Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. 2020 Fourth District Victory Fund 825 N 300 W ADDRESS (number and street) Ste #C400 (Check if address is changed) Salt Lake City 84103 UT CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ssrivastava@utdem.org (Check if address is changed) Optional Second E-Mail Address g3services@outlook.com COMMITTEE'S WEB PAGE ADDRESS (URL) www.utdems.org (Check if address is changed) DATE 03 2020 C00731752 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. Srivastava, Sheila, , , Type or Print Name of Treasurer Srivastava, Sheila, , , [Electronically Filed] 03 03 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 F	Form 1 (Revised 02/2009)	Page 2		
	COMMITTEE			
Candida	te 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. (Con information below.)	nplete the candidate		
Name of Candidate				
Candidate Party Affilia	Office Sought: House Senate President	State		
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District		
Name of Candidate				
Party Co	ommittee:			
(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 on line 6.)	nnected 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 s	egregated fund or party		
(1)	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund of 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 Fur	ndraising Representative:			
(g) x	This committee collects contributions, pays fundraising expenses and disburses net proceeds for transmittees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political		
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political		
Co	mmittees Participating in Joint Fundraiser			
1.	Friends of Ben McAdams	0658633		
2.	Utah State Democratic Committee FEC ID number C Coo	105973		
3.	FEC ID number C			
4.				

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Write or Type Committee Name		raye 3			
	strict Victory Fund				
	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor			
NONE					
NONE	<u> </u>				
Mailing Address					
	CITY STATE	ZIP CODE			
Relationship: x Connected	Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor			
. Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of the persor	ı in possession of committee			
Srivastava	, Sheila, , ,				
Mailing Address	825 N 300 W				
	Ste #C400				
	Salt Lake City UT 8	4103			
Title or Position	CITY STATE	ZIP CODE			
Treasurer	Telephone number 801	6455			
3. 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 Srivastava,	Sheila, , ,				
Mailing Address	825 N 300 W				
Maining Address					
	Salt Lake City UT 8	4103			
Till B ''	CITY STATE	ZIP CODE			
Title or Position Treasurer	Telephone number 801	6455			

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Full Name of Designated Agent Srivastava	ı, Sheila, , ,					
Mailing Address	825 N 300 W					
	Ste #C400					
	Salt Lake City CITY	UT 84103 STATE	ZIP CODE			
Title or Position Treasurer	Telephone num	ber 801	759 6455			
Banks or Other Depositori safety deposit boxes or main	es: List all banks or other depositories in which the committe	ee deposits funds, hole	ds accounts, rents			
Name of Bank, Depository, etc.						
Zion Fi	rst National Bank					
Mailing Address	701 East 400 South					
	Salt Lake City	UT 84103				
	CITY	STATE	ZIP CODE			
Name of Bank, Depository, etc.						
1			I			
Mailing Address	1					
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		1.1.1	-			
	OUTV	CTATE	71D 00DE			
	CITY	STATE	ZIP CODE			