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FEC FORM 1	STATEMEN ORGANIZ	-	Office	PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Kanye 2020				
	1312 W 2nd St			
ADDRESS (number and street)				
(Check if address is changed)	Unit A1185			
	Casper CITY ▲		WY 82601 STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	info@kanye2020.coun	try		
	Optional Second E-Mail Ado	dress 2.COM		
COMMITTEE'S WEB PAGE A	DDRESS (URL)			
2. DATE 02	28 / Y Y Y Y 2023			
3. FEC IDENTIFICATION N	NUMBER ► C co	00751701		
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 co	omplete.
Type or Print Name of Treasu	rer Krason, Patrick, , ,			
Signature of Treasurer	son, Patrick, , ,	[Electronically Filed]	Date 03	D D / Y Y Y Y 02 / 2023
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMAT	may subject the person signing the figure of		nalties of 52 U.S.C. §30109.
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100	n F	EC FORM 1 Revised 06/2012)

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5.	TYPE OF COMMITTEE:												
	Candidate 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												
	Candidate Office Senate X President	State											
	Party Affiliation BDY Sought: House Senate * President	District											
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.												
	Name of Candidate												
	Party Committee: (National, State or subordinate) committee of the (Democrative) (d) This committee is a Image: or subordinate or subordinate) committee of the (Democrative)	tic, n, etc.) Party											
	Political Action Committee (PAC):												
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:											
	Corporation Corporation w/o Capital Stock Labor	Organization											
	Membership Organization Trade Association Coope	rative											
	In addition, this committee is a Lobbyist/Registrant PAC.												
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregat committee. (i.e., nonconnected committee)	ted 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).												

(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.

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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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
 2.

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Write or Type Committee Name

Kanye 2020

6.	Name of Any Conr NONE	nected	Orga	nizatior	, Aff	iliate	ed C	om	mit	tee,	J	oint	F	und	rais	ing	Re	pre	ser	ntat	ive	, o	r Lo	ead	lers	ship	D P	AC	Sp	on	sor	
]
	Mailing Address																															
								CIT	Ύ										ST	ΑΤΕ						ZI	ΡC		DE			
	Relationship:	onnect	ed Org	ganizatio	n	Aff	iliate	d O	rgai	niza	tior	n		Jo	int I	=unc	Irais	ing	Re	pres	sent	tativ	/e	l		Lea	ader	ship	ρP/	٩C	Spo	nso

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

Krason,	, Patrick, , ,							
Full Name								
Mailing Address	312 W 2nd St							
	Unit A1185							
	Casper	WY	82601					
		STATE 🔺	ZIP CODE					
Title or Position ▼								
Treasurer		Telephone number						

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	Krason, Patrick, , ,									
of Treasurer										
Mailing Address	1312 W 2nd St									
	Unit A1185									
	Casper WY82601									
	CITY ▲ STATE ▲ ZIP CODE ▲									
Title or Position ▼										
	Image:									

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Full Name of Designated Agent	1													1											1	
Mailing Address																										
						Cľ	TΥ							:	STA	ΤE				ZI	ΡC		Œ			
Title or Position ▼																										
										Tele	əph	one	e n	umł	ber				- [_							

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.

	First Bank of Wyoming		
Mailing Address	1426 Sheridan Ave		
	Cody	WY 824'	14
	CITY A	STATE ▲	ZIP CODE
Name of Bank, I	Depository, etc.		
Mailing Address			
	CITY A	STATE A	ZIP CODE ▲