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CANDIDATE - SWORN STATEMENT

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Website: www.elec.nj.gov

| FORM | A-1 |
|-------------|------------|
|-------------|------------|

ELEC Received May 04, 2019 2:58 PM

| | | | | 7.5 | | Amendment |
|--|----------------------|-----------------------------|---|----------------------|--|---|
| Candidate Name AWAIS QAZI | | | | | Office Sought ASSEMBLY | |
| Candidate Committee N QAZI FOR ASSEMBLY | | | | | | |
| Street Address 10 HILL STREET APT | I1U | | | | | |
| , | | State NJ | ' | | rea Code) Day Telephon 23010756 | *(Area Code) Eve. Telephone 8623010756 |
| Committee Email (Optional ME@AWAISQAZI.COM | • | ' | | Committee AWAISQA | Website (Optional) ZI.COM | · |
| (Onlant One) | | | Fire District Special | | Election Date 06/04/2019 | |
| County Legal Name of Electi 29TH LEGISLATIVE | | | tion District or Municipality E DISTRICT | | Political Party DEMOCRAT | |
| I, the undersigned, do hereby certify as follows: 1. The total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person, or committee shall be zero, or shall not, in the aggregate, exceed \$5,100 for this election. | | | | | | |
| 2. I am aware that in the event the total amount expended or to be expended on behalf of my candidacy by me or by any other candidate, person or committee shall, in the aggregate, exceed \$5,100, I am required to file a "Report of Contributions and Expenditures," Form R-1, on each subsequent reporting date. | | | | | | |
| 3. I am aware that if I receive a contribution in excess of \$300 in the aggregate from one source in an election or a currency (cash) contribution in any amount, I am required to report the contribution to the Commission on "Supplemental Contributor Information," Form C-1, including the identity of the source and the aggregate total of contributions therefrom, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer. | | | | | | |
| 4. I am aware that if I receive a contribution in excess of \$1,600 in the aggregate from one source starting with the 13th day before the election up to, and including, the day of the election, I am required to notify the Commission in writing on the "Supplemental Contributor Information, " Form C-1, within 48 hours of receipt of the contribution and to identify the source and the aggregate amount received therefrom during the period, and, if the contributor is an individual, his/her occupation and the name and address of his/her employer. | | | | | | |
| aggregate to supprincluding the day of | ort or defeat a cand | didate or pu required to | blic que notify th | stion, startir | g with the 13th day b | lue in excess of \$1,600 in the pefore the election up to and 3 hours of the expenditure on |
| am required to file Depository," Form | e with the Commiss | sion a "Cer 0 days afte | tificate o | of Organizat | ion and Designation ibution on behalf of m | ampaign depository and that I of Campaign Treasurer and by candidacy or 10 days after |
| CANDIDATE CERTIF statements are willfully | | | | s on this do | ocument are true. I a | am aware that if any of the |
| Registra | ation Number ****** | *** | | PIN | ***** | |
| Candida | ate AWAIS A QAZ | ZI | | Da | te 05/04/2019 | |
| | | | | | | |