



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

SECRETARY OF THE SENATE
RQ-1
11 JUN 20 AM 11:55

May 13, 2011

BARBARA ANN REEB-SHARMA, TREASURER
MIRAND SHARMA FOR US SENATE
1067 NASH DRIVE
CELEBRATION, FL 34747-4310

Response Due Date
06/17/2011

IDENTIFICATION NUMBER: C00495689

REFERENCE: STATEMENT OF ORGANIZATION

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the Statement of Organization referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **An adequate response must be received by the response date noted above.** Additional information is needed for the following 1 item(s):

- On your Statement of Organization (FEC FORM 1) you have selected multiple committee types. Please be advised that your committee may only select **one** Type of Committee. The Statement of Organization must provide the name, address and type of committee. (11 CFR § 102.2(a)(1)(i))

Please clarify your committee type by amending your Statement of Organization to disclose the correct committee type. This can be done in Section 5 "Type of Committee" on the FEC Form 1 by checking **one** of the boxes labeled (a) - (h) and providing any additional information requested for the selected committee type.

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. **Requests for extensions of time in which to respond will not be considered.** Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

A copy of FEC FORM 1 can be downloaded from the FEC website at <http://www.fec.gov>, or requested through the FEC Faxline at (202) 501-3413. If you

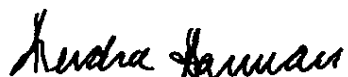
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MIRAND SHARMA FOR US SENATE

Page 2 of 2

should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll free number (800) 424 9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1171.

Sincerely,



Kendra Hannan
Campaign Finance Analyst
Reports Analysis Division

419

11020222959

FEC
FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
11 JUN 20 AM 11:55

Office Use Only

1. NAME OF
COMMITTEE (in full)



(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

MIRANDI SHARMA FOR US SENATE

ADDRESS (number and street)

10167 NAISH DRIVE



(Check if address
is changed)

CELEBRATION

FL

34747-4310

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)



(Check if address
is changed)

SHARMAFORSENATE@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address
is changed)

SHARMAFORSENATE.COM

2. DATE

06

14

2011

3. FEC IDENTIFICATION NUMBER

C00495689

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

Barbara A Beeb-Sharma

Signature of Treasurer



Date

06

14

2011

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
Use
Only

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

FEC FORM 1
(Revised 02/2009)

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

MIRAND REEB SHARMA

Candidate
Party Affiliation

REP

Office
Sought:☐

House

☒

Senate

☐

President

State

District

- (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. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

11020222971

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

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

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

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

Mailing Address

Title or Position

TREASURER

Telephone number

11020222972

Full Name of
Designated
Agent

Mailing Address

Title or Position

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.

BANK OF AMERICA

Mailing Address

7100 CELEBRATION AVE

CELEBRATION

FL

331742-4602

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11020222973

June 14, 2012

To whom it may concern:

SECRETARY OF THE SENATE
11 JUN 20 AM 11:55

I am re-submitting my FEC 1 form as an addendum in response to an inquiry dated May 13, 2011. Apparently I mistakenly check more than 1 box in section 5 of the form. I'm including a copy of the FEC notice with the newly submitted FEC 1 form.

There has been a development in my campaign. I recently discovered that, as a practicing physician, I would be unable to practice medicine, even on a very limited basis, if elected to the US Senate. I know that Senator Rand Paul of Kentucky is asking for an exception to this rule, but he is having trouble getting it. Medicine is too big a part of my life to give up entirely at this point, so I have decided to stop my campaign for the US Senate.

Please communicate to me what I need to do (paperwork, etc.) to end this campaign.

Thanks You.

Sincerely,



Mirand Sharma MD

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11020222975
Pull To Open

EXTREMELY URGENT

Please Rush To Addressee

Schedule package pickup right from your home or office at usps.com/pickup

Print postage online - Go to usps.com/pos

PLEASE PRESS FIRMLY

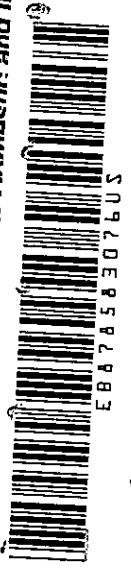
PLE

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PAID
CELEBRATION, FL
34747
JUN 15, 11
FIMOUNT

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00024937-04



Flat Rate Mailing Envelope
For Domestic and International Use



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EXPRESS MAIL

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Label 11-B, March 2004

When used internationally
s declarations
176, or 2978A).

ORIGIN (POSTAL SERVICE USE ONLY)

PO ZIP Code	Day of Delivery <input type="checkbox"/> Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day	Postage \$
Date Accepted	Scheduled Date of Delivery	Return Receipt Fee \$
Mo. Day Year	Month Day Year	COD Fee \$
Time Accepted	Scheduled Time of Delivery <input type="checkbox"/> AM <input type="checkbox"/> PM	Insurance Fee \$
Flat Rate <input type="checkbox"/> or Weight lbs. ozs.	<input type="checkbox"/> Non Military <input type="checkbox"/> 3rd Day <input type="checkbox"/> 2nd Day <input type="checkbox"/> 1st Day	Total Postage & Fees \$
	Int'l Alpha Country Code	Acceptance Emp. Initials

Post Office To Addressee

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Attempt	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Delivery Date	Time	Employee Signature
Mo. Day	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

☐ **WARRANTY OF SIGNATURE (Domestic Mail Only)**
Additional Signature Insurance is void if
customer requests signature insurance.
With delivery to be made without signature insurance,
signature of addressee's agent (if delivery is made to a location other than the addressee's residence) must be left in secure location and
valid proof of delivery (employee's signature constitutes valid proof of delivery).

NO DELIVERY ☐ Holiday ☐ Mailed Signature

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EP13F



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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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Date of Receipt

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Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL **6-15-11** _____
Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____ ☐

UPS _____ ☐

DHL _____ ☐

AIRBORNE EXPRESS _____ ☐

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER

DH

DATE PREPARED

6-20-11

11020222976



11020222977