Only

STATEMENT OF

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FEC FORM 1		0	RGAN	IJΖ	TIC	ÒΝ														
4 NAME OF			01 1 1			1 1				Ļ				Offi	ce Us	e On	ly			
1. NAME OF COMMITTEE (ir	n full)		Check if nan changed)	ne		mple:1	f typin nes.	g, typ	ре	-	L2F	E41	M5	_	_					
RICH Politic	al Act	on Com	mittee	1 1 1	1 1	1 1	1 1	1 1	ı		ı	1	1 1	1	1 1	ı	1 1	1	1 1	
ADDRESS (number a	nd atroat)	1201 Per	insylvania Av	enue																
(Check if a	address	Suite 800)																	
is changed	d)	Washing	ton			1 1					DÇ	1	1	2000)4		1-1			
		Cl	TY 🛦							5	STAT	_ E ▲	L			ZI	> CC	DDE 4	\	
COMMITTEE'S E-MA	AIL ADDR	ESS																		
(Check if a is changed		mkleshe	r@wms-jen.	com																
J	,	Optional	Second E-M	lail Addr	ess															
COMMITTEE'S WEB (Check if a is changed	address	DDRESS (UP	RL)																	
2. DATE 0	M / D	29	Y Y Y Y 2024																	
3. FEC IDENTIFIC	CATION I	NUMBER >	. (C 00	38767	0		_												
4. IS THIS STATEM	MENT	NEW	(N) C	OR	×	ļ	AMENI	DED	(A)											
certify that I have e	examined	this Stateme	nt and to the	e best c	of my k	nowle	dge a	nd be	elief i	t is	rue,	corr	ect a	and	comp	olete				
Type or Print Name	of Treasu	er <u>Makonn</u> e	en, Mahlet, H																	
Signature of Treasure	er <u>Ma</u>	konnen, Mahle	et, H, ,						_	Da	te	IV	01	/	29		/ Y	202		Y
NOTE: Submission of	false, erro		omplete inforr												enalt	ties o	of 52	U.S.C	C. §3	0109.
Office Use						Federa	i rther i i al Electi ee 800-	on Co	mmiss		ct:			ı			OR l	M 1		— I

Toll Free 800-424-9530

Local 202-694-1100

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	TYPE OF COMMITTEE:	
	Candidate 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. (Complete the information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(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 Republican, e	etc.) Party
	Political 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 Org	anization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 or a committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1	

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۷	Vrite or Type Committee Name			
	RICH Political Ad	ction Committee		
6.		rganization, Affiliated Committee, Jo	oint Fundraising Representa	tive, or Leadership PAC Sponsor
	NONE			
	Mailing Address			
		CITY ▲	STATE	E ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization	Joint Fundraising Repre	esentative Leadership PAC Sponso
7.	Custodian of Records: Idention books and records.	ify by name, address (phone number	optional) and position of the p	erson in possession of committee
	Makonnen, Full Name	, Mahlet, H, ,		
	Mailing Address	1201 Pennsylvania Ave., NW		
		Ste. 800		
		Washington	DC	20004
		CITY ▲	STATE	E ▲ ZIP CODE ▲
	Title or Position ▼			
	Custodian		Telephone number	202 - 659 - 8201
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) assistant treasurer).	of the treasurer of the comm	nittee; and the name and address of
	Full Name Makonnen, of Treasurer	, Mahlet, H, ,		
	Mailing Address	1201 Pennsylvania Ave., NW		
	Mailing Address	Ste. 800		
		Washington	DC	20004
		CITY ▲	STATE	E ▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	202 659 8201

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	Full Name of Designated Agent		
ı	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
-	Title or Position \	7	
		Telephone number	
S	Banks or Other safety deposit book	Depositories: List all banks or other depositories in which the committee deposits fu xes or maintains funds. Depository, etc.	nds, holds accounts, rents
		, Wachovia	I
N	Mailing Address	20th and L Street, NW	
		Washington DC	20036
		CITY ▲ STATE ▲	ZIP CODE ▲
- !	Name of Bank, D	Depository, etc.	
N	Mailing Address		
_		CITY ▲ STATE ▲	ZIP CODE ▲