

FEC FORM 1

STATEMENT OF ORGANIZATION

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Office Use Only

FEC MAIL CENTER 12FE4M5

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

ADDRESS (number and street) 960 3RD STREET SUITE 301 (Check if address is changed) SANTA MONICA CA 90403 CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) CHAIR@SHAPIRO4CONGRESS.COM Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) SHAPIRO4CONGRESS.COM

2. DATE 05 / 22 / 2014

3. FEC IDENTIFICATION NUMBER C 00561977

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 TOM FARMER

Signature of Treasurer [Handwritten Signature] Date 05 / 22 / 2014

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.

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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 MICHAEL SHAPIRO

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 33

- (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

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Write or Type Committee Name

FRIENDS OF MICHAEL SHAPIRO

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

TOM FARMER

Mailing Address

960 3RD STREET SUITE 301

SANTA MONICA

CA

90403

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

310

606

2163

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

TOM FARMER

Mailing Address

960 3RD STREET SUITE 301

SANTA MONICA

CA

90403

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number

310

606

2163

14031243758

Full Name of Designated Agent

LAURI LEIGH SUSSMAN

Mailing Address

11014 ACAMA STREET SUITE 306

STUDIO CITY

CITY

CA

STATE

90064

ZIP CODE

Title or Position

ASST TREASURER

Telephone number

310

880

1503

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.

WELLS FARGO BANK

Mailing Address

10789 W PICO BLVD

LOS ANGELES

CITY

CA

STATE

90064

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

14031243759

14031243760

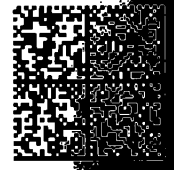
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Federal Election Commission
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Date of Receipt

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Date of Receipt

Other (Specify):

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APD
 PREPARER
 (8/2013)

6/10/14
 DATE PREPARED

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