Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. MPIANA WITH USC 4 USA FOR US SENATE P.O. BOX 17286 ADDRESS (number and street) (Check if address is changed) SEATTLE 98127 WA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS USC4USA@GMAIL.COM (Check if address is changed) Optional Second E-Mail Address TMPIANA@YAHOO.FR COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2020 C00770727 FEC IDENTIFICATION NUMBER > 3. X 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. KANDOLO, DIVINE, KAPINGA, MISS, Type or Print Name of Treasurer KANDOLO, DIVINE, KAPINGA, MISS, [Electronically Filed] 03 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE 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. (Cominformation below.)	nplete the candidate
Nam Cand	e of didate	MPIANA, MFUMU, METAMORPHOSIS, REV,	
	didate / Affiliati	on UN Office Sought: House X Senate President	State WA District 00
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	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 so 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 Func	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee	Name		
MPIANA WIT	TH USC 4 USA FOR	US SENATE	
6. Name of Any Connec	ted Organization, Affiliated Committee,	Joint Fundraising Representat	ive, or Leadership PAC Sponsor
NONE			
Mailing Address			
	CITY	STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committe	e Joint Fundraising Repres	entative Leadership PAC Sponsor
 Custodian of Records books and records. 	: Identify by name, address (phone number	er optional) and position of th	e person in possession of committee
Full Name			
Mailing Address			
Title or Position	CITY	STATE	ZIP CODE
		Telephone number	
8. Treasurer: List the nam any designated agent (e	ne and address (phone number optional) e.g., assistant treasurer).) of the treasurer of the commit	tee; and the name and address of
Full Name KANI of Treasurer	DOLO, DIVINE, KAPINGA, MISS,		
Mailing Address	P.O. BOX 17286		
	SEATTLE	WA	98127
Title or Position	CITY	STATE	ZIP CODE
Treasurer		Telephone number	646 704 7036

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Full Name of Designated Agent CU	JMMINGS, RODERICK, LLEWLLYN, ,	
Mailing Address	P.O. BOX 17286	
	SEATTLE WA 9 CITY STATE	8127
Title or Position DESIGNATED AGEN	NT 719 Telephone number	_ 644 8298
Banks or Other Dep	positories: List all banks or other depositories in which the committee deposits funda-	s, holds accounts, rents
safety deposit boxes	or maintains funds.	
safety deposit boxes Name of Bank, Depos		
Name of Bank, Depor		
Name of Bank, Depor	ository, etc.	
Name of Bank, Depos	EY BANK	
Name of Bank, Depos	EY BANK 1536 NW MARKET ST.	8127
Name of Bank, Depos	EY BANK 1536 NW MARKET ST.	8127 ZIP CODE
Name of Bank, Depos	SEATTLE CITY STATE	
Name of Bank, Deposition Mailing Address	SEATTLE CITY STATE	
Name of Bank, Deposition Mailing Address	SEATTLE WA 9 CITY STATE	
Mailing Address Name of Bank, Depoi	SEATTLE WA 9 CITY STATE	
Mailing Address Name of Bank, Depoi	SEATTLE WA 9 CITY STATE	