

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 RECEIVED FEC MAIL CENTER

Friends of Peter W Sherrill 2019 SEP - 3 PM 12: 24

ADDRESS (number and street) PO Bpx 437

(Check if address is changed)

Mount Vernon NY 10552 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) Friends of PeterWSherrill@sherrill2020.com

Optional Second E-Mail Address peter.sherrill2020@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.Sherrill2020.com

2. DATE 08 / 30 / 2019

3. FEC IDENTIFICATION NUMBER C

4. IS THIS STATEMENT [X] 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 Peter W. Sherrill

Signature of Treasurer [Handwritten Signature]

Date 08 / 30 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30105 ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

NON-FEDERAL CAMPAIGN CONTRIBUTION

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 Peter W. Sherrill

Candidate Party Affiliation REP Office Sought: House Senate President State 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	<input type="checkbox"/> C _____
2.	_____	FEC ID number	<input type="checkbox"/> C _____
3.	_____	FEC ID number	<input type="checkbox"/> C _____
4.	_____	FEC ID number	<input type="checkbox"/> C _____

NOT FOR CREDIT ON FORMS 1000-1000

Write or Type Committee Name

Freinds of Peter W. Sherrill

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

NONE

Mailing Address

[Mailing Address line]

[Mailing Address line]

[Mailing Address line]

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 Peter W. Sherrill

Mailing Address 300 Hayward Ave 3C

[Mailing Address line]

Mount Vernon NY 10552

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number 914 - 498 - 0493

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 Peter W. Sherrill

Mailing Address 300 Hayward Ave 3C

[Mailing Address line]

Mount Vernon NY 10552

Title or Position

CITY

STATE

ZIP CODE

Treasurer Telephone number 914 - 498 - 0493

20130310 10:10 AM

Full Name of Designated Agent

[Grid for Full Name of Designated Agent]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

Title or Position

[Grid for Title or Position]

Telephone number

[Grid for 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.

Bank of America [Grid]

Mailing Address

572 Gramatan Ave [Grid]

[Grid for Mailing Address Line 2]

Mount Vernon [Grid] NY [Grid] 10552 [Grid]

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Grid for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3]

CITY

STATE

ZIP CODE

NOT FOR POSTAL USE ONLY

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

1.	_____
2.	_____
3.	_____
4.	_____

FEC ID number	C	_____
FEC ID number	C	_____
FEC ID number	C	_____
FEC ID number	C	_____

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

NONE

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 _____

NOT FOR USE ON FORMS

PRESS FIRMLY TO SEAL

PRESS FIRMLY TO SEAL



Retail

US POSTAGE PAID

\$7.35

Origin: 10552
08/30/19
3555850102-20

PRIORITY MAIL 2-DAY®

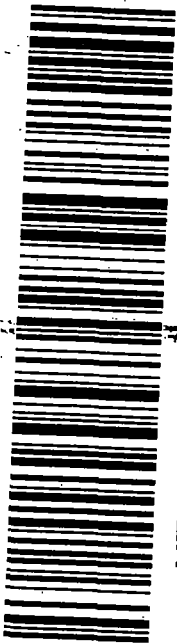
0 Lb 2.20 Oz

1004

EXPECTED DELIVERY DAY: 08/03/19

SHIP TO:
WASHINGTON DC 20463

USPS TRACKING NUMBER



9505 5154 0783 9242 1922 01

- Date of delivery
- USPS TRACKING international delivery
- Limited international pickup available
- Order supplies online.*
- When used internationally, a customs declaration label may be required.
- * Domestic only

To schedule free Package Pickup, scan the QR code.



PRIORITY MAIL
FLAT RATE
POSTAGE REQUIRED

FROM:

*Peter W. Shen
300 Hayward Ave
Mf. Vernon, NY
10552*

TO:

*Federal Election Commission
1050 First Street, N.E.
Washington D.C.
20543*

This envelope is made from post-consumer waste. Please recycle - again.



PRIORITY MAIL



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input checked="" type="checkbox"/> USPS Priority Mail	Postmarked 8/30/19
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

af
 PREPARER
 (3/2015)

9-3-19
 DATE PREPARED

NOT FOR OFFICIAL GOVERNMENT USE