## FORM 1

**FEC** 

## STATEMENT OF **ORGANIZATION**

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2019 APR 26 AM 9: 05

			Office Use Only
NAME OF     COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
Ajay Sopd <sub>T</sub> Presidential Cand	iidate <sub>i</sub> 2020 <sub>                                  </sub>		
ADDRESS (number and street)	6316 Alden St		
☐			
	Shawnee		KS 66216
COMMITTEE'S E-MAIL ADDRE	:SS		
☐	ajappel123@yahoo.com		
	Optional Second E-Mail Add	lress	
	,		
COMMITTEE'S WEB PAGE AD  (Check if address			
is changed)	NA I I I I I I I		
2. DATE 04 15	2019		
3. FEC IDENTIFICATION N	имвег ▶ С σ	0674580	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined the	his Statement and to the best	of my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasure	er Ajay Sood		
Signature of Treasurer	Agoy So. A		Date 04 15 2019
NOTE: Submission of false, erron		may subject the person signing the ION SHOULD BE REPORTED W	nis Statement to the penalties of 52 U.S.C. §30109.
Office Use Only	·	For further information co Federal Election Commissio Toll Free 800-424-9530	ontact: FFC FORM 1

F	EC Fo	rm 1 (Revised 02/2009)	Page <b>2</b>
		OMMITTEE	
Can	_	e 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. (Corinformation below.)	nplete the candidate
Name Cand		Ajay Sopd	<u> </u>
Cand Party	idate Affiliati	on Office Sought: House Senate President	State
(c)	$\times$	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	-		
Part	y Con	nmittee:	(Damagratic
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction 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.	
<b>(f)</b>		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.)	
Join	t Fund	Iraising 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
	Com	mittees Participating in Joint Fundraiser	
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١٠,	' 1.		
	2.	FEC ID number	
	3.	FEC ID number C	
	4.	FEC ID number	

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FEC Form 1 (Re	evised 02/2009)	Page 3
Write or Type Committee	ee Name	
Ajay Sood-Presidenti	tial Candidate 2016	
6. Name of Any Conne	ected Organization, Affiliated Committee, Joint Fundralsing Representative, or	Leadership PAC Sponsor
1841   1   1   1   1   1   1   1   1   1		
[None		
Mailing Address		
	CITY STATE	ZIP CODE
		<b>—</b>
Relationship: Cor	onnected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
<ol> <li>Custodian of Records books and records.</li> </ol>	ds: Identify by name, address (phone number optional) and position of the pers	son in possession of committee
books and records.		
Full Name Ajay	ay Sopd	
Mailing Address	6316 <sub> </sub> Alden St	
	Sḥawnee	66216
	Shawnee Ks Ks	00210
Title or Position	CITY STATE	ZIP CODE
Chairman I I I	Telephone number   91,3	,  _ 268
	Telephone number [91,3	
	ame and address (phone number optional) of the treasurer of the committee; art (e.g., assistant treasurer).	nd the name and address of
Full Name		
of Treasurer Ajay	ay Sopd	
Mailing Address	6316,Alden	
		<u> </u>
	Shawnee	66216
	CITY STATE	ZIP CODE
Title or Position	1 1040	1 1269   12699
Treasurer	Telephone number [91,3]	_ 268 3608

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	Optional Supplemental Information
EC Form 1S (Revised 02/2017)	for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h). <b>Joint</b>	Fundraising Participant:			
1. [NA ] 2. [ ] ] 3. [ ] ] 4. [ ] ]			FEC ID number  FEC ID number  FEC ID number  FEC ID number	
6. Name of Any	Connected Organization,	Affiliated Committee, Joint	Fundraising Representative	, or Leadership PAC Sponsor
Na			<del>                                      </del>	
Na			<del></del>	
Mailing A	ddress			
			1 1 1 1 1 1 1 1	
Relations	hip:	CITY A	STATE ▲	ZIP CODE ▲
	Connected Organization	Affiliated Committee	oint Fundraising Representa	tiveLeadership PAC Sponsor
8. Designated Ag	jent: Identify by name, add	ress (phone number – option	al)	
Full Name	[Na			
Mailing Add	dress Na		1111111	
	Na	11111111	<u> </u>	<u>1                                </u>
	<sub>l</sub> Na		ı ı ı ı   Na ı	Na
TITLE OR	POSITION ▼	CITY A	STATE ▲	ZIP CODE ▲
Na	1111111		Telephone Number	Na Na Na
	er <b>Depositories:</b> List all ba boxes or maintains funds.	nks or other depositories in v	which the committee deposits	funds, holds accounts, rents
Name of Bank, Depository, etc	11(1)		<del>                                     </del>	
Mailing	Address Na			
	<sub>[</sub> Na <sub>     </sub>		<u> </u>	
	Na		Na j	[Na  Na
ı		CITY A	STATE ▲	ZIP CODE ▲

FEDERAL ELECTION COMM

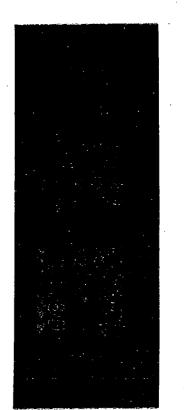
1050 FIRST ST NE

WASHINGTON

20463

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(3/2015)	DATE PREPARED		