Image# 202107079450988092				07/07/2021 09:41
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 4 —
			Of	fice Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Sara Walsh for (
ADDRESS (number and street)	PO Box 14			
(Check if address is changed)				
lo onangou)	Ashland		MO 650	10 -
	CITY A		STATE A	ZIP CODE A
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	jbloodgood@williamsk	eepers.com		
le changed)	Optional Second E-Mail Ad	dress		
	sara@saraformissou	iri.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	www.saraformissouri.com			
	07 ^Y Y Y Y Y 2021			
3. FEC IDENTIFICATION I	NUMBER ► C C	00783928		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
certify that I have examined	this Statement and to the best	of my knowledge and belief i	t is true, correct and	complete.
		-		
Type or Print Name of Treasu	rer Mendenhall, Tom, , ,			
Signature of Treasurer Me	ndenhall, Tom, , ,	[Electronically Filed]	Date 07	07 / Y Y Y Y 2021
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing ON SHOULD BE REPORTED V		penalties of 2 U.S.C. §437g.
Office Use Only		For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

07/07/2021 09 : 41

L

	FEC Fo	rm 1 (Revised 02/2009) Page 2
TYF	PE OF C	OMMITTEE
Ca	ndidate	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 candidate information below.)
	me of ndidate	Walsh, Sara, , ,
	ndidate ty Affiliati	on REP Office Sought: X House Senate President District 04
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	me of ndidate	
Pa	rty Con	nmittee:
(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
Ро	litical 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.)
Joi	nt Func	Iraising Representative:
(g)		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.	

I

FEC Form 1 (Revised 02/2009)

Page 3

0933

573

Telephone number

777

_

Write or Type Committee Name

Treasurer

Sara Walsh for Congress

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

Mailing Address												
	CITY	STATE	ZIP CODE									
Relationship: Connecte	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor											
7. Custodian of Records: Ide books and records.	entify by name, address (phone number optic	onal) and position of the pers	on in possession of committee									
Mendenh	all, Tom, , ,											
Mailing Address	PO Box 69											
	Columbia	MO	65205									

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	Mendenhall, Tom, , ,
Mailing Address	PO Box 69
	Columbia
	CITY STATE ZIP CODE
Title or Position Treasurer	Telephone number 573 777 0933

FEC Form 1 (Revised 02/2009)

																							_
Full Name of Designated Agent				 																			
Mailing Address																							
					CI	TΥ								STA	ΛΤΕ			ZIF	D C	OD	Е		
Title or Position																							
									Tele	eph	one	e ni	umt	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.

Centra	I Bank		
Mailing Address	238 Madison St		
	Jefferson City	MO 65101	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE