## FEC FORM 2 STATEMENT OF CANDIDACY

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| 1.  | (a) Name of Candidate (in full)   |                             |                |                  |   |              |            |                 |  |
|---|---|-----------------------------|----------------|------------------|---|--------------|------------|-----------------|--|
|   | Basaran, Alpaslan, , ,  |                             |                |                  |   |              |            |                 |  |
|   | (b) Address (number and street)<br>229 Main St #2049  | □ Check if address changed  |                |                  | 2. Candidate's FEC Identification Number<br>H0NJ09184 |              |            |                 |  |
|   | (c) City, State, and ZIP Code   | /, State, and ZIP Code      |                |                  |   | New          | 1          | Amended         |  |
|   | Fort Lee  | NJ 07024                    |                | Statement        | <b>X</b> (N)  | OR           | (A)        |                 |  |
| 4.  | Party Affiliation   | 5. Office Sought            |                |                  | rict of Candidate                                     |              |            |                 |  |
|   | DEMOCRATIC PARTY  | House                       |                | NJ               | 09  |              |            |                 |  |
|   | DE  | SIGNATION OF PR             | RINCIPAL       | CAMPAIGN         |   | EE           |            |                 |  |
| 7.  | I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 (year of election(s). (year of election)                   |                             |                |                  |   |              |            |                 |  |
|   | NOTE: This designation should be filed with the appropriate office listed in the instructions.  |                             |                |                  |   |              |            |                 |  |
|   | (a) Name of Committee (in full)   |                             |                |                  |   |              |            |                 |  |
| ALP BASARAN FOR CONGRESS A NJ NONPROFIT CORPORATION |   |                             |                |                  |   |              |            |                 |  |
|   | (b) Address (number and street)<br>229 MAIN ST #2049  |                             |                |                  |   |              |            |                 |  |
|   | (c) City, State, and ZIP Code   |                             |                |                  |   |              |            |                 |  |
|   | FORT LEE  |                             |                | NJ               | 07024   |              |            |                 |  |
|   |   |                             |                |                  |   |              |            |                 |  |
| 8.  | I hereby authorize the following nan<br>candidacy.<br><b>NOTE:</b> This designation should be f<br>(a) Name of Committee (in full)<br>(b) Address (number and street) |                             |                |                  | nmittee, to receive                                   | e and expe   | nd funds   | on behalf of my |  |
|   |   |                             |                |                  |   |              |            |                 |  |
|   | (c) City, State, and ZIP Code   |                             |                |                  |   |              |            |                 |  |
|   | I certify that I have exa   | mined this Statement and t  | to the best of | my knowledge a   | nd belief it is true                                  | , correct ar | nd compl   | ete.            |  |
| S   | ignature of Candidate   |                             |                |                  | Date  |              |            |                 |  |
| Basaran, Alpaslan, , , [Electronically Fil          |   |                             |                |                  | 06/11/2019  |              |            |                 |  |
|   |   |                             |                |                  |   |              |            |                 |  |
| N   | OTE: Submission of false, erroneous   | , or incomplete information | may subject t  | he person signin | ng this Statement                                     | to penaltie  | s of 2 U.  | S.C. §437g.     |  |
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| N   | OTE: Submission of false, erroneous   | , or incomplete information | may subject t  | he person signin | ig this Statement                                     | to penaltie  | s of 2 U.  | S.C. §437g.     |  |