

**FEC  
FORM 1**

**STATEMENT OF  
ORGANIZATION**

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

16 MAR 15 PM 2:42

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

**Bobby Mahendra for Senate**

ADDRESS (number and street)

4575 Dean Martin Dr Unit 1604

(Check if address is changed)

Las Vegas

CITY ▲

NV

STATE ▲

89103-8207

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

senatormahendra@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.BobbyMahendra.com

2. DATE 03 / 09 2016

3. FEC IDENTIFICATION NUMBER ► C 00608240

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 BOBBY MAHENDRA

Signature of Treasurer

Date

03 / 09 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

**FEC FORM 1**  
(Revised 08/2012)

201603150200081025

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 BOBBY MAHENDRA

Candidate Party Affiliation DEM Office Sought: House  Senate  President  State NV District 00

- (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
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

201603150200081026

Write or Type Committee Name

# Bobby Mahendra for Senate

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    Mr. Sujeet "Bobby" Narendra Mahendra

Mailing Address    4575 Dean Martin Dr Unit 1604

Las Vegas    NV    89103-8207

Title or Position    CITY    STATE    ZIP CODE

Candidate    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    Mr. Sujeet "Bobby" Narendra Mahendra

Mailing Address    4575 Dean Martin Dr Unit 1604

Las Vegas    NV    89103-8207

Title or Position    CITY    STATE    ZIP CODE

Candidate    Telephone number

201603150200081027

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 for Name of Bank, Depository, etc.]

Mailing Address

[Grid for Mailing Address Line 1: PO Box 15284]

[Grid for Mailing Address Line 2]

[Grid for Mailing Address Line 3: Wilmington DE 19850]

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

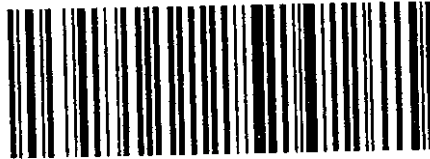
STATE

ZIP CODE

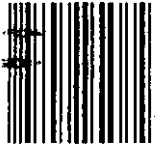
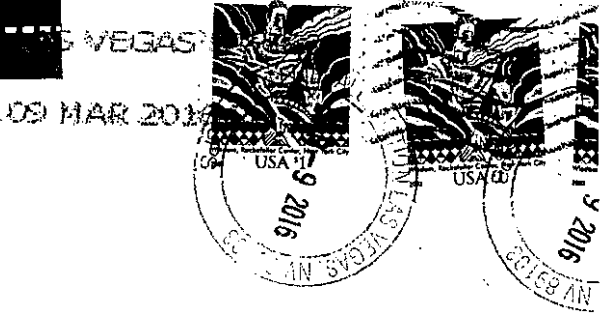
201603150200081028

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE  
**CERTIFIED MAIL®**

S. BOBBY MAHENDRA  
4575 DEAN MARTIN DR #1604  
LAS VEGAS, NV 89103



7015 3430 0000 8229 8301

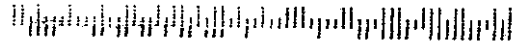


U.S. POSTAGE  
PAID  
LAS VEGAS, NV  
89103  
MAR 09, 16  
AMOUNT  
**\$0.94**  
R2304W121052-05

Secretary of the Senate  
Office of Public Records  
P.O. Box 77578  
Washington, DC 20013-7578

**SCREENED  
BY THE SENATE  
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20013

201603150200081029

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED 3-9-16  
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USPS PRIORITY MAIL \_\_\_\_\_  
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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

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Date of Receipt

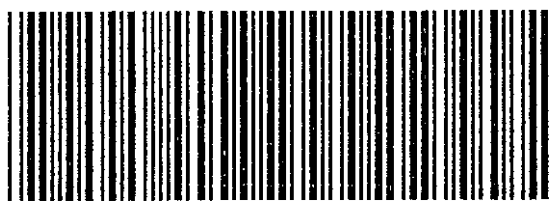
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FAX \_\_\_\_\_  
Date of Receipt

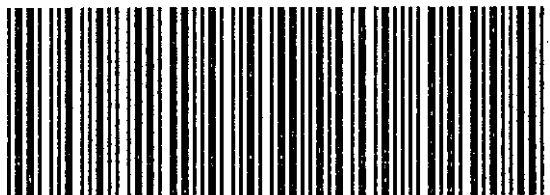
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Date of Receipt or Postmark

PREPARER DH DATE PREPARED 3-15-16

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