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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. AIDAN FOR CONGRESS 21214 Heather Drive ADDRESS (number and street) (Check if address is changed) West Windsor 08550 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address rossiaidan15@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00882209 FEC IDENTIFICATION NUMBER > 3. X 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 Singh, Aarushi, , Ms., Date 06 28 2024 Signature of Treasurer Singh, Aarushi, , Ms., 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 For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530 Only Local 202-694-1100

(Revised 06/2012)

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TYPE OF COMMITTEE:				
Candidate Committee:				
(a) X 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 information below.)	e candidate			
Name of Candidate Rossi, Aidan, Patrick, Mr,	<u> </u>			
Candidate Party Affiliation REP Office Sought: X House Senate President	State NJ District 04			
(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 Republican,	•			
Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	d organization is a:			
Corporation Corporation w/o Capital Stock Labor O	rganization			
Membership Organization Trade Association Coopera	tive			
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 part 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.)				
(g) This committee is an independent expenditure-only political committee (Super PAC).				
In addition, this committee is a Lobbyist/Registrant PAC.				
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	C).			
In addition, this committee is a Lobbyist/Registrant PAC.				
Joint Fundraising Representative:				
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political			
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. C				

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۷	Vrite or Type Committee Name			
	AIDAN FOR COI			
6.		ganization, Affiliated Committee, Joint Fundraising Repres	entative, or Leadersh	nip PAC Sponsor
	NONE			
	Mailing Address			
				-
		CITY A S	STATE A	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising F	Representative	eadership PAC Sponso
7.	Custodian of Records: Identification books and records.	y by name, address (phone number optional) and position of t	the person in possession	on of committee
		evin, James, Mr,		
	Full Name	7 Oznamusiii Ot		
	Mailing Address	7 Cromwell Ct		
		Princeton	NJ 08540	
		CITY ▲ S	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Telephone number	er 609 - 8	6217
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 Singh, Aaru	shi, , Ms.,		
	of Treasurer			
	Mailing Address	9 Walnut Ct		
		Princeton Junction	NJ 08550	
		CITY ▲ S	STATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone number	er 609 - 6	610 - 4057

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Full Name of Designated							
Agent			Ш				
Mailing Address			Ш				
			Ш				
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲					
	Telephone ı	number	Ш				
Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commes or maintains funds.	mittee deposits funds, holds accounts, rents					
Name of Bank, D	Name of Bank, Depository, etc.						
	TD Bank						
Mailing Address	3470 Quakerbridge Rd		_				
			_				
	Mercerville	NJ 08619	_				
	CITY A	STATE ▲ ZIP CODE ▲					
Name of Bank, Depository, etc.							
	<u> </u>						
Mailing Address							
	CITY ▲	STATE ▲ ZIP CODE ▲					