DEFENDANTS' EXHIBIT

D-204

3:04-CR-240

NAME: _____ S.S.: _____

HIRED: _____ POSITION: _____

ORIENTATION: _____ TERMINATED: _____

EMPLOYEE FOLDER CHECKLIST

✓ RESUME & REFERENCES

✓ APPLICATION

_____ CRIMINAL BACKGROUND CHECK

✓ W-4 FORM

_____ I-9 FORM

_____ 2 FORMS OF IDENTIFICATION

✓ WELCOME LETTER

✓ SIGNED CODE OF ETHICS

_____ SIGNED CHECK LIST ORIENTATION

_____ SIGNED WORK ETHICS & EXPECTATIONS

✓ LETTER OF EMPLOYMENT

Eastern Office
Tel 973-523-5010
Fax 973-523-2709

E-Mail: hlf@hlf.org
Internet: www.hlf.org

P.O. Box 2115
Paterson, NJ 07509

بسم الله الرحمن الرحيم
مؤسسة الأرض المقدسة
للإغاثة والتنمية
Holy Land Foundation for Relief & Development
HLF

مذكرة رقم : ٢٦ – ن ج – ٢٠٠٠

التاريخ : ٢٨/ ٨ / ٢٠٠٠

حضرة السيد / إبراهيم خليل حفظه الله
المقر الرئيسي – تكساس

من بعد التحية ، بناء على نقل أسرتي لمدينة BALTIMORE-MARYLAND ، حيث أنني سأستلم السكن الجديد هناك ، وعليه أتقدم لسيادتكم بطلب إجازة لمدة خمسة أيام تبدأ من ١٨/٩/٢٠٠٠ وتنتهي في ٢٢/٩/٢٠٠٠ راجيا من سيادتكم الموافقة عليها لكي أتمكن من ترتيب إجراءات تسجل أولادي في المدارس وتثبيت أسرتي هناك ، ولكم جزيل الشكر .

راجيا من سيادتكم اتخاذ اللازم .

وتفضلوا بقبول فائق الاحترام .

أخوكم

عبدالرحمن عبدالرحيم عودة
مدير مكتب شرق أمريكا

INTEROFFICE MEMORANDUM

Date: June 30, 1999

TO: All Holy Land Foundation Personnel

FROM: Haitham Maghawri/Executive Director

RE: Amendment to Personal Policy Manual – Vacations – Section 502

AMENDMENT TO POLICY

Employees must submit a 30-day written notice prior to the intended vacation time. Failure to submit a 30-day written notice will result in vacation forfeiture. Management reserves the right to designate when some or all vacations must be taken.

No vacations will be taken or granted during peak seasons of Ramadan or Udhia.

Thank you,

Haitham Maghawri

Haitham Maghawri
Executive Director

Your signature signifies you have read, understand and will abide by this policy which is effective June 30th, 1999.

Print Employee Name: ABDULRAHMAN A. ODEH

Signature: _____

Date: 7-2-99

Note: For complete details of Vacation Policies see your Personal Policy Manual – Section 502

THIS MEMO MUST BE SIGNED AND RETURNED BY JULY 8TH, 1999

I:\USERS\FATIMAH\MEMOS\VAC699.DOC

HOLY LAND FOUNDATION
for Relief & Development
A Helping Hand For All Mankind
HLF

Tel 972-699-9868
Fax 972-699-0198

E-Mail: hlf@hlf.org
Internet: www.hlf.org

525 International Pkwy,
Suite 509
Richardson, TX 75081

Executive Memo

9/22/00

To: Mr. Wafa Yaish

Please make the adjustments for September, 2000 payroll as indicated below:

1- Ibrahim Al-Samneh	$1000 bonus for the extra hours to fix cleaning the current database.
	$100 deduction for the next 5 months (Blair communication contract)
2- Ayman Ismail	$500 a bonus for the extra hours to fix cleaning the current database
3- Ali Ahmad	one week unpaid suspension from work (Tardiness)
4- Abdulrahman Odeh	$100 deduction for the next 15 months (Blair communication contract)
5- Raed Mussa	$500 deduction for the next 4 months. (Tardiness)
6- Fayez Idlebi	Pay only the 10 days of his Annual vacation.

