Only

## STATEMENT OF

PAGE 1 / 4

**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. Jake Freeman For President 186 Summit Ave ADDRESS (number and street) (Check if address is changed) Summit 07901 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS ifreeman4president@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2020 C00746958 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. Sabuncu, Eray, , , Type or Print Name of Treasurer Sabuncu, Eray,,, [Electronically Filed] 05 2020 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

Local 202-694-1100

FEC F	form 1 (Revised 02/2009) Page 2
	COMMITTEE te 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 candidate information below.)
Name of Candidate	Freeman, Jake, Spencer, ,
Candidate Party Affilia	office Sought: House Senate Fresident District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	mmittee:
(d)	(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Political	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party 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.)
Joint Fur	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Coi	mmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	

FEC <b>Form 1</b> (Revised	02/2009)	Page <b>3</b>
Write or Type Committee Nam		
Jake Freeman	For President	
	Organization, Affiliated Committee, Joint Fundraising Representative, of	or Leadership PAC Sponsor
NONE		
Mailing Address		
Walling Address		
	CITY STATE	ZIP CODE
Relationship: Connecte	ed Organization Affiliated Committee Joint Fundraising Representati	_
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the per	rson in possession of committee
Sabuncu,	Eray, , ,	
Mailing Address	22 WASHINGTON AVENUE	
	Summit	07901
Title or Position	CITY STATE	ZIP CODE
	Telephone number	858 - 0122
3. <b>Treasurer:</b> List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; a assistant treasurer).	and the name and address of
Full Name Sabuncu, of Treasurer	Eray, , ,	
Mailing Address	22 WASHINGTON AVENUE	
	Summit	07901
Title or Position	CITY STATE	ZIP CODE
<u> </u>	90 Telephone number	8   -   858   0122

FEC Form 1 (R	Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent			
Mailing Address			
			<u>'                                    </u>
	CITY	STATE	ZIP CODE
Title or Position			
	Teleph	one number	
safety deposit boxes or Name of Bank, Deposit	ells Fargo	Committee deposits funds, no	Judy decodines, reme
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc.	NJ 0790	
safety deposit boxes or Name of Bank, Deposit	r maintains funds. itory, etc.  ells Fargo  1 Maple St		
safety deposit boxes or Name of Bank, Deposit    We  Mailing Address	r maintains funds. itory, etc.  Pills Fargo  1 Maple St  Summit  CITY	NJ 0790	1 1
safety deposit boxes or Name of Bank, Deposit Mame of Bank, Deposi	r maintains funds. itory, etc.  Pills Fargo  1 Maple St  Summit  CITY	NJ 0790	1 1
safety deposit boxes or Name of Bank, Deposit    We  Mailing Address  Name of Bank, Deposit	r maintains funds.  itory, etc.  Alls Fargo  I Maple St  Summit  CITY  itory, etc.	NJ 0790° STATE	1
safety deposit boxes or Name of Bank, Deposit	r maintains funds.  itory, etc.  Alls Fargo  I Maple St  Summit  CITY  itory, etc.	NJ 0790° STATE	1
safety deposit boxes or Name of Bank, Deposit    We  Mailing Address  Name of Bank, Deposit	r maintains funds.  itory, etc.  Alls Fargo  I Maple St  Summit  CITY  itory, etc.	NJ 0790° STATE	1