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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Hassan shehadeh for congress 2501 strawberry patch ct ADDRESS (number and street) (Check if address is changed) Freehold 07728 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS shehadeh4house@gmail.com (Check if address is changed) Optional Second E-Mail Address |shehadeh.hassan@gmail.com| COMMITTEE'S WEB PAGE ADDRESS (URL) shehadeh4house.com (Check if address is changed) DATE 2019 C00720847 FEC IDENTIFICATION NUMBER > 3. 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. shehadeh, Hassan, , , Type or Print Name of Treasurer shehadeh, Hassan, , , [Electronically Filed] 09 2019 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page 2
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. (Con information below.)	mplete the candidate
Name of Candidate Shehadeh, Hassan, , ,	
Candidate Party Affiliation DEM Office Sought: 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:	
(Mational, 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 co	nnected 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 s committee. (i.e., nonconnected committee)	segregated 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.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3. FEC ID number	
4.	

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Write or Type Committee I	Name	
Hassan sheh	nadeh for congress	
. Name of Any Connect	eted Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Custodian of Records: books and records.	: Identify by name, address (phone number optional) and position of the person	n in possession of committe
sheh	nadeh, Hassan, , ,	
Full Name		
Mailing Address	2501 strawberry patchct	
	Freehold	7728
Title or Position	CITY STATE	ZIP CODE
Title or Position	CITY STATE Telephone number	ZIP CODE - 614 - 6517
Treasurer: List the nam	. 732	_ 614 _ 6517
Treasurer: List the nam any designated agent (e	Telephone number 732 Telephone number optional) of the treasurer of the committee; and	_ 614 _ 6517
. Treasurer: List the nam any designated agent (e	Telephone number — 732 ne and address (phone number — optional) of the treasurer of the committee; and e.g., assistant treasurer).	_ 614 _ 6517
Treasurer: List the name any designated agent (effective full Name of Treasurer for the same of the sa	Telephone number	_ 614 _ 6517
Treasurer: List the name any designated agent (effective full Name of Treasurer for the same of the sa	Telephone number Telephone number	_ 614 _ 6517
Treasurer: List the namany designated agent (effective full Name of Treasurer shehall in the following full shehall in the fol	Telephone number	the name and address of

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Full Name of		
Designated Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
Banks or Other safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds. Depository, etc. Santander	lds accounts, rents
safety deposit b	Depository, etc. Santander	lds accounts, rents
safety deposit b Name of Bank,	Depository, etc. Santander 1 schanck rd	Ids accounts, rents
safety deposit b Name of Bank,	Depository, etc. Santander 1 schanck rd Freehold CITY STATE	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Santander Santander Freehold CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Santander 1 schanck rd Freehold CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address	Depository, etc. Santander 1 schanck rd Freehold CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Santander 1 schanck rd Freehold CITY STATE Depository, etc.	
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, etc. Santander 1 schanck rd Freehold CITY STATE Depository, etc.	