Thank you for your cooperation.

Sincerely,

Haitham Maghawri

Haitham Maghawri

Executive Director

مؤسسة الأرض المقدسة للإغاثة والتنمية	بسم الله الرحمن الرحيم تقرير تقييم أداء مكتب ميداني	مكتب : نيو جيرسي عن سنة : 1997

أولاً : تقييم الجانب الاداري

مجال التقييم	التقييم: ممتاز	جيد	متوسط	ضعيف	ملاحظات
مستوى التقارير من حيث تضمنها المعلومات المطلوبة					
دقة المعلومات الواردة في التقارير	X				أبي اعمه
شمولية التقارير وتغطيتها لكافة نشاطات المكتب	X				في مستوى تقارير
مستوى الالتزام بمواعيد تسليم التقارير	X				ممتاز
سرعة التجاوب مع طلبات الادارة	X				
مستوى الالتزام بالانظمة واللوائح		~~X~~	X		برضو المستوى جيد في مجال
مستوى التنظيم والترتيب في أداء المكتب		+ X			استخدام الكمبيوتر

ثانياً : تقييم الاداء في مجال شئون الموظفين

مجال التقييم	التقييم: ممتاز	جيد	متوسط	ضعيف	ملاحظات
مستوى اكتمال ملفات موظفي المكتب					
تسليم تقارير تقييم أداء الموظفين (السنوية)					
تسليم تقارير الاجازات إلى قسم شئون الموظفين					
فعالية العمل في باب المكافآت والجزاءات					
مستوى التدريب والتأهيل					
مستوى البرامج الاجتماعية للموظفين					
مدى انتظام إجتماعات الموظفين					
المبادرات والاقتراحات لتطوير العمل					
مدى الانسجام الداخلي بين الموظفين					

ثالثاً : تقييم الأداء في مجال المشروعات

مجال التقييم	التقييم: ممتاز	جيد	متوسط	ضعيف	ملاحظات
مستوى الجهد قياساً بحجم العمل					
الالتزام بمواعيد تقارير المشروعات		X			
الالتزام بالميزانية المعتمدة للمشروعات	X				
الالتزام بمواعيد انجاز المشروعات					
		X			

HLDL197 0000794

رابعاً : تقييم الأداء في مجال العلاقات وتنمية الموارد :

مجال التقييم	التقييم				ملاحظات
	ممتاز	جيد	متوسط	ضعيف	
الموارد التي تم استقطابها بجهود المكتب		+ X			
الجهود المبذولة لاستقطاب الدعم (الأنشطة)		++ X			
اداء المكتب في مجال العلاقات			X		

خامساً : تقييم الأداء في المجال الاعلامي

مجال التقييم	التقييم				ملاحظات
	ممتاز	جيد	متوسط	ضعيف	
مستوى التصوير الاوتوغرافي					
مستوى تصوير الفيديو					

سادساً : تقييم الأداء في الجانب المالي سيرفع للمحاسب

مجال التقييم	التقييم				ملاحظات
	ممتاز	جيد	متوسط	ضعيف	
مستوى الالتزام بالسياسات والضوابط المحاسبية					
مستوى الأداء المحاسبي للمكتب					
الكفاءة (المالية) = المصروفات الادارية / ميزانية المشروعات = (%)					

سابعاً : تقييم الأداء في مجال التخطيط

مجال التقييم	التقييم				ملاحظات
	ممتاز	جيد	متوسط	ضعيف	
مستوى الخطط المقدمة (سنوية وغيرها)		++ X			
مدى الالتزام بالخطط المعتمدة		+ X			

ثامناً : تقييم الأداء بشكل عام

مجال التقييم	التقييم				ملاحظات
	ممتاز	جيد	متوسط	ضعيف	
فعالية اللجنة الاستشارية				X	
التقييم العام لاداء المكتب خلال السنة		+ X			

