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STATEMENT OF **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. McCormick for Congress 6751 S McCormick Rd ADDRESS (number and street) (Check if address is changed) Vincennes 47591 IN CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS raymccormickforcongress@Gmail.com (Check if address is changed) Optional Second E-Mail Address mccfarms@gmail.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.raymccormickforcongress.com (Check if address is changed) DATE 2022 C00801084 FEC IDENTIFICATION NUMBER > 3. 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. Dale, Tonya,,, Type or Print Name of Treasurer Dale, Tonya,,, [Electronically Filed] 01 15 2022 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

FFC E	orm 1 (Revised 02/2009)	Page 2	
	COMMITTEE	i aye 🚣	
Candidat	e 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 the candidate information below.)		
Name of Candidate	McCormick, Ray, , ,		
Candidate Party Affiliat	ion DEM Office Sought: X House Senate President	State IN District 08	
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.		
Name of Candidate			
Party Cor			
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.	
Political A	Action Committee (PAC):		
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 separate s committee. (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	draising Representative:		
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political	
Con	nmittees Participating in Joint Fundraiser		
1.	FEC ID number		
2.	FEC ID number		
3.	FEC ID number		
4.			

FEC Form 1 (Revised Write or Type Committee Nam		Page 3
McCormick for		rahin DAC Courses
	Organization, Affiliated Committee, Joint Fundraising Representative, or Leader	snip PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative L	eadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in position	ossession of committee
Dale, Tor	nya, , ,	1
	2461 S Old US 41	
Mailing Address		
	Vincennes IN 47591	
Title or Position	CITY STATE	ZIP CODE
Treasurer		396 8527
 Treasurer: List the name ar any designated agent (e.g., 	nd address (phone number optional) of the treasurer of the committee; and the rassistant treasurer).	name and address of
Full Name Dale, Ton of Treasurer	nya, , ,	
Mailing Address	2461 S Old US 41	
	Vincennes IN 47591	
Title or Position	CITY STATE	ZIP CODE
	Telephone number 812 - L	396 8527

FEC Form	n 1 (Revised 02/2009)	Page 4			
Full Name of Designated Agent	Yeager, Kent, , ,				
Mailing Address	2250 W Old Highway 11 SW				
	Mauckport IN 47142 CITY STATE ZIF	P CODE			
Title or Position Chair		3 9380			
 Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds. Name of Bank, Depository, etc. 					
	First Vincennes Savings Bank				
Mailing Address	615 Kimmell Rd				
	Vincennes IN 47591				
	CITY STATE ZIF	P CODE			
Name of Bank, [Depository, etc.				
Mailing Address					
	CITY STATE ZIE	P CODE			