Image# 202007049244305456										

07/04/2020 18 : 28

I

PAGE 1 / 5 -----

1

FEC FORM 1		STATEN ORGAN							
1. NAME OF		(Check if nam	ne Exai	mple: If typing	type	1000 414	Office U	se Only	
COMMITTEE (in	full)	is changed)		the lines.	, type	12FE4M	15		
MADAM FC		IERICA					1 1 1		1
		TWO PERSHING SQU	JARE						
ADDRESS (number an (Check if a	address	2300 MAIN STREET, S	SUITE 900				1		
is changed	1)	KANSAS CITY				MO	64108		
						L STATE ▲		ZIP C	
COMMITTEE'S E-MA		SS							
(Check if a is changed		dorothy@madamp	oac.org					1 1 1	1
is changed	,	Optional Second E-M	ail Address						
COMMITTEE'S WEB	address	DRESS (URL)							· · · · · ·
2. DATE		D / Y Y Y Y 2020							
3. FEC IDENTIFIC	CATION NU	IMBER ►	C C0075055	4					
4. IS THIS STATEN	IENT	NEW (N)	R ×	AMEND	ED (A)				
I certify that I have e	examined th	is Statement and to the	e best of my k	nowledge and	d belief it is	s true, corre	ct and com	plete.	
Type or Print Name of	of Treasurer	MCCLENDON, DORC)THY, L., ,						
Signature of Treasure	er <u>MCCI</u>	LENDON, DOROTHY, L., ,		[Electronically	Filed]	Date	D7 (D /	y y y y 2020
NOTE: Submission of		ous, or incomplete inforn ANY CHANGE IN INFO						Ities of 2	U.S.C. §437g.
Office Use Only				For further info Federal Election Toll Free 800-42 Local 202-694-	n Commissior 24-9530			C FOF	

	-
FEC Form 1 (Revised 02/2009)	Page 2
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information belo	w.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	omplete the candidate
Name of Candidate	
Candidate Office Sought: House Senate President	State District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate I	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Pa
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its (connected organization i
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	·
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or pa
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, at least one of which is an authorized committee of a federal candidates and the second	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Committees Participating in Joint Fundraiser	
1 FEC ID number C	
2. FEC ID number	
3 FEC ID number C	
4 FEC ID number C	

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

MADAM FOR AMERICA

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

	Mailing Address			
		CITY	STATE	ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identibooks and records.	tify by name, address (phone number c	ptional) and position of the person in	n possession of committee
	Full Name			
	Mailing Address			
	Title or Position	CITY	STATE	ZIP CODE
			Telephone number	- [
8.	Treasurer: List the name and any designated agent (e.g., a	l address (phone number optional) of th ssistant treasurer).	e treasurer of the committee; and th	e name and address of
	Full Name MCCLEND of Treasurer I	ON, DOROTHY, L., ,		
	Mailing Address			
		2300 MAIN STREET, SUITE 900		
		KANSAS CITY	STATE	
1	Title or Position Treasurer		Telephone number	- 237 - 8574

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent										I	I																					
Mailing Address																																
																									L							
CITY														STA	ΤE					ZII	PC	COD	Ε									
Title or Position																																
																Tele	eph	ione	e ni	umt	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.
---------------	-------------	------

U.S. B/	ANK		
Mailing Address	9063 EAST GREGORY BOULEVARD		
	RAYTOWN	MO 64133	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

The 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: