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FEC MAIL CENTER

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

NIZ KAMAL FOR CONGRESS

ADDRESS (number and street)

250 CLENDENNY AVE

(Check if address is changed)

JERSEY CITY NJ 07304-1181

CITY

STATE

ZIP CODE

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

(Check if address is changed)

NKFORCONGRESS@GMAIL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

N/A

2. DATE

03 / 22 / 2011

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)



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

NIZAM KAMAL

Signature of Treasurer

Date

03 / 22 / 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)

11030584316

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 NIZAM KAMAL

Candidate Party Affiliation DEM REP LIB IND OTH

Office Sought: House Senate President

State NJ AK AZ CA CO CT DC DE FL GA HI IA IL IN KS KY LA MA MD ME MI MN MO MS MT NC ND NH NM NV NY OH OK OR PA RI SC SD TN TX UT VT WA WI WY

District 07 01 02 03 04 05 06 08 09

- (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	<input checked="" type="checkbox"/> C _____
2.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
3.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____
4.	_____	FEC ID number	<input checked="" type="checkbox"/> C _____

11030584317

Write or Type Committee Name

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

[Redacted]

[Redacted]

Mailing Address

[Redacted]

[Redacted]

[Redacted]

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

NIZAM KAMAL

Mailing Address

250 CLEN DENNY AVE

[Redacted]

JERSEY CITY NJ 07304-1181

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 201-783-5068

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

NIZAM KAMAL

Mailing Address

250 Clendenny Ave

[Redacted]

JERSEY City NJ 07304-1181

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 201-783-5068

11030584318

Full Name of Designated Agent

[Redacted]

Mailing Address

[Redacted]

[Redacted]

[Redacted]

CITY

STATE

ZIP CODE

Title or Position

[Redacted]

Telephone number

[Redacted]

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.

PNC BANK

Mailing Address

395 DANFORTH AVE

[Redacted]

JERSEY CITY NJ 07304-1975

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

[Redacted]

Mailing Address

[Redacted]

[Redacted]

[Redacted]

CITY

STATE

ZIP CODE

11030584319

Federal Election Commission
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Other (Specify): Date of Receipt or Postmarked


PREPARER

3/28/11
DATE PREPARED

11030584320