

**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

Shanel For Congress

ADDRESS (number and street)

873 HAMILTON STREET



(Check if address is changed)

UNIT 250

SOMERSET

CITY ▲

NJ

STATE ▲

08873

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

TOJones130@gmail.com

Optional Second E-Mail Address

Info@Shanel4Congress.com

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

Shanel4Congress.com

2. DATE

MM / DD / YYYY
01 / 08 / 2026

3. FEC IDENTIFICATION NUMBER ►

C C00927111

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 JONES, TWANDA, O, MS,

Signature of Treasurer JONES, TWANDA, O, MS,

Date

MM / DD / YYYY
01 / 08 / 2026

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

Shanel For Congress

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 Organization ☐ 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 JONES, TWANDA, O, MS,

Mailing Address 26 SUSAN DRIVE

SOMERSET

NJ

08873

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

732

991

1182

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 JONES, TWANDA, O, MS,

Mailing Address 26 SUSAN DRIVE

SOMERSET

NJ

08873

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

732

991

1182

Full Name of
Designated
Agent

MCGRADY, SONYA, , ,

Mailing Address

PO BOX 1293

EVANS

GA

30809

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ASST. TREASURER

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.

TD BANK

Mailing Address

3221 ROUTE 27

FRANKLIN PARK

NJ

08823

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