Image# 202203149493772169				PAGE 1 / 4
FEC FORM 1	STATEMEI ORGANIZ			
1. NAME OF	(Check if name	Example: If typing, type		e Use Only
COMMITTEE (in full)	is changed)	over the lines.	12FE4M5	
Jasmine Sherma	in for President			
	815 Dobson Dr			
ADDRESS (number and street)				
is changed)	. Charlotte		NC 29213	<u> </u>
			NC 28213 STATE ▲	ZIP CODE▲
COMMITTEE'S E-MAIL ADDRE	ESS			
(Check if address is changed)	officialaccount@fatsoc			
	Optional Second E-Mail Ad	dress		
(Check if address is changed)				
	0 / Y Y Y Y Y 2021			
3. FEC IDENTIFICATION N	UMBER ► C C	00805697		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true. correct and c	omplete.
		, , , , , , , , , , , , , , , , , , , ,		
Type or Print Name of Treasure	er denomy, mary ellen, , ,			
Signature of Treasurer	my, mary ellen, , ,	[Electronically Filed]	Date 03	14 / Y Y Y Y Y 2022
NOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED W		enalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100	ion 🔽	EC FORM 1 (Revised 06/2012)

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	FEC Fo	rm 1 (Revised 02/2009) Page 2
		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	Sherman, Jasmine, , ,
	ndidate ty Affiliati	on UN Office State Senate President District
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	me of ndidate	
Ра	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.	

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Write or Type Committee Name

Jasmine Sherman for President

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.

denomy, m	nary ellen, , ,
Full Name	
Mailing Address	6425 N Pelto Path
	[
	Tucson AZ 85743 - - -
Title or Position	CITY STATE ZIP CODE
Treasurer	Telephone number 970 989 5135

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	denomy, mary ellen, , ,
Mailing Address	6425 N Pelto Path
	Tucson AZ 85743
	CITY STATE ZIP CODE
Title or Position	

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				1							1	I								I											
Mailing Address																															
						1													L				L								
									CI	ΓY									ST	ATE	2				ZI	P	200	DE			
Title or Position																															
														Tele	eph	ione	e n	um	ber		L										

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.

US Bai	nk		
Mailing Address	800 Nicollet Mall		
	Minneapolis	MN 55	5402
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE