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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ronald Harshaw FOR THE PEOPLE 3130 BRANTNER PL 1ST FL ADDRESS (number and street) (Check if address is changed) Saint Louis 63106 MO CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ronaldharshawforcongress@yahoo.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 06 2021 C00794933 FEC IDENTIFICATION NUMBER > 3. X 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. Harshaw, Rhonda, M,, Harshaw Type or Print Name of Treasurer Harshaw, Rhonda, M,, Harshaw [Electronically Filed] 18 2021 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

Only

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the ca	andidate information below.)
(b) This committee is an authorized committee, and is NOT a principal information below.)	campaign committee. (Complete the candidate
Name of Candidate Harshaw, Ronald, , ,	
Candidate Party Affiliation  DEM  Office Sought:   House  Ser	State MO nate President District
(c) This committee supports/opposes only one candidate, and is NOT a	an authorized committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee or	of the (Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected or	rganization on line 6.) Its connected organization is a
Corporation Corporation w/o	Capital Stock Labor Organization
Membership Organization Trade Association	n Cooperative
In addition, this committee is a Lobbyist/Registrant PA	C.
(f) This committee supports/opposes more than one Federal candidate committee. (i.e., nonconnected committee)	e, and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify spons	sor on line 6.)
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and committees/organizations, at least one of which is an authorized comm	•
(h) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee of	
Committees Participating in Joint Fundraiser	
1. [	FEC ID number
2.	FEC ID number
3.	FEC ID number
4	FEC ID number C

<b> </b> FEC	Form 1 (Revised	1 02/2009)	Page <b>3</b>
Write or Ty	oe Committee Nan	ne	
Rona	ld Harsha	aw FOR THE PEOPLE	
		Organization, Affiliated Committee, Joint Fundraising Representative, or Leadersh	ip PAC Sponsor
NONE			
Mailing A	address		
		CITY STATE Z	IP CODE
Relations	hip: Connecte	ed Organization Affiliated Committee Joint Fundraising Representative Lead	dership PAC Sponsor
	an of Records: Ide	entify by name, address (phone number optional) and position of the person in poss	ession of committee
		, Rhonda, M, , Harshaw	ı
Full Nam	e LLL	3130 BRANTNER PL	
Mailing A	address	1st FI	
		Saint Louis , MO , 63106	
		Saint Louis	
Title or F	Position	CITY STATE Z	IP CODE
Treasu	er 	Telephone number 314 - 4	65   1903
3. <b>Treasure</b> any desig	<b>r:</b> List the name a gnated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	e and address of
Full Nam	-	, Rhonda, M, , Harshaw	1
of Treasu		3130 BRANTNER PL	
Mailing A	aaress	1st Fl	
		Saint Louis	
			IP CODE
Title or F Treasur			65 1903
		Telephone number	

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Full Name of Designated	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , I
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b Name of Bank,		
	Depository, etc.  St. Louis Community Credit Union  ,3651 Forest Park Ave	
Name of Bank,	Depository, etc.  St. Louis Community Credit Union  3651 Forest Park Ave	
Name of Bank,	Depository, etc.  St. Louis Community Credit Union  3651 Forest Park Ave	ZIP CODE
Name of Bank,	St. Louis Community Credit Union  3651 Forest Park Ave  Saint Louis  CITY  STATE	ZIP CODE
Name of Bank,  Mailing Address	St. Louis Community Credit Union  3651 Forest Park Ave  Saint Louis  CITY  STATE	ZIP CODE
Name of Bank,  Mailing Address	Depository, etc.  St. Louis Community Credit Union  3651 Forest Park Ave  Saint Louis  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  St. Louis Community Credit Union  3651 Forest Park Ave  Saint Louis  CITY  STATE  Depository, etc.	ZIP CODE
Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  St. Louis Community Credit Union  3651 Forest Park Ave  Saint Louis  CITY  STATE  Depository, etc.	ZIP CODE