FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. John Hsu for Congress 219 W Shirley Ave ADDRESS (number and street) (Check if address is changed) Edison 08820 NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address johnhsu23@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2024 C00709832 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 Hsu, John,, Date 03 01 2024 Signature of Treasurer Hsu, John, , , 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 (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	C 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 the candinformation below.)	lidate				
	Name of Candidate Hsu, John, , ,					
	Party Affiliation DEM Sought: X House Senate President	State NJ				
	(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 (Democratic, Republican, etc.)	Party				
	Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization						
	Corporation Corporation w/o Capital Stock Labor Organiz Membership Organization Trade Association Cooperative	ation				
	In addition, this committee is a Lobbyist/Registrant PAC.					
	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.)						
	(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						
	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 more political committees/organizations, at least one of which is an authorized committee of a federal candidate.					
	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					

	FEC Form 1 (Revised 0)	7/2009)	Page 3		
٧	Vrite or Type Committee Name				
	John Hsu for Cor				
3.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	NONE				
	Mailing Address	<u> </u>			
		CITY ▲ STATE	▲ ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Represe	entative Leadership PAC Sponsor		
7.	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of the per	rson in possession of committee		
	Hsu, John,				
	Full Name	(
	Mailing Address	219 W Shirley Ave			
		<u> </u>			
		Edison	08820		
		CITY ▲ STATE	▲ ZIP CODE ▲		
	Title or Position ▼				
	Chair	Telephone number	908 - 217 - 7288		
3.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committeesistant treasurer).	tee; and the name and address of		
	Full Name Hsu, John,	1			
	of Treasurer	219 W Shirley Ave			
	Mailing Address				
		T-diam NI	20000		
		Edison			
	Title or Position ▼	CITY ▲ STATE	▲ ZIP CODE ▲		
	THE OFFOSILION \$	1	908 217 7288		
		Telephone number			

	FEC Form 1	(Revised 02/2009)		Page 4		
	Full Name of Designated			<u> </u>		
	Agent					
	Mailing Address					
	Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲		
		Telephone nu	ımber			
	Banks or Other safety deposit bo	Depositories: List all banks or other depositories in which the commit es or maintains funds.	tee deposits fu	nds, holds accounts, rents		
	Name of Bank, Depository, etc.					
		Wells Fargo				
	Mailing Address	1063 Inman Ave				
			1 1 1 1 1			
		Edison	NJ	08820		
		CITY A	STATE ▲	ZIP CODE ▲		
Name of Bank, Depository, etc.						
	Mailing Address					
		CITY A	STATE ▲	ZIP CODE ▲		