التاريخ : 17 - 2 - 1998

توقيع مدير ادارة البرامج والمشروعات الانمائية

HLDL197 0000795

HOLY LAND FOUNDATION
for Relief & Development
A Helping Hand For All Mankind
HLF

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Internet: www.hlf.org

525 International Pkwy,
Suite 509
Richardson, TX 75081

June 16, 1998

To: Abdulrahman Odeh
NJ OFFICE

Subject: Warning Letter

Dear Abdulrahman,
Assalamu Alikum Warahmatualh Wabarakatuh

This letter is to express my dissatisfaction with your performance during the months of **May** and **June**. However, I have not received any confirmation from you regarding Shiek Omar Assibiehi program. The deadline was set to June 12, 1998. It is extremely important that we respect our deadlines.

Please be advised that this letter is going to affect your evaluation and will jeopardize your work with the Holy Land Foundation..

Akram Mishal
Akram Mishal
Field Work Director

Cc Haitham Maghawri
Cc Shukri Baker

Tel 972-699-9868
Fax 972-699-0198

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بسم الله الرحمن الرحيم
مؤسسة الأرض المقدسة
للإغاثة والتنمية
Holy Land Foundation for Relief & Development
HLF

March 25, 1998

Executive Memo
Subject: Salary Increase

To: AbdulRahman Odeh

Dear AbdulRahman,
Assalamu Alaikum

I'm glad to report that after the evaluation of your performance during the year 97. I have decided to increase your salary as follows:

Starting March 1998 your Annual base salary will be adjusted from $32,000 to **$38,000.**

($1000 extra bonus at the end of the year if the management sees outstanding performance)

Congratulation on your success. May Allah bless your effort.

Haitham Maghawri
Executive Director

CC CEO

CC CPA

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بسم الله الرحمن الرحيم
مؤسسة الأرض المقدسة للإغاثة والتنمية
Holy Land Foundation for Relief & Development
HLF

مذكرة رقم : ١٠٣ - ن ج - ١٩٩٧
بتاريخ : ١٤ / ١٠ /١٩٩٧

حضرة الأخ / بسام فارس حفظه الله
مدير الفروع
المركز الرئيسي - تكساس

من بعد التحية ، كنت قد أخبرتكم منذ أسبوع بأني مضطر لأخذ إجازتي السنوية للسنة القادمة في هذا الشهر وذلك بمناسبة زواج أخي في عمان - الأردن ولإحضار عائلتي من هناك لتقيم معي في أمريكا ، وحيث أنني لم أستطع أن أحدد موعد الإجازة في حينه وذلك لانتظار موافقة أهل العروس وبما أنه قد تم الأمر بحمد الله وعليه أتقدم بطلب إجازتي رسميا لتبدأ من ٢٠ أكتوبر وتنتهي في ٣١ أكتوبر ١٩٧٧ . مع العلم بأنني رتبت أمور المكتب من إنهاء أي عمل سيطرق بغيابي .
راجيا من سيادتكم التفضل بقبول الإجازة ولكم جزيل الشكر والامتنان .

وتفضلوا بقبول فائق الاحترام .

عدم القبول

أخوكم
عبدالرحمن عبدالكريم عودة
مدير مكتب شرق أمريكا

HOLY LAND FOUNDATION
for Relief & Development
A Helping Hand For All Mankind

HLF

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525 International Pkwy,
Suite 509
Richardson, TX 75081

June 14th, 1999

Executive Memo

Subject: Salary Increase

To: Abdulrahman Odeh

Dear Odeh,

Assalamu Alaikum

I'm glad to report that after the evaluation of your performance during the year 98. I have decided to increase your salary as follows:

Starting April 1999 your Annual base salary will be adjusted from $38,000 to **$40,508.**

Congratulation on your success. May Allah bless your effort.

Haitham Maghawri

Haitham Maghawri
Executive Director

CC CEO

CC CPA

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525 International Pkwy,
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Richardson, TX 75081

June 14, 1999

Dear Abdulrahman,

First, I would like to thank you on the good job you have done in Albania. Also, your salary for the month of June will reflect a bonus in the amount of $3,250 in appreciation of your hard work. May Allah bless you and your family.

