

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

Shahid Buttar for Congress Committee

ADDRESS (number and street) 1390 Market Street, Suite 200

(Check if address is changed)

San Francisco CITY ▲ CA STATE ▲ 94102 ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

filings@seowenscompany.com

Optional Second E-Mail Address senior-staff@shahidforchange.us

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 04 / 04 / 2022

3. FEC IDENTIFICATION NUMBER ▶ C C00670463

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 _____

Signature of Treasurer _____ [Electronically Filed] 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.

5. 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 candidate information below.)

Name of Candidate Buttar, Shahid, , ,

Candidate Party Affiliation DEM Office Sought: House Senate President State CA District 12

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (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 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 segregated 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.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Shahid Buttar for Congress Committee

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 Owens, Stacy, , ,

Mailing Address 312 Clay Street Suite 300

Oakland CA 94607

Title or Position

CITY

STATE

ZIP CODE

Custodian of Records

Telephone number 510 - 423 - 4300

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 Buttar, Shahid, , ,

Mailing Address 1390 Market Street, Suite 200

San Francisco CA 94102

Title or Position Treasurer

CITY

STATE

ZIP CODE

Telephone number 415 - 857 - 5357

Full Name of Designated Agent

None, , , ,

Mailing Address

[Address line 1]

[Address line 2]

[Address line 3]

CITY

STATE

ZIP CODE

Title or Position

[Title or Position line]

Telephone number

[Telephone number line]

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.

First Republic Bank

Mailing Address

44 Montgomery Street

[Address line 2]

San Francisco CA 94104

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Name of Bank, Depository, etc. line]

Mailing Address

[Address line 1]

[Address line 2]

[Address line 3]

CITY

STATE

ZIP CODE