Only

## STATEMENT OF

PAGE 1 / 5 =

FORM 1		OF	RGAN	IZAT	101	1						Offic	ce Use	e Onlv			
1. NAME OF COMMITTEE (in	n full)		heck if name changed)		xample over the	e:If typii e lines.	ng, typ	e	12	FE4	1M5	-		]			
Kanye 2020																	
ADDRESS (number a	nd street)	312 W 2nd	Street														
X ◀ (Check if a is changed		# 5342															
is changed	<i>1</i> )	Casper	Y <b>A</b>						L <sup>W</sup> STA	Y ATE 4		8260	)1	ZIP	CODI	L L	
COMMITTEE'S E-MA	AIL ADDRE	SS															
X ◀ (Check if a is changed		kanye202	0@feccr.con	n 													
		Optional S	econd E-Ma	il Address	;												
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (URL															
2. DATE 03	M / D 3		024														
3. FEC IDENTIFIC	CATION NU	JMBER ▶	C	C0075	1701												
4. IS THIS STATEM	MENT	NEW (I	N) OI	R	×	AMEN	DED (	A)									
certify that I have e	examined th	is Statement	and to the	best of m	ny knov	vledge a	and be	lief it	is tru	e, co	rrect	and (	comp	lete.			
Type or Print Name	of Treasure	Denn, Ste	lla, , ,														
Signature of Treasure	er Denn	, Stella, , ,						-	Date		03	1	13	D /	Y	2024	Y
NOTE: Submission of	false, errone		nplete informa										enalti	es of	52 U.	S.C.	§30109
Office Use					Fed	further leral Elec	tion Con	nmissic				ı			) <b>RM</b> 06/2012		— ,

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page <b>2</b>							
	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 West, Kanye, , ,									
	Candidate Party Affiliation IND Sought: House Senate X President	State							
	(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 Republican, et	c.) Party							
	Political Action Committee (PAC):								
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization									
	Corporation Corporation w/o Capital Stock Labor Orga	anization							
	Membership Organization Trade Association Cooperative	е							
	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 f committee. (i.e., nonconnected committee)	und 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).								
	In addition, this committee is a Lobbyist/Registrant 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.								
	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									
	1								

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
W	/rite or Type Committee Name	· · · · · · · · · · · · · · · · · · ·	9
	Kanye 2020		
6.	•	rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	NONE		
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	fy by name, address (phone number optional) and position of the person in pos	session of committee
	Hayes, Dea	anna	
	Full Name		
	Mailing Address	312 W 2nd Street	
		# 5342	
		Casper	601 
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Denn, Stell	a, , ,	
	of Treasurer	212 W 2nd Street	
	Mailing Address	312 W 2nd Street	
		# 5342	
		Casper WY 826	601
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	- 672 - 5814

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent Mailing Address	Hayes, Deanna, , , , 312 W 2nd Street # 5342 Casper WY	82601
Title or Desition	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position   Assistant Treasur		
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits function was or maintains funds.	ds, holds accounts, rents
Name of Bank, D	pepository, etc.	
Mailing Address	Capital Bank  10700 Parkridge Blvd  Suite 180  Reston	20191
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	pepository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

These amendments are for 2020 administrative purposes only; not participating in any future election

Form/Schedule: Transaction ID: