FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Sires for Congress 5805 Jefferson St. ADDRESS (number and street) Unit 305 (Check if address is changed) West New York 07093 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lisamarie014@comcast.net (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2021 C00410753 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. Morell, Ada, , , Type or Print Name of Treasurer Morell, Ada,,, [Electronically Filed] 80 2021 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

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TYPE OF COMMITTEE	
Candidate Committee: (a) This committee is a principal campaign committee. (Complete the candidate information of the candidate inf	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.) Name of Candidate SIRES, ALBIO, , ,	,
Candidate Party Affiliation Office Sought: House Senate	President State NJ District 08
(c) This committee supports/opposes only one candidate, and is NOT an authorized	I committee.
Name of Candidate	
Party Committee: (National, State	(Democratic,
(d) 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 or	n 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 committee. (i.e., nonconnected committee)	a separate 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 committees/organizations, at least one of which is an authorized committee of a federal committee.	
(h) This committee collects contributions, pays fundraising expenses and disburses net committees/organizations, none of which is an authorized committee of a federal care	
Committees Participating in Joint Fundraiser	
1.	per C
2.	per C
3.	per C
4	per C

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Write or Type Committee Nar		
Sires for Cong	ress	
<u>_</u>	Organization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Connect	ed Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person ir	possession of committee
Morell, A	da, , ,	
Full Name	240A Vernon Rd,	
Mailing Address		
	Monroe Twp.	31
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 908 -	
. Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
Full Name Morell, A of Treasurer	da, , ,	
Mailing Address	240A Vernon Rd,	
	Monroe Twp. CITY STATE	ZIP CODE
Title or Position Treasurer		- 208 - 1992

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		1 1
	Telephone number =	
Name of Bank, D		
-	xes or maintains funds.	
Name of Bank, D	xes or maintains funds. Depository, etc. TD Bank 230 Forsgate Dr. Monroe Twp. NJ 08831	ZIP CODE
Name of Bank, D	xes or maintains funds. Depository, etc. TD Bank 230 Forsgate Dr. Monroe Twp. CITY STATE	ZIP CODE
Name of Bank, D	xes or maintains funds. Depository, etc. TD Bank 230 Forsgate Dr. Monroe Twp. CITY STATE	ZIP CODE
Name of Bank, D	xes or maintains funds. Depository, etc. TD Bank 230 Forsgate Dr. Monroe Twp. CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Dame of Bank, Da	xes or maintains funds. Depository, etc. TD Bank 230 Forsgate Dr. Monroe Twp. CITY STATE Depository, etc.	ZIP CODE
Name of Bank, Dame of Bank, Da	xes or maintains funds. Depository, etc. TD Bank 230 Forsgate Dr. Monroe Twp. CITY STATE Depository, etc.	ZIP CODE