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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. MG Salazar for Congress 4228 Montgall Ave. ADDRESS (number and street) (Check if address is changed) KANSAS CITY 64130 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS votesalazar2020@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) votesalazar.com (Check if address is changed) DATE 25 2019 C00704197 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. Dunsford, Alex, , , Type or Print Name of Treasurer Dunsford, Alex,,, [Electronically Filed] 04 25 2019 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

FEC	Form 1 (Revised 02/2009)	Page 2
TYPE OF	COMMITTEE	
Candida	te 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. (Corinformation below.)	nplete the candidate
Name of Candidate	Salazar, Maite, Gabrielle, ,	
Candidate	Office DEM Sought: X House Senate President	State
Party Affil	ation DEM Sought: X House Senate President	District 05
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(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 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 Fu	ndraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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
Co	mmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

EEC Form 1 (Daving 1	22/2000)	Dogo 2
FEC Form 1 (Revised 0 Write or Type Committee Name		Page 3
MG Salazar for		
	Original Committee, Joint Fundraising Representative, or Leadershi	n PAC Sponsor
-	rgamization, riminator committee, some randraising respiess hautes, or issued	p i rio oponissi
NONE		
Mailing Address		
	CITY STATE Z	IP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lead	lership PAC Sponsor
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the person in posse	ession of committee
·	lin, Patrick, ,	1
Full Name	4228 Montgall Ave.	
Mailing Address		
	KANSAS CITY MO 64130	
Title or Position	CITY STATE Z	IP CODE
Secretary	Telephone number 816 5	72 3534
3. Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the namessistant treasurer).	e and address of
Full Name Dunsford, A	Alex, , ,	1
	5108 Lydia Ave.	
Mailing Address		
	Kansas City	
		IP CODE
Title or Position Treasurer		

FEC Form 1 (Re	levised 02/2009)	Page 4
Full Name of Designated Agent Salar	zar, Maite, Gabrielle, ,	
Mailing Address	4228 Montgall Ave.	
	KANSAS CITY CITY STATE	64130 ZIP CODE
Title or Position Candidate		816 - 405 - 6322
safety deposit boxes or Name of Bank, Deposit		s funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc.	s funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. bank	s funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. bank	s funds, holds accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. bank 125 Southwest Blvd.	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. tory, etc. bank 125 Southwest Blvd. Kansas City MO CITY STATE	64108
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safety deposit boxes or Name of Bank, Deposit mol	r maintains funds. tory, etc. bank 125 Southwest Blvd. Kansas City MO CITY STATE	64108
safety deposit boxes or Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. tory, etc. bank 125 Southwest Blvd. Kansas City MO CITY STATE	64108

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

FEC Form 1S (Revised 02/2017)

Page ____ **of** ____

ame of Bank, epository, etc. Mailing Address				
epository, etc.				
epository, etc.				
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anks or Other Depositor afety deposit boxes or mai		ner aepositories in whi	cn the committee deposi	its funds, holds accounts, rents
anles an Other Breez "			ale die a compactivity of	the foundable helds a very state of
Secretary			Telephone Number	816 572 - 3534
TITLE OR POSITION	▼ (CITY A	STATE ▲	ZIP CODE ▲
	Kansas City		MO	64130
Mailing Address	4228 Montgall Ave.			
Young, Co	olin, Patrick, ,			
esignated Agent: Identify	-	ne number – optional)		
Connected	Organization Affiliat	ted Committee Jo	int Fundraising Represent	tative Leadership PAC Spo
Relationship:		CITY A	STATE A	ZIP CODE ▲
Mailing Address				
ame of Any Connected	Organization, Affiliated	Committee, Joint Fur	draising Representativ	re, or Leadership PAC Spons
4.				
3.			FEC ID number	C
			FEC ID number	C
1.				
2.			FEC ID number	C