Sincerely,

Haitham Maghawri

Haitham Maghawri

Executive Director

Beneficiary Designation
Holy Land Foundation Retirement Plan

ODEH ABDULRAHMAN A. 153-74-4273
Employee's Name (last, first, middle) Social Security

Birth Date 06/26/59
Marital Status X Married ____ Single ____ Divorced ____ Widowed

BENEFICIARY DESIGNATION

I. PRIMARY BENEFICIARY

Last Name	First Name	Middle I.	Relationship
ODEH	LINDA	A. AZIZ	wife

Date of Birth	Social Security Number
09/27/64	145-82-8417

Address

II. CONTINGENT

If the above beneficiary is not living, then pay:

Last Name	First Name	Middle I.	Relationship	% (Paid Equally Unless Otherwise Noted
ODEH	ABDULKAREEM	A. RAHMAN	Son	40%
ODEH	MOHAMMAD	A. RAHMAN	Son	40%
ODEH	LEENA	A. RAHMAN	Daughter	20%

Note: If more than one primary beneficiary is named and a primary beneficiary dies before payment is made, the amounts designated for the deceased primary beneficiary will be reallocated to the other primary beneficiaries (in accordance with the indicated proportions). Similar rules apply for contingent beneficiaries.

The foregoing designation is effective upon receipt by the Plan Administrator and revokes any and all previous designations made by the employee. The Plan Administrator is authorized to act under this Beneficiary Designation unless it is revoked or changed by the employee in writing.

Witness Employee 2/2/2000
Date

Holy Land Foundation 403(b) Plan

ENROLLMENT/CHANGE FORM

A. ENROLLMENT/CHANGE

X New Enrollment _____ Terminate Participation _____ Change in Employee Data _____ Change in Contribution

B. EMPLOYEE DATA

NAME ABDULRAHMAN A. ODEH

SOCIAL SECURITY # 153-74-4273

ADDRESS 345 E. Railway Ave DATE OF BIRTH 06/26/59
Paterson, NJ 07503 DATE OF HIRE 04/1/1994
ENROLLMENT DATE ___/___/___

Spouse's Name LINDA A. ODEH Officer of Employer _____ Yes _____ No

C. PARTICIPATION OR WAIVER ELECTION

X I hereby elect to participate in the 403(b) Plan and authorize the Company to reduce my pay by the amount selected below and contribute it to the Plan.

_____ I do not wish to participate in the 403(b) Plan at this time.

D. SALARY REDUCTION ELECTION: Not to exceed $9,500.00 for plan year

✓ I elect to defer $ 150.00 of my compensation per pay period.

Amana Income $ 50 Amana Growth $ 100.00
150.00 Co's Contribution

G. SIGNATURES

EMPLOYEE — DATE 2/2/2000

EMPLOYER/PLAN ADMINISTRATOR — DATE ___/___/___

If you have any questions regarding these elections, please contact your plan administrator.

HLDL197 0000802

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Internet: www.hlf.org

525 International Pkwy.
Suite 509
Richardson, TX 75081

Executive Memo

5-2-00
Subject: Salary Increase

To: Abdul Rahman Odeh

Dear Abdul Rahman,
Assalamu Alaikum

I'm glad to report that after the evaluation of your performance during the year 99. I have decided to increase your salary as follows:

Starting April 1999 your Annual base salary will be adjusted from $40,512 to **$46,000.**

Congratulation on your success. May Allah bless your effort.

Haitham Maghawri
Executive Director

P.S. Mr. Ibrahim Al-Samneh would send goals & objectives for next year to you.

