FEC FORM 1	STATEMEN ORGANIZA		PAGE 1 / 4
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5
Dr. Gena Ross f	or US Senate Ca	ndidate 2022	
ADDRESS (number and street)	13759 Post Oak Lane		
(Check if address is changed)	PLATTE CITY		MO 64079   STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS		
<ul><li>(Check if address is changed)</li></ul>	drgenalross@gmail.com	n 	
	Optional Second E-Mail Add		
COMMITTEE'S WEB PAGE AI	DDRESS (URL)		
	D / Y Y Y Y 2021		
3. FEC IDENTIFICATION N	IUMBER ► C cc	0772277	
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 Treasur	er Green, Wanda, , Mrs, MBA		
Signature of Treasurer	en, Wanda, , Mrs, MBA	[Electronically Filed]	Date 12 / D D / Y Y Y Y 08 / 2021
NOTE: Submission of false, error		nay subject the person signing to DN SHOULD BE REPORTED W	his Statement to the penalties of 2 U.S.C. §437g. ITHIN 10 DAYS.
Office Use Only		For further information cc Federal Election Commissic Toll Free 800-424-9530 Local 202-694-1100	

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	FI	EC Fo	rm 1 (Revised 02/2009) Page 2
. 1	YPE	OF C	OMMITTEE
(	Canc	lidate	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. (Complete the candidate information below.)
	Name Candio		Ross, Gena, , Dr., PhD
	Candia Party	date Affiliatio	on DEM Office Sought: House K Senate President District 00
(	c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name Candio		
I	Party	/ Con	mittee:
(	d)		This committee is a   (National, State or subordinate) committee of the   (Democratic, Republican, etc.) Party.
F	Politi	ical A	ction Committee (PAC):
(	e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
			Corporation Corporation w/o 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 segregated fund or party committee. (i.e., nonconnected committee)
			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
J	oint	Fund	raising Representative:
(9	<b>J</b> )		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.
(h	)		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.
		Com	mittees Participating in Joint Fundraiser
		1.	
		2.	FEC ID number
		3.	FEC ID number
		4.	

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FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Dr. Gena Ross for US Senate Candidate 2022

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

NON	NE 																																						
Ma	ailing Address																																						
																														L			_ <u> </u>			-L			
														CI	ΤY											S	TAT	E					Z	IP	СО	DE			
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		G	reei	n, V	Nai	nda	a, ,	Mr	s, N	ЛВA	4																												

Full Name	
Mailing Address	5920 NE Hidden Valley
	Lees Summit     MO     64064
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 816 820 5015

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	Green, Wanda, , Mrs, MBA					
Mailing Address	5920 NE Hidden Valley					
	Lees Summit			MO	64064	
	C	ITY		STATE	ZIP	CODE
Title or Position		<u> </u>	Telephone num	ber 81	6 820	5015

Full Name of Designated Agent	Moals, Ann, L, Ms, 64079
Mailing Address	13759 Post Oak Lane
	Platte City
	CITY STATE ZIP CODE
Title or Position	t Telephone number

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.

Comr	nunity America Credit Union	
Mailing Address	9060 NW Skyview	
	Kansas City	MO 64154 -
	CITY	STATE ZIP CODE
Name of Bank, Depository	, etc.	
Mailing Address		
	CITY	STATE ZIP CODE