**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. Rashida Tlaib for Congress P.O. Box 32777 ADDRESS (number and street) (Check if address is changed) Detroit 48232 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address rashida@mbacg.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) Rashidaforcongress.com (Check if address is changed) DATE 2025 C00668608 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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. Type or Print Name of Treasurer Suzuki, Soh, , Date 80 21 2025 Signature of Treasurer Suzuki, Soh, , , 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

EC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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 information below.)	the candidate
Name of Candidate Tlaib, Rashida, , ,	
Candidate Party Affiliation  DEM  Office Sought:  House  Senate  President	State MI District 12
(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 or subordinate) committee of the Republication	atic, an, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	cted organization is a:
Corporation Corporation w/o Capital Stock Labor	r Organization
Membership Organization Trade Association Coope	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
(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:	
(i) 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
(j) 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 C	

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name	,	i ago 🗸
	Rashida Tlaib fo	· Congress	
6.		ganization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
	The Empowerment F	und	
	Mailing Address	PO Box 1863	
		Indianapolis IN	46206
	_	CITY ▲ STAT	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Repre	esentative Leadership PAC Spons
7.	Custodian of Records: Idention books and records.	ry by name, address (phone number optional) and position of the p	person in possession of committee
	Mele, Steve	n	
	Full Name	.,,, 	
	Mailing Address	611 Pennsylvania Avenue SE	
		Suite 143	
		Washington	20003
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the common ssistant treasurer).	nittee; and the name and address of
	Full Name Suzuki, So	h	
	of Treasurer	,,, <u>                                   </u>	
	Mailing Address	P.O. Box 32777	
		Detroit M	48232 
		CITY ▲ STAT	E ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Mele, Steven, , ,		
Mailing Address	611 Pennsylvania Avenue SE		
	Suite 143		
	Washington	DC	20003
Tills on Brottler	CITY A	STATE ▲	ZIP CODE ▲
Title or Position   Assistant Treasur		number	
	<b>Depositories:</b> List all banks or other depositories in which the commes or maintains funds.	nittee deposits f	funds, holds accounts, rents
Name of Bank, D	epository, etc.		
	Parkside Credit Union		
Mailing Address	36525 Plymouth Road		
	Livonia	MI	48150
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K St NW		
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** 8\_\_\_

	g Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
Name of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spons
Mailing Address	611 Pennsylvania Ave SE		
	Num 143		
Relationship:	Washington CITY ▲	DC STATE A	20003 ZIP CODE ▲
riolationip.		SIAIL A	211 0001
Designated Agent: Identify	by name, address (phone number – optional)		
Pesignated Agent: Identify	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A  Te  ries: List all banks or other depositories in which tintains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositor afety deposit boxes or main afety deposit boxes or main afety depository, etc.	CITY   CITY   Te  ries: List all banks or other depositories in which intains funds.  ank	elephone Number	

# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_ **of** 8\_\_\_

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	aising Representative	e, or Leadership PAC Spon
Rustbelt Rosebuds			
Mailing Address	611 Pennsylvania Avenue SE		
	Suite 143		
	Washington	DC	20003
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected	I Organization  Affiliated Committee  X Joint	Fundraising Representa	ative Leadership PAC S
	Affiliated Committee X Joint by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositorafety deposit boxes or maintenance.	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main arms of Bank,	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	01	

h). <b>Joint Fundraisir</b>	ig Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Rooted in Movement	Organization, Affiliated Committee, Joint Fu	ndraising Hepresentativ	e, or Leadership PAC Spons
Mailing Address	611 Pennsylvania Avenue SE		
	Suite 143		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	d Organization Affiliated Committee X J		ative Leadership PAC Sp
Connecte esignated Agent: Identif	d Organization Affiliated Committee X J		ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X J		ative Leadership PAC Sp
esignated Agent: Identif	d Organization Affiliated Committee X J  y by name, address (phone number – optional)		
esignated Agent: Identif	d Organization Affiliated Committee X J y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	d Organization Affiliated Committee X J y by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  y by name, address (phone number – optional)  CITY  CITY  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank,	Affiliated Committee  y by name, address (phone number – optional)  CITY  CITY  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number  ch the committee deposit	ZIP CODE A

### Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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i age	O.	