CC CEO

CC CPA

Holy Land Foundation for Relief and Development

Code of Ethics

By signing a copy of this code of ethics, I as a staffer at the Holy Land Foundation affirm that:

- **I will not use my professional relationship to further my own interests.**
- **I will respect the privacy of all donors and volunteers and hold in confidence all information obtained in the course of professional services.**
- **I will not discuss HLF's private matters in public.**
- **I will maintain confidentiality when storing or disposing of donors/volunteers records.**
- **I upon termination will maintain donor and coworker confidentiality, and I will hold as confidential any information I obtained concerning the HLF.**
- **I will respect and obey management's decisions even those not to my liking.**
- **I will not argue or debate management's decisions in public or outside official staff meetings.**
- **I shall at all times show utmost respect towards management.**
- **I will not exploit the trust of the public or my coworkers. I will make every effort to avoid relationships that could impair my professional judgement.**
- **I will not engage or condone any form of harassment or discrimination.**
- **I f I know that a colleague has violated ethical standards, I will bring this to my colleague's attention. If this fails, I will report the activity to my supervisor.**
- **I will protect HLF property. If I cause damage intentionally or otherwise I shall report to management and then assume full responsibility for my actions.**
- **I will respect the integrity of my work area as well as the overall work environment. I will keep the office neat, in order and presentable at all times.**

- I will treat HLF's volunteers and guests with respect and dignity.
- I will continually assess my personal strengths, limitations, biases, and effectiveness.
- I will strive to become and remain proficient in professional practice and the performance of professional functions.
- I will act in accordance with standards of professional integrity.
- I will abide by HLF's personnel policies as stated in HLF's personnel manual.
- I will seek assistance for any problem that impairs my performance.
- I will meet my deadlines, perform promptly and deliver assignments to expectation.
- I understand that violation of this code may be ground for dismissal.

Staffer Signature _____ 3-6-98 Date

Executive-code98

Work Ethics and Expectation

Confidentiality Statement
Of
Holy Land Foundation for Relief and Development

As an employee of Holy Land Foundation, I understand that all client and staff information is confidential and should not be discussed with any person(s) outside of the Foundation. Also that copying, removing, allowing unauthorized access to any Foundation documents, files, or mailing lists; or any form of distribution of client information is not allowed. I understand that should I breach this Confidentiality Requirement that my employment with The Foundation will be immediately terminated.

Your activities and all information pertaining to it must be kept within the organization. No discussion with the public is allowed on issues of management, work disputes, financials, etceteras

Representing the Foundation

When you are away from the Foundation premises on company business, you have a special responsibility as a representative of the Foundation to project the image that we want our customers to see. Your behavior is looked upon as the Foundation's behavior and your appearance projects the Foundation image. We ask that you display the highest standards of integrity and professionalism possible.

Our image is also projected through your attire, therefore, we expect you to be attired in appropriate clothing.

Conflicts of Interest

Policy – It is the policy of the Foundation to prohibit its employees from engaging in any activity, practice or act which conflicts with the interest of the Foundation, or appears to conflict, or may cause conflict between its employees, its clients, its donors, or its suppliers. It is impossible to describe all of the situations, which may cause or give the appearance of a conflict of interest.

Fraternizing – It is the policy of the Foundation that no two employees can be married while under the employment of the Foundation.

Scheduling

The normal hours of operation for employees at Holy Land Foundation are as follows:

- Monday through Friday 9:00 a.m. – 6:00 p.m.

Note: Some employees may have different hours as arranged at time of initial employment date.

Additional information is as follows:

- All employees must be at their workstation ready for work at the start of their shift.
- Additional projects may require longer working hours, which will be announced and posted prior to beginning of project.
- Meal breaks for all employees are one hour in length. Lunch periods are not paid. Lunch should be taken between 11:00 a.m. – 2:00 p.m.

