

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

SHIRLEY FOR NEW JERSEY

ADDRESS (number and street)

 (Check if address  
is changed)

555 HIGH STREET

STE. 9 NUM. 1080

MT HOLLY

CITY ▲

NJ

08060

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed)

JASON@TABULARIUS.PRO

Optional Second E-Mail Address

SHIRLEYFORNEWJERSEY@TABULARIUS.PRO

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed)

HTTPS://SHIRLEYFORCONGRESS.COM

2. DATE

M M / D D / Y Y Y Y  
04 / 26 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00853200

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 BOLES, JASON, D.,

Signature of Treasurer BOLES, JASON, D.,

Date

M M / D D / Y Y Y Y  
04 / 26 / 2024NOTE: 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 202-694-1100FEC FORM 1  
(Revised 06/2012)



Write or Type Committee Name

**SHIRLEY FOR NEW JERSEY****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

BOLES, JASON, D, ,

Mailing Address

126 C STREET NW

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

202 - 220 - 8411

**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

BOLES, JASON, D, ,

Mailing Address

126 C STREET NW

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

TREASURER

Telephone number

202 - 220 - 8411

Full Name of  
Designated  
Agent

PENCE, JOHN, , ,

Mailing Address

20 F STREET NW

STE. 850

WASHINGTON

DC

20001

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

ATTORNEY-IN-FACT

Telephone number

202

888

2332

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.

SERVISFIRST BANK

Mailing Address

300 GALLERIA PARKWAY SE

SUITE 100

ATLANTA

GA

30339

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