



PERSONAL FINANCIAL DISCLOSURE STATEMENT

PFD-1

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

ELEC Received
Apr 14 2021
01:00 PM

Amendment

Candidate Name:
SHAMA A. HAIDER

Legislative District:
37

Address:
156 STONEHURST DRIVE

City:
TENAFLY

State:
NJ

Zip:
07670

Election Date:
JUNE 8, 2021

Political Party, if any:
DEMOCRAT

Office Sought:

- Governor
Lieutenant Governor
Senate
Assembly

Calendar Year of Report: 2020

Note: The PFD-1 form covers the calendar year preceding the year of election.

CANDIDATE CERTIFICATION

I, SHAMA A. HAIDER the undersigned, do hereby certify as follows:

The information reported in this personal financial disclosure statement is true and complete. I am aware that if any of the statements contained herein are willfully false or incomplete, I may be subject to punishment.

04/14/2021

Date

SCHEDULE I - EARNED INCOME

**IDENTIFY EACH SOURCE IN EXCESS OF \$100 WHEN AGGREGATE RECEIPTS FROM ALL SOURCES
WITHIN A CATEGORY EXCEEDS \$1,000**

Check if aggregate received in each category exceeds \$1,000	Recipient	Name and Address of Source
<p>Salary</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Candidate</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Child</p>	
<p>Bonus</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Candidate</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Child</p>	
<p>Royalties</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Candidate</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Child</p>	
<p>Fees</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Candidate</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Child</p>	
<p>Commissions</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Candidate</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Child</p>	
<p>Profit Sharing</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input type="checkbox"/> Candidate</p> <p><input type="checkbox"/> Spouse</p> <p><input type="checkbox"/> Child</p>	

SCHEDULE II - UNEARNED INCOME

**IDENTIFY EACH SOURCE IN EXCESS OF \$100 WHEN AGGREGATE RECEIPTS FROM ALL SOURCES
WITHIN A CATEGORY EXCEEDS \$1,000**

Check if aggregate received in each category exceeds \$1,000	Recipient	Name and Address of Source
Rents <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
Dividends <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	
*Other Income (Including Interest) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	TEACHERS INSURANCE AND ANNUITY ASSOCIATION 5 BECKER FARM ROAD, SUITE 140 ROSELAND NJ 07068

***Other Income from named investments, trusts and estates.**

SCHEDULE III - HONORARIUMS AND FEES IN EXCESS OF \$100

Description	Recipient	Name and Address of Payer
	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

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SCHEDULE IV - REIMBURSEMENTS IN EXCESS OF \$100

Description	Recipient	Name and Address of Payer
	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

SCHEDULE V - GIFTS VALUED IN EXCESS OF \$250

Recipient	Name and Address of Donor
<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	

SCHEDULE VI

OWNERSHIP, HOLDING OR CONTROL OF AN INTEREST IN ANY LAND OR BUILDING IN ANY CITY IN WHICH CASINO GAMBLING IS AUTHORIZED, WHICH LAND OR BUILDING SHALL BE SPECIFIED

Description	Person Owning, Holding, or Controlling Interest in Land/Building	Address of Land or Building
	<input type="checkbox"/> Candidate <input type="checkbox"/> Spouse <input type="checkbox"/> Child	