE						
	Suite 143			_			
	(c) City, State, and ZIP Code Washington	DC	20003				
	vvasiiiigiori	DC	20003				
8.	I hereby authorize the following named committee, which is NOT my candidacy. NOTE : This designation should be filed with the principal (a) Name of Committee (in full)			ıy —			
	Bowman-Tlaib Committee						
	(b) Address (number and street) 81 Pondfiled Rd, Ste D 351			_			
	(c) City, State, and ZIP Code			_			
	Bronxville	NY	10708				
8.	I hereby authorize the following named committee, which is NOT me candidacy. NOTE : This designation should be filed with the principal (a) Name of Committee (in full)			ıy			
	Progressive Voices for Peace						
	(b) Address (number and street) 611 Pennsylvania Avenue SE			_			
	Suite 143 (c) City, State, and ZIP Code			_			
	Washington	DC	20003				

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	3 of 3	
Page	01	

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

	(including boint rundraising nepreser	iiiaiiv	es)				
3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.						
	(a) Name of Committee (in full)						
	Sisters Saving Lives						
	(b) Address (number and street)						
	611 Pennsylvania Ave SE						
	Suite 143 (c) City, State, and ZIP Code						
	Washington DC		20003				
3.	I hereby authorize the following named committee, which is NOT my principal campaigr candidacy. NOTE: This designation should be filed with the principal campaign committee.		nmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	Michigan Women United for Action Fund						
	(b) Address (number and street)						
	611 Pennsylvania Ave SE Suite 143						
	(c) City, State, and ZIP Code						
	Washington DC		20003				
3.	3. I hereby authorize the following named committee, which is NOT my principal campaign candidacy. NOTE: This designation should be filed with the principal campaign commit		nmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	(4)						
	(c) City, State, and ZIP Code						
	(b) Oity, State, and Zir Gode						
3.	 I hereby authorize the following named committee, which is NOT my principal campaigr candidacy. NOTE: This designation should be filed with the principal campaign commit 		nmittee, to receive and expend funds on behalf of my				
		ilee.					
	(a) Name of Committee (in full)						
	(b) Address (number and street)						
	() () () () () () ()						
	(c) City, State, and ZIP Code						