

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

INDIAN AMERICAN IMPACT FUND

ADDRESS (number and street)

499 S Capitol St

(Check if address is changed)

Suite 407

Washington

DC

20003

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

compliance@iaimpact.org

Optional Second E-Mail Address

sue@bluewavepolitics.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

iaimpact.org

2. DATE

03 / 23 / 2021

3. FEC IDENTIFICATION NUMBER

C C00674127

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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 GOYLE, RAJEEV, , ,

Signature of Treasurer

GOYLE, RAJEEV, , ,

[Electronically Filed]

Date

03 / 23 / 2021

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.

Table with 5 columns and 1 row for Office Use Only.

For further information contact: Federal Election Commission, Toll Free 800-424-9530, Local 202-694-1100

FEC FORM 1 (Revised 06/2012)

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 \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (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.)

**Joint Fundraising Representative:**

- (g)  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.
- (h)  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. \_\_\_\_\_ FEC ID number
2. \_\_\_\_\_ FEC ID number
3. \_\_\_\_\_ FEC ID number
4. \_\_\_\_\_ FEC ID number

Write or Type Committee Name

# INDIAN AMERICAN IMPACT FUND

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

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship:  Connected Organization  Affiliated Committee  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.

Full Name GOYLE, RAJEEV, , ,

Mailing Address 711 HUTCHISON STREET

PHILADELPHIA

PA

19147

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone 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 of Treasurer GOYLE, RAJEEV, , ,

Mailing Address 711 HUTCHISON STREET

PHILADELPHIA

PA

19147

Title or Position  
TREASURER

CITY

STATE

ZIP CODE

Telephone number

Full Name of Designated Agent: Jackson, Sue, , ,  
Mailing Address: 499 S Capitol St SW #407  
Washington DC 20003  
CITY STATE ZIP CODE  
Title or Position: Assistant Treasurer  
Telephone number: 919 - 592 - 9826

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.

MERRILL LYNCH

Mailing Address: 225 LIBERTY STREET 41ST FLOOR  
NEW YORK NY 10281  
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

BANK OF AMERICA

Mailing Address: PO BOX 15284  
WILMINGTON DE 19850  
CITY STATE ZIP CODE