Timekeeping

All employees must record their time worked on the Foundation approved system. All time worked is to be recorded as follows:

- Use of the Time Clock serves as an employee's record of time worked.
- You must punch in or out, when you arrive for work, take your lunch period and leave for the day.
- Failure to properly record each day's activities could result in missed pay for the employee.
- You are not to punch another employee's Time Card and you are not to authorize another employee to punch your Time Card. Violation of this is

Attendance and Punctuality

Even the most efficient worker is of less value when he/she is late or absent from work. Since we are a service organization, it is essential that all work is completed as quickly as possible; so that our client's needs can be quickly satisfied in the shortest possible time. The following procedures are to be followed if you are going to be absent or late:

- All employees are required to notify the Office as soon as possible, but no later than 15 minutes prior to the start of their shift, if they are not going to be available for work.
- If you are ill, you must call in each day to advice Management that you will not be in.
- Habitual lateness will not be tolerated by the Foundation.

Standards We Live By

As a member of the Holy Land Foundation staff, it is everyone's responsibility to maintain a neat, clean, orderly and pleasant atmosphere for all employees. Following are some guidelines to help each of us do our part.

Good Housekeeping

Whatever area you may work in, you are responsible to do your part in keeping our work and rest areas as clean, neat, and organized as possible. You spend a great deal of time here, and your fellow workers expect and deserve your best efforts in this area.

Smoking

Smoking is allowed in designated areas of outside our building. We do expect everyone to be considerate of other employees.

Language

Offensive language is never appropriate in the work place. You should show your fellow employees the type of consideration, as you would expect to be shown.

Telephone Calls

Discretion should be used in making or receiving personal phone calls during business hours. Personal long distance and toll calls are the financial responsibility of the employee. This is a business phone so limit your calls to insure that our clients can reach us.

Your signature signifies receipt of Work Ethics:

Signature _____ Date _____

Holy Land Foundation for Relief and Development

Code of Ethics

By signing a copy of this code of ethics, I as a staffer at the Holy Land Foundation affirm that:

- **I will not use my professional relationship to further my own interests.**
- **I will respect the privacy of all donors and volunteers and hold in confidence all information obtained in the course of professional services.**
- **I will not discuss HLF's private matters in public.**
- **I will maintain confidentiality when storing or disposing of donors/volunteers records.**
- **I upon termination will maintain donor and coworker confidentiality, and I will hold as confidential any information I obtained concerning the HLF.**
- **I will respect and obey management's decisions even those not to my liking.**
- **I will not argue or debate management's decisions in public or outside official staff meetings.**
- **I shall at all times show utmost respect towards management.**
- **I will not exploit the trust of the public or my coworkers. I will make every effort to avoid relationships that could impair my professional judgement.**
- **I will not engage or condone any form of harassment or discrimination.**
- **I f I know that a colleague has violated ethical standards, I will bring this to my colleague's attention. If this fails, I will report the activity to my supervisor.**
- **I will protect HLF property. If I cause damage intentionally or otherwise I shall report to management and then assume full responsibility for my actions.**
- **I will respect the integrity of my work area as well as the overall work environment. I will keep the office neat, in order and presentable at all times.**

- I will treat HLF's volunteers and guests with respect and dignity.
- I will continually assess my personal strengths, limitations, biases, and effectiveness.
- I will strive to become and remain proficient in professional practice and the performance of professional functions.
- I will act in accordance with standards of professional integrity.
- I will abide by HLF's personnel policies as stated in HLF's personnel manual.
- I will seek assistance for any problem that impairs my performance.
- I will meet my deadlines, perform promptly and deliver assignments to expectation.
- I understand that violation of this code may be ground for dismissal.

_____ _____

Staffer Signature Date

Executive-code98

05/29/01 [redacted]

[redacted] Administration Guide:

[redacted]	% Merit Increased	Recommendation
[redacted]	7	6-7-8
[redacted]	5	4-5-6
[redacted]	3	3-4
[redacted]	1	1-2

[redacted] Odeh

Person Conducting Evaluation: Haitham, Ibrahim

[redacted] 46,000

S Increased(Recommended): (5%) $2,300

[redacted] $2,300

Effective Date: 4-1-01

[redacted]:

Date: 5-30-01

[redacted]:

Date: 4-30-01

MAY 30 2001

Vacation Request Form

[illegible] Employee Number _____

Department [illegible] Supervisor _____

Start Date	End Date	Total Days	Reason Code
9-3-01	9-7-01	5	V

Reason Codes: V - Vacation Day F – Floater Day PL – Personal Leave Paid PU – Personal Leave Unpaid

