| Imago# | 202005250220404022 | |
|--------|--------------------|--|
| image# | 202005259239494033 | |

05/25/2020 12 : 56

| Image# 202005259239 | 494033 | | | | PAGE 1 / 4 |
|--|-----------------|-------------------------------|--|------------------|----------------------------------|
| FEC FORM 1 | | STATEMEI ORGANIZ | - | | Office Use Only |
| 1. NAME OF COMMITTEE (in | full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| Sarenasloo | | | | | |
| | | | | | |
| ADDRESS (number an | nd street) | 5810 west 38th Court | | | |
| (Check if a is changed | ddress) | | | | |
| | | Kennewick | | UWA STATE ▲ | 99338 |
| COMMITTEE'S E-MA | IL ADDRES | S | | | |
| (Check if a is changed | ddress | lilylangtree@yahoo.com | m | | |
| | 1 | Optional Second E-Mail Ad | | | |
| COMMITTEE'S WEB (Check if a is changed | ddress | DRESS (URL) | | | |
| 2. DATE 05 | | D / Y Y Y Y 2020 | | | |
| 3. FEC IDENTIFIC | ATION NU | MBER ► C C | :00747006 | | |
| 4. IS THIS STATEM | IENT X | NEW (N) OR | AMENDED (A) | | |
| I certify that I have e | xamined thi | s Statement and to the best | of my knowledge and belief it | is true, correct | and complete. |
| Type or Print Name c | of Treasurer | Benjamin, Charlotte, , , | | | |
| Signature of Treasure | r <i>Benjan</i> | nin, Charlotte, , , | [Electronically Filed] | Date 05 | / D D / Y Y Y Y 25 2020 |
| NOTE: Submission of f | | | may subject the person signing to ION SHOULD BE REPORTED W | | the penalties of 2 U.S.C. §437g. |
| Office Use Only | | | For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100 | | FEC FORM 1 (Revised 06/2012) |

| | | | - |
|-------------|----------------------|---|-------------------------|
| | FEC Fo | orm 1 (Revised 02/2009) | Page 2 |
| | | COMMITTEE | |
| Can | 1.000 | te 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 information below.) | e candidate |
| Nam Cano | ne of didate | Sloot, Sarena, Laree, , | |
| | didate y Affiliat | | tte W |
| (C) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cano | ie of didate | | |
| Par | ty Cor | mmittee: | |
| (d) | | This committee is a (National, State or subordinate) committee of the (Democ Republic | ratic, can, etc.) Pa |
| Poli | itical A | Action Committee (PAC): | |
| (e) | | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected or | organization i |
| | | Corporation Corporation w/o Capital Stock Labor | Organization |
| | | Membership Organization Trade Association Coope | erative |
| | | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | d 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.) | |
| Join | nt Fund | draising Representative: | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate. | ore political |
| (h) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate. | re political |
| | Corr | nmittees Participating in Joint Fundraiser | |
| | 1. | FEC ID number | |
| | 2. | FEC ID number | |
| | 3. | FEC ID number | |
| | 4. | FEC ID number | |
| | | | |

I

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

Sarenasloot2020

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

| N | | | |
|----|---|--|--|
| | | | |
| | Mailing Address | | |
| | | | |
| | | | |
| | | CITY | STATE ZIP CODE |
| | Relationship: Connected | Organization Affiliated Committee Joint Fundraising I | Representative Leadership PAC Sponsor |
| 7. | Custodian of Records: Iden books and records. | ify by name, address (phone number optional) and positio | n of the person in possession of committee |
| | Benjamin, | Charlotte, , , | |
| | Full Name | | |
| | Mailing Address | 10024 east Holman Rd | |
| | | | |
| | | Spokane Valley | WA 99206 |

| Mailing Address | 10024 east Holman Rd | | |
|-------------------|----------------------|------------------|----------|
| | | | |
| | Spokane Valley | WA | 99206 |
| Title or Position | CITY | STATE | ZIP CODE |
| | | Telephone number | |

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 | Benjamin, Charlotte, , , | |
|---------------------------|--------------------------|----------|
| Mailing Address | 10024 east Holman Rd | |
| | | |
| | Spokane Valley | |
| | CITY STATE | ZIP CODE |
| Title or Position | | |
| | Telephone number | |

FEC Form 1 (Revised 02/2009)

| Full Name of Designated Agent | | | 1 | | | | | | | | | | | | | | | 1 | | | | 1 | | | | | |
|-------------------------------------|--|--|---|--|--|--|----|----|--|--|-----|-----|------|-----|----|-----|-----|---|---|--|----|----|--|----|--|--|--|
| Mailing Address | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | | | | | L | | | | | | | | |
| | | | | | | | CI | TΥ | | | | | | | | ST | ATE | 2 | | | ΖI | ΡC | | ЭE | | | |
| Title or Position | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | Tel | eph | ione | e n | um | 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.

| Gesa | | |
|---------------------------|--------------------|----------------|
| Mailing Address | 51 Gage Blvd | |
| | | |
| | Richland, WA 99352 | WA 99352 |
| | CITY | STATE ZIP CODE |
| Name of Bank, Depository, | etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY | STATE ZIP CODE |