**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Shri For Congress 19460 Lowell Dr ADDRESS (number and street) (Check if address is changed) Detroit 48203 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address shrithanedar@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.shriforcongress.com (Check if address is changed) DATE 2023 C00798132 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Thanedar, Shri,, Thanedar, Shri, , , Date 12 27 2023 Signature of Treasurer 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

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	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 car information below.)	ndidate
	Name of Candidate Thanedar, Shri, , ,	
	Candidate Party Affiliation  Office Sought:  House  Senate President D	State MI District 13
	(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 Republican, etc.)	) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	janization is a:
	Corporation Corporation w/o Capital Stock Labor Organi	zation
	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 function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1 C	

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۱۸	FEC Form 1 (Revised 0  Irite or Type Committee Name	2/2009)	Page 3
V			
	Shri For Congres		
<b>S</b> .	-	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC Sponsor
	NONE		
	Mailing Address		
			-
		CITY ▲ STATE ▲ ZIF	CODE A
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative Lead	dership PAC Sponso
	Ticiationship.	Organization Anniated Organization South Fundraising Representative	dership i Ao oponso
7.		ify by name, address (phone number optional) and position of the person in possession	of committee
	books and records.		
	Thanedar, S	Shri, , ,	
	Full Name		
	Mailing Address	19460 Lowell Dr	
		I	1
		Detroit   MI   48203	
		CITY ▲ STATE ▲ ZIF	P CODE ▲
	Title or Position ▼		
	Treasurer		
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Thanedar,	Shri, , ,	
	of Treasurer		
	Mailing Address	19460 Lowell Dr	
		Detroit	  -
		CITY ▲ STATE ▲ ZIF	CODE ▲
	Title or Position ▼		
	Treasurer		2090
		Telephone number	

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Full Name of Designated Agent	Thanedar, Shashi, , ,		
Mailing Address	19460 Lowell Dr		
	Detroit	MI L	48203 
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲
		phone number 734	_   _   _   _   _   _   _   _   _   _
	<b>Depositories:</b> List all banks or other depositories in which the exes or maintains funds.	committee deposits funds	s, holds accounts, rents
Name of Bank, [	Depository, etc.		
	Bank of America		
Mailing Address	4001 M-102		
	Detroit	MI4	8221
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, [	Depository, etc.		
	Amalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC 2	0006
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundrais	ing raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	C
lame of Any Connected	d Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spons
Mailing Address			
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connect	ed Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
Connect			ative Leadership PAC Sp
Connect esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident			ative Leadership PAC Sp
esignated Agent: Ident	ify by name, address (phone number – optional		Leadership PAC Sp
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITIO	ify by name, address (phone number – optional		
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Tanks or Other Deposite afety deposit boxes or mame of Bank, LPL F	ify by name, address (phone number – optional  CITY   Ories: List all banks or other depositories in whenaintains funds.	STATE   Telephone Number  ich the committee deposi	ZIP CODE A
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION Lanks or Other Deposite afety deposit boxes or necessity.	ify by name, address (phone number – optional  CITY   Ories: List all banks or other depositories in whenaintains funds.	STATE   Telephone Number  ich the committee deposi	ZIP CODE   ZIP CODE   ts funds, holds accounts, rent
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  ich the committee deposi	ZIP CODE   ZIP CODE   ts funds, holds accounts, rent
esignated Agent: Ident Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or name of Bank, epository, etc.	ify by name, address (phone number – optional  CITY   CITY   ories: List all banks or other depositories in what intains funds.	STATE   Telephone Number  ich the committee deposi	ZIP CODE   ZIP CODE   ts funds, holds accounts, rent