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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. Lichia Sibhatu and Committee 1506 mark massengill DR ADDRESS (number and street) (Check if address is changed) Raleigh 27610 NC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lichia4ussenate@att.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://www.lichiaforsenate.com (Check if address is changed) DATE 2021 C00785451 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. sibhatu, Lichia, woldegabreal, , Type or Print Name of Treasurer sibhatu, Lichia, woldegabreal, , [Electronically Filed] 07 23 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 Only

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 belo | w.) |
| (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Committee information below.) | omplete the candidate |
| Name of Candidate sibhatu, Lichia, woldegabreal, , Us Senate | |
| Candidate Party Affiliation REP Office Sought: House X Senate President | 00 |
| This committee currents/ennesses only one condidate and is NOT an authorized committee | District |
| (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 | (Democratic, Republican, etc.) Party. |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its of | connected 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 committee. (i.e., nonconnected committee) | segregated 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 Fundraising 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 committees/organizations, none of which is an authorized committee of a federal candidate. | r two or more political |
| Committees Participating in Joint Fundraiser | |
| 1. | |
| 2. | |
| 3. FEC ID number | |
| 4. | |

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| Write or Type Committee Name | |
| Lichia Sibhatu and Committee | |
| 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Repres | sentative, or Leadership PAC Sponsor |
| NONE | |
| | |
| Mailing Address | |
| | |
| | |
| CITY | STATE ZIP CODE |
| Relationship: Connected Organization Affiliated Committee Joint Fundraising R | epresentative Leadership PAC Sponsor |
| . Custodian of Records: Identify by name, address (phone number optional) and position books and records. | n of the person in possession of committee |
| sibhatu, Lichia, woldegabreal, , | |
| Full Name1506 mark massengill DR | |
| Mailing Address | |
| Raleigh | NC 27610 - |
| Title or Position CITY S | TATE ZIP CODE |
| Committee treasurer Telephone number | er 919 - 637 - 0309 |
| Treasurer: List the name and address (phone number optional) of the treasurer of the cany designated agent (e.g., assistant treasurer). | ommittee; and the name and address of |
| Full Name sibhatu, Lichia, woldegabreal, , of Treasurer | |
| Mailing Address 1506 mark massengll dr | |
| | |
| raleigh | NC 27610 |
| CITY S' | TATE ZIP CODE |
| Committee treasurer Telephone number | er 919 – 637 – 0309 |

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|---|---|--------------------------|
| | | |
| Full Name of Designated Agent | | |
| | | |
| Mailing Address | | |
| | | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number |] |
| safety deposit boxes of Name of Bank, Depos | sitory, etc. | s, noids accounts, rents |
| safety deposit boxes of Name of Bank, Depos | ells Fargo 3959 New Bern Ave | |
| safety deposit boxes of Name of Bank, Depos | ells Fargo 3959 New Bern Ave | s, noids accounts, rents |
| safety deposit boxes of Name of Bank, Depos | ells Fargo 3959 New Bern Ave | |
| safety deposit boxes of Name of Bank, Depos | ells Fargo 3959 New Bern Ave Raleigh CITY STATE | 7610 |
| safety deposit boxes of Name of Bank, Depos | ells Fargo 3959 New Bern Ave Raleigh CITY STATE | 7610 |
| safety deposit boxes of Name of Bank, Depos | ells Fargo 3959 New Bern Ave Raleigh CITY STATE | 7610 |
| safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name | ells Fargo 3959 New Bern Ave Raleigh CITY STATE | 7610 |
| safety deposit boxes of Name of Bank, Deposition Mailing Address Name of Bank, Deposition Name | ells Fargo 3959 New Bern Ave Raleigh CITY STATE | 7610 |