Only

STATEMENT OF

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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. SHIVA 4 SENATE 701 CONCORD AVENUE ADDRESS (number and street) (Check if address is changed) CAMBRIDGE 02138 MA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS SHIVA4SENATE@SHIVA4SENATE.COM (Check if address is changed) Optional Second E-Mail Address vashiva@vashiva.com COMMITTEE'S WEB PAGE ADDRESS (URL) https://shiva4senate.com/ (Check if address is changed) DATE 08 2020 C00638148 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. SCOVELL, SERENA, , , Type or Print Name of Treasurer SCOVELL, SERENA, , , [Electronically Filed] 12 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

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE e Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	П	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp	plete the candidate
. ,		information below.)	no candidate
	ne of ididate	AYYADURAI, SHIVA, , ,	
Can	didate	Office	State
Part	y Affiliati	on REP Sought: House X Senate President	District 00
(c)	П	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	ne of		
	didate		
Par	rty Con	nmittee: (National, State	Democratic,
(d)	Ш	This committee is a or subordinate) committee of the	Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected 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)	П	This committee supports/opposes more than one Federal candidate, and is NOT a separate se	gregated 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.)	
Joir	nt Fund	Iraising Representative:	
(g)		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.	o or more political
(h)	П	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw	o or more political
	ш	committees/organizations, none of which is an authorized committee of a federal candidate.	
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.		
	4.		

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Write or Type Committee Na		T age
SHIVA 4 SEN		
	d Organization, Affiliated Committee, Joint Fundraising Representative, o	r Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee Joint Fundraising Representation	ve Leadership PAC Sponsor
7. Custodian of Records: le books and records.	dentify by name, address (phone number optional) and position of the per-	son in possession of committee
	LONE, MICHELLE, , ,	
Full Name	701 CONCORD AVE	
Mailing Address		
	CAMBRIDGE , MA	02138
Title or Position	CITY STATE	ZIP CODE
ASSISTANT TREASURE	ER Telephone number	
8. Treasurer: List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the committee; a g., assistant treasurer).	and the name and address of
	ELL, SERENA, , ,	
of Treasurer	701 CONCORD AVE	
Mailing Address		
	OMEDINO.	
	CAMBRIDGE	02138
Title or Position , Treasurer	CITY STATE	ZIP CODE
	Telephone number	

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Full Name of Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position	Telephone number	-
Name of Bank, I	Depository, etc. BELMONT SAVINGS BANK 12 LEONARD ST	
Mailing Address		<u> </u>
	BELMONT MA 0	2478
	CITY STATE	ZIP CODE
Name of Bank, I	Depository, etc.	
Mailing Address		