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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. 2018 Utah Victory Fund 825 N 300 W, Suite C400 ADDRESS (number and street) (Check if address is changed) Salt Lake City 84103 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS g3services@outlook.com (Check if address is changed) Optional Second E-Mail Address ssrivastava@utdem.org COMMITTEE'S WEB PAGE ADDRESS (URL) mail@utdem.org (Check if address is changed) DATE 2020 C00686121 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. Srivastava, Sheila, , , Type or Print Name of Treasurer Srivastava, Sheila, , , [Electronically Filed] 07 15 2020 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 (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC	Form 1 (Revised 02/2009)	Page 2
	COMMITTEE	
Candida	ate 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. (Complinformation below.)	ete the candidate
Name of Candidate		
Candidate Party Affil	55	State
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party C	ommittee:	
(d)		Democratic, epublican, etc.) Party.
Political	Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ected 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 seg committee. (i.e., nonconnected committee)	regated 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 Fu	ndraising Representative:	
(g) x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Co	ommittees Participating in Joint Fundraiser	
1.	Friends of Ben McAdams FEC ID number C C0066	58633
2.	UTAH STATE DEMOCRATIC COMMITTEE FEC ID number C C0010	5973
3.	FEC ID number	
4.		

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Write or Type Committee Nan		. 490
2018 Utah Vict		
	Organization, Affiliated Committee, Joint Fundraising Representative,	or Leadership PAC Sponsor
NONE		
	<u> </u>	
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representa	tive Leadership PAC Sponsor
. Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the pe	erson in possession of committee
Srivastav Full Name	va, Sheila, , ,	
Mailing Address	825 N 300 W, Suite C400	
	Salt Lake City UT	84103
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	328 - 1212
3. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; assistant treasurer).	and the name and address of
Full Name Srivastav of Treasurer	va, Sheila, , ,	
Mailing Address	825 N 300 W, Suite C400	
	Salt Lake City UT	84103
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	01 328 1212

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Full Name of			
Designated Agent			
Mailing Address			
	CITY	STATE	ZIP CODE
Title or Position			
	Telepho	one number	
Name of Bank, Deposi	n maintains funds. tory, etc. n Bank	1 1 1 1 1 1 1 1 1 1	
Name of Bank, Deposit	tory, etc. n Bank P.O. Box 30709		
Name of Bank, Deposi	tory, etc. n Bank	UT 841	30-0709
Name of Bank, Deposi	tory, etc. n Bank P.O. Box 30709	UT 841 STATE	30-0709 ZIP CODE
Name of Bank, Deposi	tory, etc. n Bank P.O. Box 30709 Salt Lake City CITY		
Name of Bank, Deposi	tory, etc. n Bank P.O. Box 30709 Salt Lake City CITY		
Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition	P.O. Box 30709 Salt Lake City CITY	STATE	
Name of Bank, Deposition Name of Bank, Deposition Name of Bank, Deposition	P.O. Box 30709 Salt Lake City CITY	STATE	
Name of Bank, Deposition Mailing Address Name of Bank, Deposition	P.O. Box 30709 Salt Lake City CITY	STATE	
Name of Bank, Deposi	P.O. Box 30709 Salt Lake City CITY	STATE	