Only

PAGE 1/5

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) Alameda County Republican Party (Fed) 1039 Macarthur Boulevard ADDRESS (number and street) (Check if address is changed) San Leandro 94577-3005 CA CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS Ujain2040@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00404020 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. Jain, Utkarsh, , , Type or Print Name of Treasurer Jain, Utkarsh,,, [Electronically Filed] 07 2023 Signature of Treasurer Date 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

| FEC | Form | 1 (Revised 03/2022) | Page 2 | | | | |
|--|--|---|----------------------|--|--|--|--|
| | TYPE C | OF COMMITTEE: | | | | | |
| (| Candic | 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 information below.) | candidate | | | | |
| | Name Candi | | | | | | |
| | Candi Party | Affiliation Office Sought: House Senate President | State District 00 | | | | |
| (| This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | | | |
| | | ne of didate | | | | | |
| - | Party (| Party Committee: | | | | | |
| | (d) x | This committee is a SUB (National, State or subordinate) committee of the REP Republican, | etc.) Party | | | | |
| ı | Political Action Committee (PAC): | | | | | | |
| (| (e) | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | l organization is a: | | | | |
| | | Corporation Corporation w/o Capital Stock Labor On | ganization | | | | |
| | | Membership Organization Trade Association Cooperation | _ | | | | |
| | | | | | | | |
| (| 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 fun 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.) | | | | | | | |
| (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 F | Fundraising Representative: | | | | | |
| | 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. | | | | | | |
| (| j) | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate. | more political | | | | |
| | Com | nmittees Participating in Joint Fundraiser | | | | | |
| | 1. | C | | | | | |
| | _ | | | | | | |

| _ | FEC Form 1 (Revised 0) | 2/2009) | Page 3 | | | | |
|-------------|---|---|---|--|--|--|--|
| V | Vrite or Type Committee Name | | | | | | |
| | | ty Republican Party (Fed) | | | | | |
| 6. | Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor California Republican Party (Federal) | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | 1001 K Street | | | | | |
| | Mailing Address | 14th Floor | | | | | |
| | | 4111 F1001 | | | | | |
| | | Sacramento | CA 95814 - | | | | |
| | | CITY ▲ | STATE ▲ ZIP CODE ▲ | | | | |
| | Relationship: Connected | Organization x Affiliated Organization Joint Fundrais | sing Representative Leadership PAC Sponso | | | | |
| | | | | | | | |
| | Custodian of Records: Identi | fy by name, address (phone number optional) and positio | on of the person in possession of committee | | | | |
| | books and records. | | | | | | |
| | Jain, Utkars | h, , , | | | | | |
| | Full Name | | | | | | |
| | Mailing Address | 2087 Delaware Street | | | | | |
| | | APT 3 | | | | | |
| | | Berkeley | CA 94709 | | | | |
| | | OTT (| 27.75 | | | | |
| | Title or Position ▼ | CITY ▲ | STATE ▲ ZIP CODE ▲ | | | | |
| | Record Keeper | | . 279 977 0254 | | | | |
| | | Telephone r | 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 Jain, Utkars | h, , , | | | | | |
| | of Treasurer | | | | | | |
| | Mailing Address | 2087 Delaware Street | | | | | |
| | | APT 3 | | | | | |
| | | Berkeley | CA | | | | |
| | | CITY A | STATE ▲ ZIP CODE ▲ | | | | |
| | Title or Position ▼ | OH 1 = | STATE - ZII GODE - | | | | |
| | Treasurer | Telephone r | number 279 - 977 - 0254 | | | | |

| FEC Form 1 | (Revised 02/2009) | | Page 4 | | | | | |
|-------------------------------------|--|-------------------------------|----------------------------|--|--|--|--|--|
| Full Name of Designated Agent | Rovetta, Midji, , , | | | | | | | |
| Mailing Address | 34888 Travertine Way | | | | | | | |
| | | | | | | | | |
| | Union City | CA L | 94587 | | | | | |
| Title or Position ▼ | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | | | |
| Assistant Treasure | <u> </u> | Telephone number 51 | 0 798 - 7871 | | | | | |
| | repositories: List all banks or other depositories in whites or maintains funds. | ich the committee deposits fu | nds, holds accounts, rents | | | | | |
| Name of Bank, De | Name of Bank, Depository, etc. | | | | | | | |
| | US Bank | | | | | | | |
| Mailing Address | 1585 E 14th Street | | | | | | | |
| | | | | | | | | |
| | San Leandro | CA L | 94577-4806 | | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | | | |
| Name of Bank, Depository, etc. | | | | | | | | |
| L | | | | | | | | |
| Mailing Address | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | CITY ▲ | STATE ▲ | ZIP CODE ▲ | | | | | |

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Treasurer change of address

Form/Schedule: Transaction ID: