**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) over the lines. is changed) ITServe Alliance, Inc. PAC (ITServe PAC) 8951 Cypress Waters Blvd. ADDRESS (number and street) Suite 160 (Check if address is changed) Dallas 75019 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address treasurer@itserve.org is changed) Optional Second E-Mail Address dwhol@sbcglobal.net COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2023 C00833855 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. Type or Print Name of Treasurer Sake, Mahesh, 07 15 2024 Signature of Treasurer Sake, Mahesh, , , Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. 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

| E | C Form 1 (Revised 03/2022)  | age <b>2</b>  |
|---|---|---------------|
|   | 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 candid information below.)  | late          |
|   | Name of  Candidate  |               |
|   | Candidate Party Affiliation Office Sought: House Senate President Distr   | -             |
|   | (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.   | iot           |
|   | Name of Candidate   |               |
|   | Party Committee:  |               |
|   | (d) This committee is a (National, State or subordinate) committee of the Republican, etc.) Page 1  | arty          |
|   | Political Action Committee (PAC):   |               |
|   | (e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organi   | ization is a: |
|   | Corporation Corporation w/o Capital Stock Labor Organization  | ion           |
|   | Membership Organization X Trade Association Cooperative   |               |
|   | X In addition, this committee is a Lobbyist/Registrant PAC.   |               |
|   | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund o committee. (i.e., nonconnected committee)  | or party      |
|   | In addition, this committee is a Lobbyist/Registrant PAC.   |               |
|   | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |               |
|   | (g) This committee is an independent expenditure-only political committee (Super PAC).  |               |
|   | In addition, this committee is a Lobbyist/Registrant PAC.   |               |
|   | (h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).  |               |
|   | In addition, this committee is a Lobbyist/Registrant PAC.   |               |
|   | Joint Fundraising Representative:   |               |
|   | (i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, at least one of which is an authorized committee of a federal candidate. | political     |
|   | (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, none of which is an authorized committee of a federal candidate.         | political     |
|   | Committees Participating in Joint Fundraiser  |               |
|   | 1C  |               |

| I  | FEC Form 1 (Revised 0)                          | 2/2009)   | Page <b>3</b>               |
|----|---|---|-----------------------------|
| ٧  | Vrite or Type Committee Name                    |   |                             |
|    | ITServe Alliance                                | Inc. PAC (ITServe PAC)  |                             |
| 6. | Name of Any Connected Or                        | ganization, Affiliated Committee, Joint Fundraising Representative,   | or Leadership PAC Sponsor   |
|    | ITServe Alliance, Inc.                          |   |                             |
|    |   |   |                             |
|    | Mailing Address                                 | 8951 Cypress Waters Blvd.   |                             |
|    |   | Suite 160   |                             |
|    |   | Dallas  | 75019                       |
|    |   | CITY ▲ STATE ▲  | ZIP CODE ▲                  |
|    | Relationship: X Connected                       | Organization Affiliated Organization Joint Fundraising Representation | tive Leadership PAC Sponso  |
| 7. | Custodian of Records: Identi books and records. | y by name, address (phone number optional) and position of the person | in possession of committee  |
|    | Sake, Mahe                                      | sh, , ,   |                             |
|    | Full Name                                       |   |                             |
|    | Mailing Address                                 | 8951 Cypress Waters Blvd.   |                             |
|    |   | Suite 160   |                             |
|    |   | Dallas TX   |                             |
|    |   | CITY ▲ STATE ▲  | ZIP CODE ▲                  |
|    | Title or Position ▼                             |   |                             |
|    | Treasurer                                       | Telephone number  | 333 - 487 - 3783            |
| 8. | any designated agent (e.g., a                   | ,   | and the name and address of |
|    | Full Name Sake, Mahe of Treasurer               | sh, , ,<br>   |                             |
|    | Mailing Address                                 | 8951 Cypress Waters Blvd.   |                             |
|    |   | Suite 160   |                             |
|    |   | Dallas  | 75019                       |
|    | Title on Decition                               | CITY ▲ STATE ▲  | ZIP CODE ▲                  |
|    | Title or Position ▼    Treasurer                | 8 Telephone number  | 333  -  487  -  3783        |

| FEC Form 1                          | (Revised 02/2009)  |                    | Page <b>4</b>              |
|-------------------------------------|--|--------------------|----------------------------|
| Full Name of<br>Designated<br>Agent | Savili, Sunil, , ,   |                    |                            |
| Mailing Address                     | 8951 Cypress Waters Blvd.  |                    |                            |
|                                     | Suite 160  |                    |                            |
|                                     | Dallas   | TX                 | 75019                      |
|                                     | CITY ▲   | STATE ▲            | ZIP CODE ▲                 |
| Title or Position                   |  |                    |                            |
| Assistant Treasu                    | er Telephone   | number 83          | 3   -   487   -   3783     |
| safety deposit bo                   | Depositories: List all banks or other depositories in which the commes or maintains funds. | mittee deposits fu | nds, holds accounts, rents |
| Name of Bank, D                     | epository, etc.  |                    |                            |
|                                     | Chase Bank   |                    |                            |
| Mailing Address                     | 1111 Polaris Parkway   |                    |                            |
|                                     |  |                    |                            |
|                                     | Columbus   | OH                 | 43240                      |
|                                     | CITY ▲   | STATE ▲            | ZIP CODE ▲                 |
| Name of Bank, D                     | epository, etc.  |                    |                            |
|                                     |  |                    |                            |
| Mailing Address                     |  |                    |                            |
|                                     |  |                    |                            |
|                                     |  |                    |                            |
|                                     | CITY ▲   | STATE ▲            | ZIP CODE ▲                 |

