



Office of the Secretary
 JUL 30 2019

Statement of Committee Organization

1. Statement Information

Date: JULY 25, 2019
 Type: New Amended (if amending, enter MEC ID C190921 & section changed _____)

2. Committee Information

MADAM FOR AMERICA
 Name of Committee
TWO PERSHING SQUARE 2300 MAIN STREET, SUITE 900 KANSAS CITY, MISSOURI 64108
 Committee Mailing Address, City, State, & Zip
(816) 237-8574
 Telephone Number
JCEB
 County Clerk or Board of Election Commissioners
 Committee Type: Campaign Candidate Continuing (PAC) Debt Service Exploratory Political Party

3. Treasurer/Deputy Treasurer Information

DOROTHY L. MCCLENDON
 Treasurer's Name (First & Last)
P.O. BOX 9426 RAYTOWN, MISSOURI 64133
 Treasurer's Mailing Address, City, State, & Zip
CEE CEE COLE
 Deputy Treasurer's Name (if one appointed)
P.O. BOX 9426 RAYTOWN, MISSOURI 64133
 Deputy Treasurer's Mailing Address, City, State, & Zip
 Treasurer's Email Address (optional) _____
 Treasurer's Home Telephone Number () Treasurer's Work Telephone Number (816) 353-4268
 Deputy Treasurer's Email Address (optional) _____
 Dep. Treasurer's Home Telephone Number () Dep. Treasurer's Work Telephone Number (816) 353-4268

4. Additional Committee Information

Additional Committee Officer's Name & Title (if any) _____
 Additional Committee Officer's Mailing Address, City, State, & Zip _____
 Connected Organization's Name (if any) _____
 Connected Organization's Mailing Address, City, State, & Zip _____

CANDIDATES: Do you have more than one candidate committee? Yes (refer to instructions on back) No

5. Official Bank Account Information (required by all committees)

U.S. BANK 9063 E, GREGORY BOULEVARD RAYTOWN, MISSOURI 64133
 Name & Mailing Address, City, State, & Zip of Financial Institution
MADAM FOR AMERICA 145574526672
 Account Name Account Number

6. Candidate Supported or Opposed (candidate committees must include self, if candidate)

Name & Mailing Address, City, State & Zip of Candidate _____
 Telephone Number (Candidate Committees Only) () ()
 Election Date _____ Office Sought & Political Subdivision _____ Political Party _____ Support or Oppose _____

7. Ballot Measure Supported or Opposed (campaign committees must complete this section)

Name of Ballot Measure _____ Election Date & Political Subdivision _____ Support or Oppose _____

8. Signature(s) Check certification(s) & sign (required by all committees)

I affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I further acknowledge that I am aware that any false statement or declaration made herein is punishable under Ch. 575 RSMo.
[Signature]
 Committee Treasurer Candidate (Candidate Committees Only)