PAGE 1 / 4

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. McKayla Wilkes for Congress PO Box 270 ADDRESS (number and street) (Check if address is changed) Riverdale 20738 MD CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS info@mckayla2020.com (Check if address is changed) Optional Second E-Mail Address jenniferL@morganmeredith.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.mckayla2020.com (Check if address is changed) DATE 06 2019 C00698563 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. Ward, Christopher, D,, Type or Print Name of Treasurer Ward, Christopher, D,, [Electronically Filed] 07 02 2020 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 Only

Local 202-694-1100

	FEC Fo	orm 1 (Revised 02/2009) Page 2	
		COMMITTEE 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. (Complete the candid information below.) Wilkes, Mckayla, , ,	ate
Cano	didate didate / Affiliatio	Office State	MD 05
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	mmittee:	
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.)) Party.
Poli	tical A	Action Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	tion is a:
		Corporation Corporation w/o Capital Stock Labor Organization	ation
		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 o committee. (i.e., nonconnected committee)	r 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 Fund	draising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate.	al
(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.	al
	Com	nmittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revis	sed 02/2009)	Page 3
Write or Type Committee N	Name	-
McKayla Wilk	kes for Congress	
	ted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the person	n in possession of committee
	o, Jennifer, , ,	
Full Name	22780 Indian Creek Drive, STE 100	
Mailing Address		
	Dulles VA 2	0166
Title or Position	CITY STATE	ZIP CODE
Custodian of Records	Telephone number	_ 467 _ 9341
Treasurer: List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee; andg., assistant treasurer).	the name and address of
Full Name Ward, of Treasurer	Christopher, D, ,	
Mailing Address	1341 Lombard Street Apt 3	
	Philadelphia	9147
Title or Position	CITY STATE	ZIP CODE
Treasurer	215 Telephone number	_ 749 _ 2815

FEC Form 1 (Re	tevised 02/2009)	Page 4
Full Name of Designated Agent Wilke	es, McKayla, , ,	
Mailing Address	4790 Kittiwake Court	
	Waldorf MD 2060	03 ZIP CODE
Title or Position Designated Agent	Telephone number 202 –	- 534 - 6199
	sitories: List all banks or other depositories in which the committee deposits funds, he maintains funds	noids accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds.	indus accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. C Bank	Illoids accounts, rents
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. C Bank	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. C Bank 3135 Crain Highway	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc. C Bank 3135 Crain Highway Waldorf CITY STATE	03
safety deposit boxes or Name of Bank, Deposit PN Mailing Address	r maintains funds. itory, etc. C Bank 3135 Crain Highway Waldorf CITY STATE	03
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safety deposit boxes or Name of Bank, Deposit PN Mailing Address Name of Bank, Deposit Lambda Lamb	r maintains funds. itory, etc. C Bank 3135 Crain Highway Waldorf CITY STATE	03