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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ACK SHUTT FOR PRESIDENT, INC. 660 S 200 E ADDRESS (number and street) (Check if address is changed) Salt Lake City 84111 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS zackshutt@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 25 2015 C00584920 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. DR JOHNATHAN LONDON Type or Print Name of Treasurer DR JOHNATHAN LONDON [Electronically Filed] 80 25 2015 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

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

E1	EC E o	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	raye z
		Committee:	
(a)	X	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. (Con information below.)	nplete the candidate
Name Candid		ZACHARY DEREESE SHUTT	
Candid Party	date Affiliatio	on DEM Office Sought: House Senate X President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Com	nmittee:	(5)
(d)		(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected 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 s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Name	
ZACK SHUTT FOR PRESIDENT, INC.	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	adership PAC Sponsor
NONE	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Identify by name, address (phone number optional) and position of the person i books and records.	in possession of committee
DR JOHNATHAN LONDON	1
Full Name	
Mailing Address	
Salt Lake City UT 841	
Title or Position CITY STATE	ZIP CODE
Telephone number	
3. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the any designated agent (e.g., assistant treasurer).	ne name and address of
Full Name DR JOHNATHAN LONDON of Treasurer	
Mailing Address	
Salt Lake City	 11
CITY STATE Title or Position	ZIP CODE
Telephone number	

LLI. EVAN	n 1 (Revised 02/2009)	Page 4
FEC FOI	II I (NEVISEU 02/2003)	raye 4
Full Name of Designated Agent		
Mailing Address		
		1 1 1 1 1 1 1
	CITY STATE	ZIP CODE
Title or Position	Telephone number	
safety deposit be Name of Bank,	BANK OF AMERICA	
	Depository, etc. BANK OF AMERICA ,660 S 200 E	
Name of Bank,	Depository, etc. BANK OF AMERICA ,660 S 200 E	1
Name of Bank,	Depository, etc. BANK OF AMERICA 660 S 200 E	1
Name of Bank,	BANK OF AMERICA 660 S 200 E Salt Lake City UT 8411 CITY STATE	
Name of Bank,	BANK OF AMERICA 660 S 200 E Salt Lake City UT 8411 CITY STATE	ZIP CODE
Name of Bank,	Depository, etc. BANK OF AMERICA 660 S 200 E Salt Lake City UT 8411 CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. BANK OF AMERICA 660 S 200 E Salt Lake City UT 8411 CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Mailing Address Name of Bank,	Depository, etc. BANK OF AMERICA 660 S 200 E Salt Lake City UT 8411 CITY STATE Depository, etc.	ZIP CODE