

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Shure For Congress

ADDRESS (number and street) 1250 6th Street
 (Check if address is changed) Suite 205
Santa Monica CA 90401
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS
 (Check if address is changed) bpalmer@strumwooch.com
Optional Second E-Mail Address
info@shureforcongress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)
 (Check if address is changed) shureforcongress.com

2. DATE 03 / 08 / 2022

3. FEC IDENTIFICATION NUMBER C C00807933

4. 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.

Type or Print Name of Treasurer Grossman Palmer, Beverly, , Ms.,

Signature of Treasurer Grossman Palmer, Beverly, , Ms., [Electronically Filed] Date 07 / 14 / 2023

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.

5. 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 candidate information below.)

Name of Candidate Shure, Michael, , Mr.,

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State CA HI IL IN MI MN NY OH RI VA WI

District 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40

- (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 _____ (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 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).

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 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. _____

C _____

2. _____

C _____

Write or Type Committee Name

Shure For Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Grid lines for text entry

Mailing Address

Grid lines for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Grossman Palmer, Beverly, , Ms.,

Full Name

Grid lines for full name

Mailing Address

Grid lines for mailing address: 1250 6th St, Suite 205, Santa Monica, CA, 90401

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid lines for title: Treasurer

Grid lines for telephone number: 310 - 576 - 1233

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).

Grossman Palmer, Beverly, , Ms.,

Full Name of Treasurer

Grid lines for full name of treasurer

Mailing Address

Grid lines for mailing address: 1250 6th St, Suite 205, Santa Monica, CA, 90401

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Grid lines for title: Treasurer

Grid lines for telephone number: 310 - 576 - 1233

Full Name of Designated Agent Grossman Palmer, Beverly, , Ms.,

Mailing Address 1250 6th St Suite 205 Santa Monica CA 90401 CITY STATE ZIP CODE

Title or Position Treasurer Telephone number 310 576 1233

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.

First Republic Bank

Mailing Address 888 S Figueroa St Suite 100 Los Angeles CA 90017 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE