Image# 202006189239963113				PAGE 1 / 4
FEC FORM 1	STATEMEN ORGANIZA	-	0#	
1. NAME OF	(Check if name	Example:If typing, type	12FE4M5	ce Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
	\			
ADDRESS (number and street)	P.O. Box 1587			
(Check if address	1			
is changed)	Lancaster		PA 1760	8 1 1 1
			L L STATE ▲	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address	info@sarahforus.com			1
is changed)				
	Optional Second E-Mail Add natalia@sarahforus.c	lress com		
				· · · · · · · · · · ·
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)			
is changedy	1			
2. DATE 03 / 1	D / Y Y Y Y 1 2020			
3. FEC IDENTIFICATION N		00721837		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct and o	complete.
		,		p
Type or Print Name of Treasure	Mack, Ken, , ,			
Signature of Treasurer	s, Ken, , ,	[Electronically Filed]	Date 06	18 / Y Y Y Y 2020
NOTE: Submission of false, erron		may subject the person signing t DN SHOULD BE REPORTED W		enalties 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		EC FORM 1 (Revised 06/2012)

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TYPE	E OF C	OMMITTEE		
Can	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. (Com information below.)	plete the candid	ate
Name Cand	e of didate	Hammond, Sarah, Elizabeth, ,		
	didate / Affiliati	on DEM Office Sought: X House Senate President	State	PA 11
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District	
Name	e of			
Cand	didate			
Parl	ty Con	nmittee:	(Demeentie	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.)) Party.
Poli	tical A	ction Committee (PAC):		
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nected organizat	tion is a:
		Corporation Corporation w/o Capital Stock	Labor Organiz	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 se committee. (i.e., nonconnected committee)	egregated fund o	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 Func	Iraising Representative:		
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	vo or more politic	al
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more politica	al
	Com	mittees Participating in Joint Fundraiser		
	1.	FEC ID number		
	2.	FEC ID number		
	3.	FEC ID number		
	4.	FEC ID number		

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Write or Type Committee Name

Hammond for PA

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

Mailing Address					
	CITY		STATE	ZIP CODE	
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Mack, Ken	• • •
Full Name	
Mailing Address	10 South Prince Street
	Apt 903
	Lancaster PA 17603
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	Mack, Ken, , ,	
Mailing Address	10 South Prince Street	
	Apt 903	
	Lancaster	
	CITY STATE ZIP CODE	
Title or Position		
	Telephone number 856 266 8336]

Full Name of Designated Agent	Justiniano-Njoroge, Natalia, , ,					
Mailing Address	656 Gentry					
	Lancaster		1	PA	17603	-
	C	TY		STATE	ZIP CC	DE
Title or Position	C	TY		STATE		DE

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.
---------------	-------------	------

Fulton	Bank		
Mailing Address	1 Penn Sqaure		
	Lancaster		17602
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE