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STATEMENT OF **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. Shariff Hasan for Congress 5458 Hillcrest Drive ADDRESS (number and street) (Check if address is changed) Los Angeles 90043 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS hasan@politicalvisions.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2016 C00609792 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. Thomas E Montgomery III Type or Print Name of Treasurer Thomas E Montgomery III [Electronically Filed] 02 2016 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 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2		
		OMMITTEE • Committee:			
(a)	ididate	This committee is a principal campaign committee. (Complete the candidate information below.)			
. ,					
(b)	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candid information below.)				
Nam Can	e of didate	Shariff M Hasan			
0	d: d = 4 =	0.40	Ctata CA		
	didate y Affiliati	on REP Office Sought: X House Senate President	State 37		
	-		District		
(c)	Ш	This committee supports/opposes only one candidate, and is NOT an authorized committee.			
Nam Can	ie of didate				
Par	tv Con	nmittee:			
(d)	П	(National, State	Democratic, Republican, etc.) Party		
	itical A	ction Committee (PAC):			
(e)	ш	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	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)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	gregated fund or party		
		In addition, this committee is a Lobbyist/Registrant PAC.			
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)			
la!	4 E	Iraining Danyacantativa			
	ıı runc	Iraising Representative:	o or more nalitical		
(g)	Ш	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)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political		
	Com	mittees Participating in Joint Fundraiser			
	1.				
	2.	The in individual of the indiv			
	3.	FEC ID number			
	4.	FEC ID number C			

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Write or Type Committee Na	ame	
Shariff Hasan	for Congress	
. Name of Any Connected	d Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponso
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the persor	in possession of committed
Thomas	s E Montgomery III	
Mailing Address	1912 Grand Ave	
	San Rafael CA 9	4913-5703
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 415	250 4036
Treasurer: List the name	and address (phone number optional) of the treasurer of the committee; and g., assistant treasurer).	the name and address of
ariy designated agent (e.g		
	s E Montgomery III	
Full Name Thomas	s E Montgomery III	
Full Name Thomas of Treasurer		
Full Name Thomas of Treasurer	1912 Grand Ave	4913-5703

9.

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Full Name of Designated Agent Thomas E	E Montgomery III						
Mailing Address	1912 Grand Ave						
	San Rafael	P CODE					
Title or Position Treasurer		0 - 4036					
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.							
US Ba	ank 						
Mailing Address	5800 Northgate Dr.						
	₁ #051						
	San Rafael CA 94903						
	CITY STATE ZI	P CODE					
Name of Bank, Depository, etc.							
Mailing Address							
	CITY STATE ZI	P CODE					