FEC Form 1S (Revised 02/2017)

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

| Page  | of <sup>5</sup> |  |
|-------|-----------------|--|
| i age | O.              |  |

| (h). <b>Joint Fundraisi</b>   | ig Faiticipant.   |                       |                    |            |                            |
|---|---|-----------------------|--------------------|------------|----------------------------|
| 1.  |   |                       | FEC ID             | number     | С                          |
| 2.  |   |                       | FEC ID             | number     | С                          |
| 3.  |   |                       | FEC ID             | number     | C                          |
| 4.  |   |                       | FEC ID             | number     | C                          |
|   |   |                       |                    |            |                            |
| lame of Any Connected   | Organization, Affiliate   | d Committee, Joint Fu | indraising Rep     | resentativ | e, or Leadership PAC Spor  |
|   |   |                       |                    |            |                            |
|   |   |                       |                    |            |                            |
| Mailing Address   |   |                       |                    |            |                            |
|   |   |                       |                    |            |                            |
|   |   |                       |                    |            |                            |
| Relationship:   |   | CITY A                |                    | STATE A    | ZIP CODE ▲                 |
|   |   |                       | Joint Fundraising  | Represent  | ative Leadership PAC S     |
| esignated Agent: Identi   |   |                       |                    | Represent  | ative Leadership PAC S     |
| esignated Agent: Identi   | y by name, address (ph  |                       |                    | Represent  | ative Leadership PAC S     |
| esignated Agent: Identi Wholiha Full Name   | y by name, address (ph  |                       |                    | Represent  | ative Leadership PAC S     |
| esignated Agent: Identi Wholiha Full Name   | y by name, address (ph  |                       |                    | Represent  | Leadership PAC S           |
| esignated Agent: Identi Wholiha Full Name Mailing Address   | y by name, address (phan, Daniel, , ,  PO Box 1182 Brighton                                   |                       |                    |            |                            |
| esignated Agent: Identi Wholiha Full Name   | y by name, address (phan, Daniel, , ,  PO Box 1182 Brighton                                   | none number – optiona |                    | MI STATE A | 48116                      |
| esignated Agent: Identi Wholiha Full Name  Mailing Address  TITLE OR POSITION Recordkeeper  | y by name, address (phon, Daniel, , ,  PO Box 1182  Brighton                                  | none number – optiona | )  S  Telephone Nu | MI STATE A | 48116<br>ZIP CODE <b>A</b> |
| esignated Agent: Identi Wholiha Full Name Mailing Address  TITLE OR POSITION Recordkeeper Harmonian Address   | y by name, address (phon, Daniel, , ,  PO Box 1182  Brighton  I ▼  Ories: List all banks or o | none number – optiona | )  S  Telephone Nu | MI STATE A | 48116<br>ZIP CODE <b>A</b> |
| esignated Agent: Identi Wholiha Full Name Mailing Address  TITLE OR POSITION Recordkeeper Anks or Other Deposite afety deposit boxes or mame of Bank,                 | y by name, address (phon, Daniel, , ,  PO Box 1182  Brighton  I ▼  Ories: List all banks or o | none number – optiona | )  S  Telephone Nu | MI STATE A | 48116<br>ZIP CODE <b>A</b> |
| esignated Agent: Identi Wholiha Full Name Mailing Address  TITLE OR POSITION Recordkeeper anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | y by name, address (phon, Daniel, , ,  PO Box 1182  Brighton  I ▼  Ories: List all banks or o | none number – optiona | )  S  Telephone Nu | MI STATE A | 48116<br>ZIP CODE <b>A</b> |
| esignated Agent: Identi Wholiha Full Name  Mailing Address  TITLE OR POSITION Recordkeeper  | y by name, address (phon, Daniel, , ,  PO Box 1182  Brighton  I ▼  Ories: List all banks or o | none number – optiona | ) S Telephone Nu   | MI STATE A | 48116<br>ZIP CODE <b>A</b> |
| esignated Agent: Identi Wholiha Full Name Mailing Address  TITLE OR POSITION Recordkeeper anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc. | y by name, address (phon, Daniel, , ,  PO Box 1182  Brighton  I ▼  Ories: List all banks or o | none number – optiona | ) S Telephone Nu   | MI STATE A | 48116<br>ZIP CODE <b>A</b> |