

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

MemeAmerica PAC (MemeAmerica)

ADDRESS (number and street)

P.O. Box 459

☐ (Check if address is changed)

Newport

CITY ▲

RI

STATE ▲

02840

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

ryan@meme2020.com

Optional Second E-Mail Address

lisa.tignor@dlapiper.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

2. DATE

MM / DD / YYYY
07 / 29 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00753350

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 complete.

Type or Print Name of Treasurer Purzycki, Michael, , ,

Signature of Treasurer Purzycki, Michael, , ,

[Electronically Filed]









Date

MM / DD / YYYY
07 / 29 / 2020

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

1.  FEC ID number **C** 
2.  FEC ID number **C** 
3.  FEC ID number **C** 
4.  FEC ID number **C** 

Write or Type Committee Name

MemeAmerica PAC (MemeAmerica)**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Kelley, Ryan, , ,

Mailing Address

P.O. Box 459

Newport

RI

02840

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

212

420

7480

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
of Treasurer

Purzycki, Michael, , ,

Mailing Address

P.O. Box 459

Newport

RI

02840

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

212

420

7480

Full Name of
Designated
Agent

Kelley, Ryan, , ,

Mailing Address

P.O. Box 459

Newport

CITY

RI

STATE

02840

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

212

420

7480

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.

Chase Bank

Mailing Address

146 Westminster Street

Providence

CITY

RI

STATE

02903

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F1N

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: