

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED 2013 NOV 20 AM 11:27

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

SUPPORTERS OF SHAYAN FOR CONGRESS

ADDRESS (number and street)

1627 EAST WASHINGTON STREET

(Check if address is changed)

ORLANDO

CITY

FL

STATE

32801

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

INFO@SHAYANFORCONGRESS.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

SHAYANFORCONGRESS.COM

2. DATE

11 / 05 / 2013

3. FEC IDENTIFICATION NUMBER

C

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

SHAYAN H. MODARES

Signature of Treasurer

*[Handwritten Signature]*

Date

11 / 05 / 2013

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 Only

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

FEC FORM 1 (Revised 06/2012)

13031141232

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 SHAYAN H. MODARRES

Candidate Party Affiliation DEM Office Sought:  House  Senate  President State FL District 10

- (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	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

13031141233

Write or Type Committee Name

SUPPORTERS OF SHAYAN FOR CONGRESS

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

NONE

Mailing Address

Grid for mailing address with fields for CITY, STATE, and 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

TREASURER

Mailing Address

Grid for mailing address with fields for CITY, STATE, and ZIP CODE.

Title or Position

CITY

STATE

ZIP CODE

Grid for telephone number.

Telephone number

Grid for 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

SHAYAN H. MODARES

Mailing Address

1627 EAST WASHINGTON STREET

ORLANDO

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Grid for telephone number.

Telephone number

Grid for telephone number.

13031141234

Full Name of Designated Agent

SHAYAN H. MODARRES

Mailing Address

1627 EAST WASHINGTON STREET

ORLANDO

CITY

FL

STATE

32801

ZIP CODE

Title or Position

TREASURER

Telephone number

407-408-0494

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.

CITY NATIONAL BANK OF FLORIDA

Mailing Address

1355 N ORANGE AVENUE

ORLANDO

CITY

FL

STATE

32801

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031141235

Full Name of Designated Agent

SHAYAN, H. MODARRES

Mailing Address

1027 EAST WASHINGTON STREET

ORLANDO

CITY

FL

STATE

32801

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

407-408-10494

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.

CITY NATIONAL BANK OF FLORIDA

Mailing Address

355 N ORANGE AVENUE

ORLANDO

CITY

FL

STATE

32801

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

13031141236

**APPOINTMENT OF CAMPAIGN TREASURER  
AND DESIGNATION OF CAMPAIGN  
DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

**NOTE: This form must be on file with the qualifying officer before opening the campaign account.**

**OFFICE USE ONLY**

**1. CHECK APPROPRIATE BOX(ES):**

Initial Filing of Form      Re-filing to Change:  Treasurer/Deputy     Depository     Office     Party

**2. Name of Candidate** (in this order: First, Middle, Last)  
Shayan H. Modarres

**3. Address** (include post office box or street, city, state, zip code)  
627 East Washington Street  
Orlando, FL 32801

**4. Telephone**  
(407 ) 408-0494

**5. E-mail address**  
info@ShayanForCongress.com

**6. Office sought** (include district, circuit, group number)  
U.S. House of Representatives, Florida 10th District

**7. If a candidate for a nonpartisan office, check if applicable:**  
 My intent is to run as a Write-In candidate.

**8. If a candidate for a partisan office, check block and fill in name of party as applicable:** My intent is to run as a  
 Write-In     No Party Affiliation     Democratic Party candidate.

**9. I have appointed the following person to act as my**  Campaign Treasurer     Deputy Treasurer

**10. Name of Treasurer or Deputy Treasurer**  
Shayan H. Modarres

**11. Mailing Address**  
627 East Washington Street

**12. Telephone**  
( 407 ) 408-0494

**13. City**  
Orlando

**14. County**  
Orange

**15. State**  
FL

**16. Zip Code**  
32801

**17. E-mail address**  
info@ShayanForCongress.com

**18. I have designated the following bank as my**  Primary Depository     Secondary Depository

**19. Name of Bank**  
City National Bank of Florida

**20. Address**  
355 N. Orange Avenue

**21. City**  
Orlando

**22. County**  
Orange

**23. State**  
FL

**24. Zip Code**  
32801

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.**

**25. Date**  
11/05/2013

**26. Signature of Candidate**

*[Handwritten Signature]*

**27. Treasurer's Acceptance of Appointment** (fill in the blanks and check the appropriate block)

I, Shayan H. Modarres, do hereby accept the appointment  
(Please Print or Type Name)

designated above as:  Campaign Treasurer     Deputy Treasurer.

11/05/2013  
Date

*[Handwritten Signature]*  
Signature of Campaign Treasurer or Deputy Treasurer

13031141237

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From Supporters of Shayan for Congress  
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Orlando, FL 32801

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Washington, DC 20463

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