

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

SHIVA 4 SENATE

ADDRESS (number and street)

701 CONCORD AVENUE

(Check if address is changed)

CAMBRIDGE

CITY ▲

MA

STATE ▲

02138

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

SHIVA4SENATE@SHIVA4SENATE.COM

Optional Second E-Mail Address

vashiva@vashiva.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

https://shiva4senate.com/

2. DATE

09 / 08 / 2020

3. FEC IDENTIFICATION NUMBER ▶

C C00638148

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 SCOVELL, SERENA, , ,

Signature of Treasurer SCOVELL, SERENA, , ,

[Electronically Filed]

Date

12 / 31 / 2020

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.

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

FEC FORM 1 (Revised 06/2012)

Write or Type Committee Name

SHIVA 4 SENATE

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 JEFFALONE, MICHELLE, , ,

Mailing Address 701 CONCORD AVE

CAMBRIDGE MA 02138

Title or Position CITY STATE ZIP CODE

ASSISTANT 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 SCOVELL, SERENA, , ,

Mailing Address 701 CONCORD AVE

CAMBRIDGE MA 02138

Title or Position of Treasurer CITY STATE ZIP CODE

Treasurer Telephone number

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Empty grid for Title or Position]

Telephone number

[Empty grid for 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.

BELMONT SAVINGS BANK

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

2 LEONARD ST

[Empty grid for Mailing Address line 2]

BELMONT MA 02478

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY

STATE

ZIP CODE