

**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.

12FE4M5

Friends to Elect Sherwood Haisty

ADDRESS (number and street)

7225 8th St

☐ (Check if address is changed)

Rio Linda

CITY ▲

CA

STATE ▲

95673

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

sherwood4congress@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

www.sherwoodhaisty.com

2. DATE

MM / DD / YYYY  
02 / 11 / 2020

3. FEC IDENTIFICATION NUMBER ►

C C00738526

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ 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 Onisko, Vasiliy, , ,

Signature of Treasurer Onisko, Vasiliy, , ,

[Electronically Filed]








Date

MM / DD / YYYY  
02 / 24 / 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)

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

## Friends to Elect Sherwood Haisty

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

NONE

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

Shambra, Olha, , ,

Mailing Address

2628 El Camino Ave, Ste B-2

Sacramento

CA

95821

Title or Position

CITY

STATE

ZIP CODE

custodian of records

Telephone number

916

597

0829

## 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

Onisko, Vasiliy, , ,

Mailing Address

449 Tenaya Ave

Sacramento

CA

95833

Title or Position

CITY

STATE

ZIP CODE

Telephone number

916

757

9860

Full Name of  
Designated  
Agent

Malanciuc, Iaroslav, , ,

Mailing Address

2628 El Camino Ave, Ste B-2

Sacramento

CITY

CA

STATE

95821

ZIP CODE

Title or Position

assistant treasurer

Telephone number

916

597

0829

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.

Bank Of America

Mailing Address

2861 Del Paso Road

Sacramento

CITY

CA

STATE

95835

ZIP CODE

Name of Bank, Depository, etc.

PayPal

Mailing Address

2211 North First Street

San Jose

CITY

CA

STATE

95131

ZIP CODE