Rooted With The People  Mailing Address  Sui  Wa  Relationship:  Connected Organ	zation, Affiliated Committee, Joint  Pennsylvania Avenue SE e 143 shington  CITY   zation Affiliated Committee	DC STATE A Joint Fundraising Represen	C C C ve, or Leadership PAC Spons
3. 4. Name of Any Connected Organi Rooted With The People  Mailing Address  Sui Wa  Relationship:  Connected Organi  Connected Organi  Pesignated Agent: Identify by na  Full Name  Mailing Address	Pennsylvania Avenue SE e 143 shington CITY   zation Affiliated Committee	FEC ID number  FEC ID number  Fundraising Representati  DC  STATE A  Joint Fundraising Representation	ve, or Leadership PAC Spons  20003  ZIP CODE
4.	Pennsylvania Avenue SE e 143 shington CITY   zation Affiliated Committee	FEC ID number  Fundraising Representati  DC  STATE A  Joint Fundraising Representati	ve, or Leadership PAC Spons  20003  ZIP CODE
Rooted With The People  Mailing Address  Sui  Wa  Relationship:  Connected Organ  esignated Agent: Identify by na  Full Name  Mailing Address	Pennsylvania Avenue SE e 143 shington CITY   zation Affiliated Committee	Fundraising Representati	ve, or Leadership PAC Spons  20003  ZIP CODE
Rooted With The People  Mailing Address  Sui  Wa  Relationship:  Connected Organ  esignated Agent: Identify by na  Full Name  Mailing Address	Pennsylvania Avenue SE e 143 shington CITY   zation Affiliated Committee	DC STATE A Joint Fundraising Represen	20003 ZIP CODE <b>A</b>
Rooted With The People    Mailing Address	Pennsylvania Avenue SE e 143 shington CITY   zation Affiliated Committee	DC STATE A Joint Fundraising Represen	20003 ZIP CODE <b>A</b>
Mailing Address  Sui Wa Relationship: Connected Organ  Designated Agent: Identify by na  Full Name Mailing Address  L	e 143 Shington CITY   Zation Affiliated Committee	STATE A  Joint Fundraising Represen	ZIP CODE A
Relationship:  Connected Organ  esignated Agent: Identify by na  Full Name  Mailing Address	e 143 Shington CITY   Zation Affiliated Committee	STATE A  Joint Fundraising Represen	ZIP CODE A
Relationship:  Connected Organ  esignated Agent: Identify by na  Full Name  Mailing Address	e 143 Shington CITY   Zation Affiliated Committee	STATE A  Joint Fundraising Represen	ZIP CODE A
Relationship:  Connected Organ  resignated Agent: Identify by na  Full Name  Mailing Address	city ▲  zation Affiliated Committee	STATE A  Joint Fundraising Represen	ZIP CODE A
Relationship:  Connected Organ  esignated Agent: Identify by na  Full Name  Mailing Address	CITY ▲ zation Affiliated Committee	STATE A  Joint Fundraising Represen	ZIP CODE A
Connected Organ  resignated Agent: Identify by na  Full Name  Mailing Address	zation Affiliated Committee	Joint Fundraising Represer	
esignated Agent: Identify by na  Full Name  Mailing Address			Leadership PAC Sp
L  TITLE OR POSITION ▼			
TITLE OR POSITION ▼			
TITLE OR POSITION ▼			
	CITY A	STATE ▲	ZIP CODE ▲
		Telephone Number	
Banks or Other Depositories: Li afety deposit boxes or maintains lame of Bank, Depository, etc.  Mailing Address		which the committee depos	