

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

FEC MAIL CENTER  
12 FEB 15

2009 APR -1 P 4: 06

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

INDIAN AMERICAN LEADERSHIP INITIATIVE  
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1220 L STREET NW

(Check if address is changed)

SUITE 100-232

WASHINGTON DC 20005

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

N/A

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

NA

DATE

04 / 01 / 2009

3. FEC IDENTIFICATION NUMBER

C

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 SEEMA SHARMA

Signature of Treasurer

Date

03 / 31 / 2009

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 Use Only

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

FEC FORM 1  
(Revised 02/2009)

29030061625

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:  C
2. \_\_\_\_\_ FEC ID number:  C
3. \_\_\_\_\_ FEC ID number:  C
4. \_\_\_\_\_ FEC ID number:  C

29030061626

Write or Type Committee Name

INDIAN AMERICAN LEADERSHIP INITIATIVE POLITICAL ACTION COMMITTEE

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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

TREASURER

Mailing Address

[Empty grid lines for mailing address]

Title or Position

CITY

STATE

ZIP CODE

Telephone number

[Empty grid lines for 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

SEEMA SHARMA

Mailing Address

1,220 L STREET, NW  
SUITE 1000-232  
WASHINGTON

CITY

STATE

ZIP CODE

Title or Position

TREASURER

Telephone number

202-641-5661

29030061627

Full Name of Designated Agent

J A C O B M A T H A I

Mailing Address

1 2 2 0 L S T R E E T N W

S U I T E 1 0 0 - 2 3 2

W A S H I N G T O N D C 2 0 0 0 5 -

CITY

STATE

ZIP CODE

Title or Position

P R O G R A M M A N A G E R

Telephone number 2 0 2 - 6 4 1 - 5 6 6 1

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.

W A C H O V I A B A N K

Mailing Address

1 3 0 1 P E N N S Y L V A N I A A V E N U E N W

W A S H I N G T O N D C 2 0 0 0 4 -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

29030061628

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4/1/09
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*EW*

PREPARER

(3/2005)

4/1/09

DATE PREPARED

29030061629