FEC

STATEMENT OF ORGANIZATION

PAGE 1 / 5

FORM 1												
			2		1 16			0	fice Use	Only		
 NAME OF COMMITTEE (in 	full)	,	Check if name changed)		imple:If typing, ty r the lines.	ype	12FE4	łм5				
National Cor	nmittee	to Dra	aft Opra	h Winfr	ey for Pres	siden	t of th	e Uni	ted S	State:	s 20	20
ADDRESS (number a	nd street)	1300 Pen	nsylvania Avei	nue, NW								
(Check if a is changed		Suite 700										
	,	Washingt CI	ton 				DC STATE A	200			DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	S										
(Check if a is changed		official@	yessheca	n.democra	t							
Ū	,	Optional treas@	Second E-Ma yessheca	il Address In democ	rat , , , ,							
COMMITTEE'S WEB (Check if a is changed	address	,	RL) v.yesshecan.d	emocrat								
2. DATE 0		/ Y	2018									
3. FEC IDENTIFIC	CATION NUM	MBER ▶	C	C006666	10							
4. IS THIS STATEN	MENT	NEW	(N) OI	R ×	AMENDED	(A)						
I certify that I have e	examined this	Statemer	nt and to the	best of my	knowledge and b	pelief it is	s true, co	rrect and	comple	te.		
Type or Print Name o	of Treasurer	Flynn, Co	ormac, , ,									
Signature of Treasure	er <i>Flynn</i> , (Cormac, , ,			[Electronically Fil	led] [Date	M M M /	06] / [Y	2018	Y
NOTE: Submission of					bject the person s				penalties	of 2 U	.S.C. §4	137g.
Office Use					For further inform Federal Election C Toll Free 800-424-	ommission				FORI ed 06/20		

Local 202-694-1100

FF0 =	4 (Davided 00/0000)	D 0
	orm 1 (Revised 02/2009) COMMITTEE	Page 2
	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. (Compinformation below.)	plete the candidate
Name of Candidate		
Candidate Party Affiliat	ion Office Sought: House Senate President	State District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor		_
(d)		Democratic, Republican, etc.) Party
Political A	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is
	Corporation Corporation w/o Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated 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 Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
Com	nmittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.		

FEC Form 1 (Revise	ed 02/2009)		Page 3
Write or Type Committee Na	ame		
National Commit	tee to Draft Oprah Winfrey f	or President of the l	Jnited States 2020
	d Organization, Affiliated Committee, Joint		
NONE			
	<u> </u>	<u> </u>	
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: I books and records. 	dentify by name, address (phone number o	ptional) and position of the perso	on in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
3. Treasurer: List the name any designated agent (e.c.	and address (phone number optional) of th g., assistant treasurer).	e treasurer of the committee; an	d the name and address of
	Cormac, , ,		1
of Treasurer	1300 Pennsylvania Avenue, NW		
Mailing Address			
	Suite 800		20004
	Washington		20004
Title or Position , Treasurer	CITY	STATE .	ZIP CODE
		Telephone number	

FEC Form	1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit box Name of Bank, De	Depositories: List all banks or other depositories in which the committee deposits funds, holdes or maintains funds. epository, etc.	as associates, rontes
safety deposit box Name of Bank, De	es or maintains funds.	
safety deposit box Name of Bank, De	wes or maintains funds. epository, etc. Wells Fargo & Company	
safety deposit box Name of Bank, De	Wells Fargo & Company 374 Avenue of the Americas	ZIP CODE
safety deposit box Name of Bank, De	Wells Fargo & Company 374 Avenue of the Americas New York CITY STATE	
safety deposit box Name of Bank, De Mailing Address	Wells Fargo & Company 374 Avenue of the Americas New York CITY STATE	
safety deposit box Name of Bank, De Mailing Address	Wells Fargo & Company 374 Avenue of the Americas New York CITY STATE	
safety deposit box Name of Bank, De Mailing Address	Wells Fargo & Company 374 Avenue of the Americas New York CITY STATE	
Safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Wells Fargo & Company 374 Avenue of the Americas New York CITY STATE	
Safety deposit box Name of Bank, De Mailing Address Name of Bank, De	Wells Fargo & Company 374 Avenue of the Americas New York CITY STATE	

: 97 A = G7 9 @ G5 B9 CI G H9 L H F 9 @ 5 H9 8 HC 5 F 9 DC F H Z G7 < 98 I @ C F → H9 A = N5 H = C B

Form/Schedule: F1A Transaction ID:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Form/Schedule: Transaction ID: