FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. THE EMPOWERMENT FUND PO BOX 1863 ADDRESS (number and street) (Check if address is changed) **INDIANAPOLIS** 46206 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS alyssa@andrecarson.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2019 C00719062 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. WIETING, ALYSSA, M,, Type or Print Name of Treasurer WIETING, ALYSSA, M,, [Electronically Filed] 09 2019 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

l	FEC For	rm 1 (Revised 02/2009)	Page 2		
		OMMITTEE			
Can	didate	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. (Compinformation below.)	plete the candidate		
Nam Cand	e of didate				
	didate / Affiliation	Office Sought: House Senate President	State		
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District		
Name Cand	e of lidate				
Par	ty Com	nmittee:			
(d)			Democratic, Republican, etc.) Party.		
Poli	tical A	ction Committee (PAC):			
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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)					
(f)	Ш	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated tund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
Join	t Fund	raising Representative:			
(g)	×	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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		
	Committees Participating in Joint Fundraiser				
	1.	ANDRE CARSON FOR CONGRESS	142921		
	2.	ILHAN FOR CONGRESS FEC ID number C C006	80934		
	3.	RASHIDA TLAIB FOR CONGRESS FEC ID number C C006	68608		
	4.				

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Write or Type Committee Name	1 age 3
THE EMPOWERMENT FUND	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, of	or Leadership PAC Sponsor
	y zoddoromp i rio oponooi
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representati	ive Leadership PAC Sponsor
. Custodian of Records: Identify by name, address (phone number optional) and position of the per books and records.	rson in possession of committee
WIETING, ALYSSA, M, , Full Name	
PO BOX 1863 Mailing Address	
Walling Address	
INDIANAPOLIS	46206
Title or Position CITY STATE	ZIP CODE
TREASURER Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; any designated agent (e.g., assistant treasurer).	and the name and address of
Full Name WIETING, ALYSSA, M, ,	ı
of Treasurer PO BOX 1863	
Mailing Address	
NIDIO CONTRACTOR OF THE CONTRA	
INDIANAPOLIS	46206
CITY STATE Title or Position TREASURER Telephone number	ZIP CODE

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Panks or Other	itorios: List all banks or other depositation in 1919 the	te funde helde session
safety deposit boxes or Name of Bank, Deposito		ts funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds. bry, etc. CBANK	ts funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposito	maintains funds. bry, etc. C BANK 101 W. WASHINGTON STREET	
safety deposit boxes or Name of Bank, Deposito	maintains funds. Try, etc. BANK 101 W. WASHINGTON STREET INDIANAPOLIS IN CITY STATE	46204
safety deposit boxes or Name of Bank, Deposito	maintains funds. Try, etc. BANK 101 W. WASHINGTON STREET INDIANAPOLIS IN CITY STATE	46204
safety deposit boxes or Name of Bank, Deposito Mailing Address Name of Bank, Deposito	maintains funds. Try, etc. BANK 101 W. WASHINGTON STREET INDIANAPOLIS IN CITY STATE	46204
safety deposit boxes or Name of Bank, Deposito	maintains funds. Try, etc. BANK 101 W. WASHINGTON STREET INDIANAPOLIS IN CITY STATE	46204
safety deposit boxes or Name of Bank, Depositor Mailing Address Name of Bank, Depositor	maintains funds. Try, etc. BANK 101 W. WASHINGTON STREET INDIANAPOLIS IN CITY STATE	46204