

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

THE COMMITTEE TO ELECT EMILY RAFI

ADDRESS (number and street)

7990 WHITE RABBIT RD

(Check if address is changed)

BATTLE CREEK

CITY ▲

MI

STATE ▲

49017

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

emilyrafi912@gmail.com

Optional Second E-Mail Address
emilyrafi912@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.RAFIFORCONGRESS.COM

2. DATE

MM / DD / YYYY
03 / 03 / 2020

3. FEC IDENTIFICATION NUMBER ▶

C C00692830

4. 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.

Type or Print Name of Treasurer DANCİK, GEOFFREY, , ,

Signature of Treasurer DANCİK, GEOFFREY, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 21 / 2020

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 Use Only				
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For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. 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 candidate information below.)

Name of Candidate Rafi, Emily, , ,

Candidate Party Affiliation REP Office Sought: House Senate President State MI District 03

- (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 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 segregated fund or party committee. (i.e., nonconnected committee)
 - 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 two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

THE COMMITTEE TO ELECT EMILY RAFI

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name DANCIK, GEOFFREY, , ,

Mailing Address 898 CAPITAL AVE. SW

BATTLE CREEK

MI

49015

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 248 - 971 - 0630

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer DANCIK, GEOFFREY, , ,

Mailing Address 898 CAPITAL AVE. SW

BATTLE CREEK

MI

49015

Title or Position
TREASURER

CITY

STATE

ZIP CODE

Telephone number 248 - 971 - 0630

Full Name of Designated Agent Rafi, Emily, E, , 49017

Mailing Address 7990 WHITE RABBIT RD BATTLE CREEK MI 49017 CITY STATE ZIP CODE

Title or Position ALTERNATE TREASURER Telephone number 269 358 4197

9. 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.

PNC BANK

Mailing Address 2521 Capital Ave SW BATTLE CREEK MI 49015 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE