STATEMENT OF

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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. RAM FOR CONGRESS 206 College St. ADDRESS (number and street) Unit 262 (Check if address is changed) Pineville 28134 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ramforcongress@gmail.com (Check if address is changed) Optional Second E-Mail Address communityaccounting@comporium.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00776617 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. DiNatale, Lynn, , , Type or Print Name of Treasurer DiNatale, Lynn,,, [Electronically Filed] 04 12 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. 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 Only

Local 202-694-1100

	EC Form 1 (Revised 02/2009)	Page 2
	OF COMMITTEE lidate Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information be	low.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. ((information below.)	Complete the candidate
Name Candid	of Mammadov. Ramin	
Candid Party A	date Office Sought: House Senate Presider	State NC District 09
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee) .
Name Candid		
Party	Committee:	
(d)	This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	cal 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 separat committee. (i.e., nonconnected committee)	e segregated 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.)	
Joint	Fundraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds f committees/organizations, at least one of which is an authorized committee of a federal candid	•
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	
	Committees Participating in Joint Fundraiser	
	1.	
	2.	
	3.	
	4.	

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Write or Type Committee Name		
RAM FOR CON	GRESS	
6. Name of Any Connected Org	ganization, Affiliated Committee, Joint Fundraising Representative, or Leade	ership PAC Sponsor
NONE		
Mailing Address		
L	CITY STATE	ZIP CODE
Relationship: Connected C	Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identified books and records. 	y by name, address (phone number optional) and position of the person in p	cossession of committee
DiNatale, Lyı	ın, , ,	1
	2764 Pleasant Rd	
Mailing Address	Ste A-10226	
L	Fort Mill SC 29708	
Title or Position	CITY STATE	ZIP CODE
Treasurer		493 - 8113
3. Treasurer: List the name and a any designated agent (e.g., ass	address (phone number optional) of the treasurer of the committee; and the sistant treasurer).	name and address of
Full Name DiNatale, Lyr of Treasurer	ın, , ,	
Mailing Address	2764 Pleasant Rd	
L	Ste A-10226	
L	Fort Mill SC 29708	
Title or Position , Treasurer	CITY STATE	ZIP CODE
		493 - 8113

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Full Name of Designated			
Agent			
Mailing Addres	6		
		CITY STATE	ZIP CODE
Title or Position	1	Talanhara numbar 1	- -
		Telephone number	
Danka an Oth	ar Denositori	ies: List all banks or other depositories in which the committee deposits funds,	, holds accounts, rents
safety deposit	boxes or main	ntains funds.	
safety deposit Name of Bank	boxes or main	ntains funds.	
safety deposit	boxes or main	ntains funds.	.
safety deposit Name of Bank	Depository,	ntains funds.	<u> </u>
safety deposit	Depository,	ntains funds. etc.	
safety deposit Name of Bank	Depository,	ntains funds. etc. 1782 Hwy 160 W	1708
safety deposit Name of Bank	Depository,	ntains funds. etc. 1782 Hwy 160 W	1708 1- -
safety deposit Name of Bank	Depository,	ntains funds. etc. 1782 Hwy 160 W	708
safety deposit Name of Bank	boxes or main Depository,	ntains funds. etc. 1782 Hwy 160 W Fort Mill CITY STATE	
safety deposit Name of Bank Mailing Addres	boxes or main Depository,	ntains funds. etc. 1782 Hwy 160 W Fort Mill CITY STATE	
safety deposit Name of Bank Mailing Addres	Depository, Depository,	ntains funds. etc. 1782 Hwy 160 W Fort Mill CITY STATE	
safety deposit Name of Bank Mailing Addres	Depository, Depository,	ntains funds. etc. 1782 Hwy 160 W Fort Mill CITY STATE etc.	
safety deposit Name of Bank Mailing Addres Name of Bank	Depository, Depository,	ntains funds. etc. 1782 Hwy 160 W Fort Mill CITY STATE etc.	
safety deposit Name of Bank Mailing Addres Name of Bank	Depository, Depository,	ntains funds. etc. 1782 Hwy 160 W Fort Mill CITY STATE etc.	

: 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: F1N Transaction ID:

CANDIDATE ID: H2NC09175

Form/Schedule: Transaction ID: