

**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

Cullen 4 Congress

ADDRESS (number and street)

22 Turnberry Drive

☐ (Check if address is changed)

Manalapan

CITY ▲

NJ

STATE ▲

07726

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☒ (Check if address is changed)

cullenj80@gmail.com

Optional Second E-Mail Address

drahavemann@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☒ (Check if address is changed)

https://www.cullen4congress.com/

2. DATE

MM / DD / YYYY
04 / 13 / 2022

3. FEC IDENTIFICATION NUMBER ►

C C00812669

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 Havemann, Allison, , ,

Signature of Treasurer Havemann, Allison, , ,

[Electronically Filed]

Date

MM / DD / YYYY
07 / 11 / 2022

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

Cullen 4 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 Havemann, Allison, , ,

Mailing Address 5 Weston Ct

Jackson

NJ

08527

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

610

731

7114

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 Havemann, Allison, , ,

Mailing Address 5 Weston Ct

Jackson

NJ

08527

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

610

731

7114

Full Name of
Designated
Agent

Havemann, Allison, , ,

Mailing Address

5 Weston Ct

Jackson

NJ

08527

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

610

731

7114

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

Mailing Address

72 West Main Street

Freehold

NJ

07728

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