Employee Signature _____ Date 8-21-01

Manager Signature _____ Date _____

New Work, NJ

HLDL197 0000813A

08/20/01 14:17 FAX 001

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	0400
CONNECTION TEL	919735232709
SUBADDRESS	
CONNECTION ID	
ST. TIME	08/20 14:16
USAGE T	00'44
PGS. SENT	1
RESULT	OK

3331 5

Vacation Request Form

Employee Name _____ Employee Number ____

Department _____ Supervisor ____

Start Date	End Date	Total Days	Reasc

Reason Codes: V - Vacation Day F – Floater Day PL – Personal Leave Paid

Employee Signature _____ Date _____

Manager Signature _____ Date _____

Eastern Office
Tel 973-523-5010
Fax 973-523-2709

E-Mail: hlf@hlf.org
Internet: www.hlf.org

P.O. Box 2115
Paterson, NJ 07509

بسم الله الرحمن الرحيم
مؤسسة الأرض المقدسة
للإغاثة و التنمية
Holy Land Foundation for Relief & Development
HLF

Memo #: 29-N J - 2001
February 22, 2001

Mr. Haitham Maghawri
Head Office
Dallas, Texas

Dear Mr. Abu-Omar

In response to your letter dated February 21, 2001- I appreciate your trust in my ability of being the best candidate for managing the new office in Detroit.

As a dedicated and committed employee of the Holy Land Foundation since 1994, I strive daily to project the mission of the foundation while continuing our much needed work in the manner we can all be proud of here in the NJ office, the Eastern region, and Nationally. Your confidence in my capability has truly humbled me.

In order to accept this gracious position of Coordinator Head Office Detroit, it is necessary to include the following items in our agreement:

1. All moving expenses incurred, i.e. furniture, phone transfers, airline tickets, lease penalty, utility deposits, hotel rooms, etc. would be facilitated by HLF
2. $10,000 Cash advance for moving expenses with receipts turned in at completion of move along with remainder.
3. Increase in salary to reflect $65,000.00 annually not including bonuses.
4. A $5000.00 Dollar moving bonus payable upon acceptance of this agreement.
5. A mobile phone with direct bill to the HLF.
6. An office vehicle that is well maintained and in good running condition.
7. Full Medical Insurance for myself and family.
8. Maintain HLF web site instead of in kind donations.
9. Occasional assignment on International relief missions.
10. Work in coordination with Mr.Jadallah as a subordinate if possible.

I look forward to your response and my continued work with the Holy Land Foundation.

Abdulrahman Odeh
Director, New Jersey Office

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	4727
CONNECTION TEL	919735232709
SUBADDRESS	
CONNECTION ID	
ST. TIME	05/18 10:41
USAGE T	00'47
PGS. SENT	1
RESULT	OK

DISCIPLINARY ACTION

- o **Verbal warning**
- o **First written warning**
- o **Suspension**
- o **Second written warning**
- o **Third and final warning**
- o **Termination**

Name..... **S.S.#**.....

Date..... **Dept.**.....

- ◊ Mis-handling a Donor/ a Caller
- ◊ Tardiness
- ◊ Excessive Absence
- ◊ Poor Attitude/ Behavior
- ◊ Missing Scheduled Meeting
- ◊ Mis-handling Cash/ Checks/Credits
- ◊ No Call / No Show
- ◊ Misconduct
- ◊ Code of Ethics Violation
- ◊ Poor Performance
- ◊ Insubordination
- ◊ Security/ Safety Violation

Explain action(s) caused the above violation

.....
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.....
.....

Step(s) taken to correct the situation

.....
.....
.....
.....
.....
.....

DISCIPLINARY ACTION

- o **Verbal warning**
- o **First written warning**
- o **Suspension**
- o **Second written warning**
- o **Third and final warning**
- o **Termination**

Name..... **S.S.#**.....

Date..... **Dept**.....

