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FEC FORM 1		STATEMEN ORGANIZA			PAG Office Use Only	E 1 / 5 —
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4MS	5	
Hammond4	House)				
		226 Jefcoat Lehr Rd				
ADDRESS (number a						
(Check if a is changed		PO BOX 143				
		Doddsville └ / / / / / / / / / / / / / / / / / / /		MS ⊥ STATE ▲		⊢ ⊢ ∣ DE▲
COMMITTEE'S E-MA	AL ADDRES	S				
(Check if a is changed		bchammond4house@g	mail.com			1
is changed	1)	Optional Second E-Mail Add	Iress			
(Check if a is changed		http://www.hammond4house.c	om 			· · · · ·
2. DATE 0	1 / D 1 22	0 / Y Y Y Y 2020				
3. FEC IDENTIFIC	CATION NU	MBER ► C co	0735886			
4. IS THIS STATEN	MENT X	NEW (N) OR	AMENDED (A)			
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	is true, correc	t and complete.	
Type or Print Name	of Treasurer	BRANNING, BELINDA, , ,				
Signature of Treasure	er BRANI	NING, BELINDA, , ,	[Electronically Filed]	Date 0'		y y y 2020
NOTE: Submission of			nay subject the person signing t DN SHOULD BE REPORTED W			S.C. §437g.
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM (Revised 06/201	

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	FE	EC Foi	rm 1 (Revised 02/2009)	Page 2
j.			COMMITTEE	
	Cand	100	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. (Comp information below.)	lete the candidate
	Name Candic		Hammond, B, C, Mr.,	
	Candic Party A		on REP Office Sought: K House Senate President	State MS District 02
	(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candid			
	Party	v Com	nmittee:	
	(d)			Democratic, lepublican, etc.) Party.
	Politi	cal A	ction Committee (PAC):	
	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	ected 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 seg committee. (i.e., nonconnected committee)	regated fund or party
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Fund	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.	o or more political
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
		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

Hammond4House

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

N																																						
	Mailing Address			L																																		
				L																																		
				L																															L			
												С	ITY											S	STA	TE					2	ZIF	, c	COE)E			
	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor													ısor																								
,	Custodian of Record	le I	dor	ntify	/ hv	ı na	m	2 2	hhe	ros	s (1	nhc	no	nı	ımh	or	(hnt	ion	al)	and	l nr	siti	on	of	tho	ne	rso	n ir	n n	ner	202	sir	<u>ו חר</u>	of	con	nmit	ttoo

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

BRANNING	BELINDA, , ,	
Full Name		
Mailing Address	1014 GENEVA CIR	
	CLEVELAND MS 38736	
Title or Position	CITY STATE ZIP CODE	
	Telephone number 662 721 2802	

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	BRANNING, BELINDA, , ,
of Treasurer	
Mailing Address	1014 GENEVA CIR
	CLEVELAND
	CITY STATE ZIP CODE
Title or Position	
	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

Full Name of Designated Agent	BRANNING, BELINDA, , ,		
Mailing Address	1014 GENEVA CIR		
		MS 39830	6
	CITY	STATE	ZIP CODE
Title or Position	CITY	STATE	ZIP CODE

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.
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CLEVE			
Mailing Address	PO BOX 1000		
		MS 38732	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

FEC FILINGS

Form/Schedule: Transaction ID: