STATEMENT OF

PAGE 1 / 4 =

| FEC FORM 1 | | | GANIZ | | N | | | | | | | | | | |
|--|---------------|------------------------|------------------------|------------|--|---------------------|----------------|---------|-------|----------|-------|---------|---------|--------|--------|
| 1 NAME OF | | /Ch | and if name | Evon | nloulf tu | oina t | ,,,, | 누 | | _ | | ce Use | Only | | |
| 1. NAME OF COMMITTEE (in | ı full) | | eck if name hanged) | | nple:If typ the lines | | /pe | 1 | 2FE | 34M5 | 5 | | | | |
| Justice For F | Palestin | e in Co | ngress | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| ADDRESS (number a | nd street) | 8 Appleby F | arm Road | | | | | | | | | | | | |
| (Check if address | | 1 | 1 1 1 1 1 | 1 1 1 | | 1 1 | 1 1 | 1 1 | ı | l l | 1 1 | 1 1 | 1 1 1 | 1 1 | . |
| is changed | 1) | Brookfield | | | | | . 1 | | СТ | | 0680 |)4 | . 1_1 | | |
| | | CITY | ' | | | | | S. | TATE | <u> </u> | | | ZIP CC | DE 🛦 | |
| COMMITTEE'S E-MA | AIL ADDRES | S | | | | | | | | | | | | | |
| (Check if a is changed | | adarwish6 | 4@gmail.com | | | | | | | | | | | | |
| io onango | -, | Optional Se | econd E-Mail A | ddress | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| COMMITTEE'S WEB (Check if a is changed) | address | RESS (URL https://www. | | | | | | | | | | | | | |
| 2. DATE 0 | 7 22 | |)24 | | | | | | | | | | | | |
| 3. FEC IDENTIFIC | CATION NU | MBER ▶ | C | 00883967 | | | | | | | | | | | |
| 4. IS THIS STATEM | MENT | NEW (N | OR | × | AME | NDED | (A) | | | | | | | | |
| I certify that I have e | examined thi | s Statement | and to the bes | t of my kr | nowledge | and b | pelief i | t is tr | ue, c | orrec | t and | comple | ete. | | |
| Type or Print Name | of Treasurer | Ahmed, Riz | zve, , , | | | | | | | | | | | | |
| Signature of Treasure | er Ahmed | d, Rizve, , , | | | | | | Dat | e | M 07 | M / | 22 |] ′ [| 2024 | YYY |
| NOTE: Submission of | false, errone | | plete information | | | | | | | | | enaltie | s of 52 | U.S.C. | §30109 |
| Office Use Only | | | | | For furthe Federal Ele Toll Free 8 Local 202- | ection C 00-424- | ommiss 9530 | | t: | | I | | FORI | | |

Local 202-694-1100

| EC Form 1 (Revised 03/2022) | Page 2 |
|--|-------------------------|
| 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 information below.) | the candidate |
| Name of Candidate Darwish, Ahmad, AJ, , | |
| Candidate Party Affiliation GRE Office Sought: House Senate President | State CT District 05 |
| (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 Republication | an, etc.) Party |
| Political Action Committee (PAC): | |
| (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | cted organization is a: |
| Corporation Corporation w/o Capital Stock Labor | Organization |
| Membership Organization Trade Association Coope | erative |
| In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segrega committee. (i.e., nonconnected committee) | ited fund or party |
| 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 | PAC). |
| 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 committees/organizations, at least one of which is an authorized committee of a federal candidate. | or more political |
| (j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate. | or more political |
| Committees Participating in Joint Fundraiser | |
| 1 | |

| | FEC Form 1 (Revised 0 | 2/2009) | | Page 3 |
|----|--|---|--------------------------|------------------------|
| W | /rite or Type Committee Name | | | |
| | | stine in Congress | | |
| 6. | | rganization, Affiliated Committee, Joint Fundraising Repr | resentative, or Leaders | ship PAC Sponsor |
| | NONE | | | |
| | | | | |
| | Mailing Address | | | |
| | | | | |
| | | | | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Relationship: Connected | Organization Affiliated Organization Joint Fundraising | g Representative | Leadership PAC Sponsor |
| | | | | |
| 7. | Custodian of Records: Ident books and records. | ify by name, address (phone number optional) and position | of the person in possess | ion of committee |
| | Ahmed, Riz | .ve, , , | | |
| | Full Name | 35 Forty Acre Mountain Road | | |
| | Mailing Address | - I sty here incurred | | |
| | | | | |
| | | Danbury | CT 06811 | |
| | | CITY A | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | | |
| | Treasurer | Telephone nur | mber | 501 - 6350 |
| 3. | Treasurer: List the name and any designated agent (e.g., a | d address (phone number optional) of the treasurer of the assistant treasurer). | e committee; and the na | ame and address of |
| | Full Name Ahmed, Riz | | | 1 |
| | | ₁ 35 Forty Acre Mountain Road | | |
| | Mailing Address | | | |
| | | | | |
| | | Danbury | CT 06811 | |
| | | CITY ▲ | STATE ▲ | ZIP CODE ▲ |
| | Title or Position ▼ | | , 202 - | 501 6250 |
| | | Telephone nur | mber | 501 - 6350 |

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|-------------------------------------|--|----------------------------------|
| Full Name of Designated Agent | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY ▲ STATE | ZIP CODE ▲ |
| Title or Position | | |
| | Telephone number | |
| | r Depositories: List all banks or other depositories in which the committee depositories or maintains funds. | its funds, holds accounts, rents |
| Name of Bank, | Depository, etc. | |
| | Liberty Bank | |
| Mailing Address | 245 Longhill Road | |
| | | |
| | Middletown | 06457 |
| | CITY ▲ STATE 4 | ZIP CODE ▲ |
| Name of Bank, | Depository, etc. | |
| | | |
| Mailing Address | | |
| | | |
| | | |
| | CITY ▲ STATE A | XIP CODE ▲ |