Only

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. Ratcliffe for Congress 2931 Ridge Rd ADDRESS (number and street) Ste 101 PMB #217 (Check if address is changed) Rockwall 75032-6684 TX CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS Michele@Irclegal.com (Check if address is changed) Optional Second E-Mail Address info@RatcliffeforCongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.RatcliffeforCongress.com (Check if address is changed) DATE 2021 C00554113 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. Ratcliffe, Michele, , , Type or Print Name of Treasurer Ratcliffe, Michele, , , [Electronically Filed] 03 16 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

Local 202-694-1100

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|----------------|-------------------|---|--|
| | | OMMITTEE • 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. (Cominformation below.) | plete the candidate |
| Name Candi | | Ratcliffe, John, L, , | |
| Candi Party | date Affiliati | on REP Office Sought: * House Senate President | State TX District 04 |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Name Candi | | | |
| Part | y Con | nmittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. |
| Polit | ical A | ction Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor | nected organization is a |
| | | 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 secommittee. (i.e., nonconnected committee) | egregated 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 | Fund | Iraising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | o or more political |
| | Com | mittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | | |

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| Write or Type Committee N | | |
| Ratcliffe for C | Congress | |
| | ted Organization, Affiliated Committee, Joint Fundraising Representative, or Lea | adership PAC Sponsor |
| None | | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY STATE | ZIP CODE |
| Relationship: Conne | ected Organization Affiliated Committee Joint Fundraising Representative | Leadership PAC Sponsor |
| Custodian of Records: books and records. | Identify by name, address (phone number optional) and position of the person is | n possession of committee |
| | iffe, Michele, , , | |
| Full Name | 706 Starlight Pass | |
| Mailing Address | | |
| | Heath TX 750 | 032-5984 |
| Title or Position | CITY STATE | ZIP CODE |
| Custodian of Records | Telephone number | - <u>926</u> - <u>9392</u> |
| . Treasurer: List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the committee; and the description of the committee; and the description of the committee and t | ne name and address of |
| Full Name Ratclift of Treasurer | ffe, Michele, , , | |
| Mailing Address | 706 Starlight Pass | |
| | | |
| | Heath TX 750 | 032-5984 |
| Title or Position Treasurer | CITY STATE | ZIP CODE |
| | Telephone number | - [|

| , | evised 02/2009) | Page 4 |
|--|--|------------------------|
| | | |
| Full Name of Designated Ratcl Agent | liffe, John, L, , | |
| Mailing Address | 706 Starlight Pass | |
| | | |
| | Heath TX CITY STATE | 75032-5984 ZIP CODE |
| Title or Position Candidate | Telephone number | |
| safety deposit boxes or Name of Bank, Deposit | tory, etc. | |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. | |
| safety deposit boxes or Name of Bank, Deposit | maintains funds. tory, etc. Ils Fargo | |
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