Image# 202006299244224609				PAGE 1 / 4
FEC FORM 1	STATEME ORGANIZ			
	(0)	Formula If the inc. there		fice Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Dr Sarah Liew fo	or US senator			
ADDRESS (number and street)	Po box 3872			
(Check if address				
is changed)	Beverly Hills		CA 902	12
			STATE ▲	
COMMITTEE'S E-MAIL ADDF	RESS			
(Check if address is changed)	info@drsarah4senator	.com		
is changed)	Optional Second E-Mail Ac	dress		
	meridianwish@gma	il.com		
COMMITTEE'S WEB PAGE A (Check if address is changed)	www.drsarah4senator.com			
	29 ⁷ 2020			
3. FEC IDENTIFICATION		00750034		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
i certity that I have examined	this Statement and to the best	t of my knowledge and belief i	it is true, correct and	complete.
Type or Print Name of Treasu	rer Liew, Sarah, , Dr, Liew			
Signature of Treasurer	w, Sarah, , Dr, Liew	[Electronically Filed]	Date 06	29 / Y Y Y Y 2020
NOTE: Submission of false, erro	pneous, or incomplete information	may subject the person signing		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	contact:	FEC FORM 1 (Revised 06/2012)

06/29/2020 19 : 53

Candidate Party Affiliation REP Office Sought: House Senate President 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 (number of candidate) (d) This committee is a (number of candidate) (d) This committee is a (number of candidate) (d) This committee is a (number of candidate)		-										
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		2	2.									
4 FEC ID number C		3	3 FEC ID number C									
		2	4.									

FEC Form 1 (Revised 02/2009)

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Write or Type Committee Name

Dr Sarah Liew for US senator

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

	PR. SARAH SUN LIEV	V FOR CONGRESS	
	Mailing Address	PO BOX 3872	
			CA 90212
		CITY	STATE ZIP CODE
	Relationship: Connected	Organization Affiliated Committee	Joint Fundraising Representative Leadership PAC Sponsor
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number op	ptional) and position of the person in possession of committee
		h, , Dr, Liew	
	Full Name	PO Box 3872	
	Mailing Address		
		Beverly Hills	CA 90212
	Title or Position	CITY	STATE ZIP CODE
			424 - 343 - 7025 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	Liew, Sarah, , Dr, Liew	1 1	1 1	I	I	I		1 1	I	1	I	I	I	I	I	I	I	1	I	I	1	I	I	1 1	I	I	Ι
						_												_			_	_					_
Mailing Address	PO Box 3872																										
	Beverly Hills														CA			90)212	2							
	Beverly Hills	<u> </u>																90	0212	2	ZIF] – :0D	E E			

Full Name of Designated Agent	Liew, Sarah, Sun, Dr, 90212
Mailing Address	po box 3872
	Beverly Hills
	CITY STATE ZIP CODE
Title or Position	
	Telephone number 424 - 343 - 7025

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 B	ank, Depo	ository, etc.
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Wells	argo		
Mailing Address	315 S Beverly Dr		
	l <mark>#100</mark>		
	Beverly Hills		90212
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE