

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines.

COMMITTEE TO ELECT LAWRENCE HAMM

ADDRESS (number and street) PO BOX 25414 (Check if address is changed) Newark NJ 07101 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS X (Check if address is changed) stevelwarehouse@aql.com Optional Second E-Mail Address hammforsenate@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) hammforsenate.org

2. DATE 01 30 2020

3. FEC IDENTIFICATION NUMBER C 007 32 594

4. IS THIS STATEMENT NEW (N) OR X AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steven Bernhaut

Signature of Treasurer [Handwritten Signature] Date 01 30 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

2025 RELEASE UNDER E.O. 14176

5. TYPE OF COMMITTEE

Candidate 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.)

Name of Candidate: Lawrence Hamm

Candidate Party Affiliation: Dem Office Sought: House Senate President
 State: NJ District: _____

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate: _____

Party Committee:

- (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

Political Action 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C
2. _____ FEC ID number C
3. _____ FEC ID number C
4. _____ FEC ID number C

Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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.

Full Name

Steven Bernhaut

Mailing Address

PO Box 382

Maplewood

NJ

07040-0382

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

201-960-9204

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

Steven Bernhaut

Mailing Address

PO Box 382

Maplewood

NJ

07040-0382

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

201-960-9204

20090202 10:00 AM

Full Name of Designated Agent

Lynn Rojas

Mailing Address

17 Marmon Terrace

West Orange

CITY

NJ

STATE

07052

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

973 - 518 - 4934

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.

T D BANK

Mailing Address

233 Bloomfield Avenue

Montclair

CITY

NJ

STATE

07042

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

NON-PROFIT CORPORATION

5(g) or (h). **Joint Fundraising Participant:**

- 1. FEC ID number C
- 2. FEC ID number C
- 3. FEC ID number C
- 4. FEC ID number C

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

Mailing Address

Relationship: CITY ▲ STATE ▲ ZIP CODE ▲

Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

8. **Designated Agent: Identify by name, address (phone number - optional)**

Full Name

Mailing Address

TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲

Telephone Number --

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.

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

20170202 10:00:00 AM

