

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED
FEC MAIL CENTER
2015 DEC -1 AM 11:56

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Joe Shammass for Congress

ADDRESS (number and street)

☐

(Check if address
is changed)

P.O. Box 8023

Van Nuys

CA

91409

CITY

STATE

ZIP CODE

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

☐

(Check if address
is changed)

Eshamas21@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

http://www.JoeShammassforCongress.com

2. DATE

11

28

2015

3. FEC IDENTIFICATION NUMBER

C1H6CA29211

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

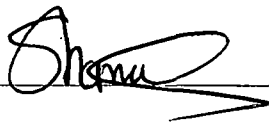
AMENDED (A)

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

Eddie Shamas

Signature of Treasurer



Date

11

28

2015

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

Joseph Ivaro Shammas

Candidate Party Affiliation

DEM

Office Sought:



House



Senate



President

State

CA

District

29

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

2015-12-01 10:00:00

Write or Type Committee Name

Joe Shammass for Congress

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

Hala Shamas

Mailing Address

3166 N. Lamer St.

Burbank

CA

91504

Title or Position

CITY

STATE

ZIP CODE

Campaign Manager

Telephone number 818 - 565 - 8383

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

Eddie Shamas

Mailing Address

3166 N. Lamer St.

Burbank

CA

91504

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number 818 - 599 - 1275

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.

Wells Fargo Bank

Mailing Address

16830 San Fernando Mission Blvd,

Granada Hills

CA

91344

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

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EP13F July 2013 OD: 12.5 x 9.5



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WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE.

CUSTOMER USE ONLY
FROM: (PLEASE PRINT)

PHONE (818) 294-2927

Joseph Shammas
15946 Eccles St.
North Hills, CA 91343

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☐ SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: (1) Requires the addressee's signature; OR (2) Purchases additional insurance; OR (3) Purchases COD service; OR (4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)
☐ Sunday/Holiday Delivery Required (additional fee, where available)
☐ 10:30 AM Delivery Required (additional fee, where available)
☐ Return to USPS.com® or local Post Office® for availability.

TO: (PLEASE PRINT)

PHONE ()

Federal Election Commission
999 E. Street NW
Washington, D.C. 20463

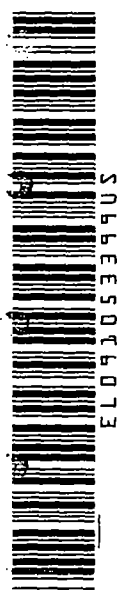
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FEC MAIL CENTER
2015 DEC -1 AM 11:56

ORIGIN (POSTAL SERVICE USE ONLY)

☐ 1-Day PO ZIP Code	☐ 1-Day Scheduled Delivery Date (MM/DD/YY)	☐ Military Postage	☐ DPO
91406	11/30		
Date Accepted (MM/DD/YY)	Scheduled Delivery Time	Insurance Fee	COD Fee
11/28	☐ 10:30 AM ☒ 9:00 PM ☐ 12 NOON	\$	\$
Time Accepted	10:30 AM Delivery Fee	Return Receipt Fee	Live Animal Transportation Fee
11:43 AM	\$	\$	\$
Weight	Sunday/Holiday Premium Fee	Total Postage & Fees	
3 lbs.	\$	\$19.99	
Flat Rate	Acceptance Employees Initials		
	Employee Signature		
DELIVERY (POSTAL SERVICE USE ONLY)			
Delivery Attempt (MM/DD/YY) Time	Employee Signature		
Delivery Attempt (MM/DD/YY) Time	Employee Signature		

LABEL 11-B, SEPTEMBER 2015 PSN 7690-02-000-9996

3-ADDRESSEE COPY

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked Date of Receipt
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☒ USPS Priority Mail Express	Postmarked <i>11/28/2015</i>
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery ☐
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER <i>MP</i> (3/2015)	<i>12/01/2015</i> DATE PREPARED

2015-12-01 09:00:00