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STATEMENT	OF
ORGANIZATI	ON

FEC FORM 1		STATEMEN ORGANIZ			
					Office Use Only
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
ADDRESS (number a	nd street)	19987 1ST AVE S			
(Check if a	address	STE 101			
is changed	1)			UWA STATE ▲	28422 ZIP CODE ▲
COMMITTEE'S E-MA		SS			
(Check if a is changed		CAMPAIGN@SHETHFORC	CONGRESS.COM		
	<i>)</i>	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB	address	DRESS (URL)	SS.COM		
2. DATE 01 / Y Y Y Y Y Y Y 2024					
3. FEC IDENTIFIC	CATION NU	MBER ► C co	00845354		
4. IS THIS STATEM		NEW (N) OR	X AMENDED (A)		
I certify that I have e	examined thi	s Statement and to the best	of my knowledge and belief it	is true, correct a	nd complete.
Type or Print Name of	of Treasurer	SHETH, NIRAV, , ,			
Signature of Treasure	er SHET	H, NIRAV, , ,		Date 04	/ D D / Y Y Y Y 18 2024
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 Use Only			For further information of Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

FEC Form 1 (Revised 03/2022) Page 2 TYPE OF COMMITTEE: 5. Candidate Committee: This committee is a principal campaign committee. (Complete the candidate information below.) (a) X This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate (b) information below.) Name of SHETH, NIRAV, , , Candidate State WA Candidate Office REP House Senate President Party Affiliation Sought: District 10 (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State (Democratic, This committee is a (d) Republican, etc.) Party or subordinate) committee of the **Political Action Committee (PAC):** This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a: (e) Corporation w/o Capital Stock Labor Organization Corporation 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.) (g) This committee is an independent expenditure-only political committee (Super 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.

In addition, this committee is a Lobbvist/Registrant PAC.

Joint Fundraising Representative:

(i) 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 more political committees/organizations, none of which is an authorized committee of a federal candidate.
Committees Participating in Joint Fundraiser
1.
2.

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Write or Type Committee Name	

SHETH FOR CONGRESS

6.	Name of Any Connected Or	ganization, A	ffiliated Com	mittee, Joint F	Fundraising Repre	sentative, or Lead	ership PAC Sponsor
	Mailing Address						
			CIT	TY 🔺		STATE 🔺	ZIP CODE
	Relationship: Connected	Organization	Affiliated O	rganization	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.

SHETH, N	IRAV, , ,
Full Name	
Mailing Address	19987 1ST AVE S
	STE 101
	NORMANDY PARK WA 98422
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position v	
	Telephone number 206 677 6392

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	SHETH, NIRAV, , ,			
of Treasurer				
Mailing Address	19987 1ST AVE S			
	STE 101			
	NORMANDY PARK WA 98422 Image: Second			
	CITY A STATE A ZIP CODE A			
Title or Position	,			
TREASURER 206 677 6392 Telephone number - - - -				

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Full Name of Designated Agent		
Mailing Address		
	CITY A STATE A	ZIP CODE
Title or Position ▼		
	Telephone number	

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.

F	irst Financial Northwest Bank		
Mailing Address	207 W Kent Station St		
	Ste 106		
	Kent	WA 98032	
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, Dep	ository, etc.		
Mailing Address			
	CITY 🔺	STATE ▲	ZIP CODE ▲