- ◊ Mis-handling a Donor/ a Caller
- ◊ Tardiness
- ◊ Excessive Absence
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- ◊ No Call / No Show
- ◊ Misconduct
- ◊ Code of Ethics Violation
- ◊ Poor Performance
- ◊ Insubordination
- ◊ Security/ Safety Violation

Explain action(s) caused the above violation

.....
.....
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.....
.....

Step(s) taken to correct the situation

.....
.....
.....
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.....
.....

Employee's comment

.....
.....
.....

Manager

Employee

The purpose of disciplinary action is to correct unsatisfactory performance in an atmosphere in which the team member can learn from past mistakes while minimizing the team member's loss of dignity and self-esteem.
Holy Land Foundation has the discretion not to use the above procedure and can immediately discharge its employee based on the severity of the situation.

HOLYLAND FOUNDATION
for Relief & Development
A Helping Hand For All Humankind

HLF

Tel 972-699-9868
Fax 972-699-0198

E-Mail: hlf@hlf.org
Internet: www.hlf.org

525 International Pkwy
Suite 509
Richardson, Texas 75081

Wednesday, May 09, 2001

Mr. Abdul-Rahman Odeh
345 E. Railway Ave.
Paterson NJ 07503

Dear Mr. Abdul-Rahman Odeh,

In reference to your request for a new base salary, we regret to inform you that we are unable to fulfill your request. As we have discussed in your annual performance review meeting, your new base salary will be your year 2000 salary plus 5% of that salary.

However, we would like to offer you a bonus that would be paid on your next performance review as follows:

- We will pay you $5000 if you were able to collect a minimum of 90% in **CASH** donations of your $2,000,000 target. (Pledges are not included)
- We will pay you $3000 if you were able to collect 70% - 89% in **CASH** donations of your 2,000,000 target. (Pledges are not included)
- No bonus will be paid if you fail to collect 70% or more in **CASH** donations.

If you have any questions, please do not hesitate to contact us.

Best regards,

Haitham Maghawri
Executive Director

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	4601
CONNECTION TEL	2015232709
SUBADDRESS	
CONNECTION ID	
ST. TIME	05/09 15:59
USAGE T	00'38
PGS. SENT	1
RESULT	OK

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	4796
CONNECTION TEL	919735232709
SUBADDRESS	
CONNECTION ID	
ST. TIME	05/29 19:07
USAGE T	05'24
PGS. SENT	7
RESULT	OK

FAX COVERSHEET

DATE: 5/01/01

FROM: Ramji FAX: 972-699-0198

TO: Abdulrahman Odeh FAX:

COMPANY:

NUMBER OF PAGES TRANSMITTED: _____ INC. COVER PAGE.

SUBJECT:

Please Sign the Salary Sheet and Fax it Back ASAP.

Thanks Ram

PLEASE CALL IF ALL PAGES NOT TRANSMITTED OR LEGIBLE.

FAX COVERSHEET

DATE: 5/01/01

FROM: Ramzi FAX: 972-699-0198

TO: Abdulrahman Odeh FAX:

COMPANY:

NUMBER OF PAGES TRANSMITTED: _____ INC. COVER PAGE.

SUBJECT:

Please Sign the Salary Sheet and Fax it Back ASAP.

Thanks Ra

PLEASE CALL IF ALL PAGES NOT TRANSMITTED OR LEGIBLE.

HLDL197 0000821

05/02/01 08:59 FAX

****
*** TX REPORT ***
****

TRANSMISSION OK

TX/RX NO	4548
CONNECTION TEL	919735232709
SUBADDRESS	
CONNECTION ID	
ST. TIME	05/02 08:55
USAGE T	04'04
PGS. SENT	7
RESULT	OK

001

Manager Evaluation Form

Employee Name:_____ **Social Security #:**_____

Evaluation Guide 4/30/01

F- [4 points] **FAR EXCEEDS EXPECTATION**-consistently exceeds expectations and actions often contribute to improve or innovative work practices.
O- [3 points] **ON TRACK**-fully meets expectations/standards and may even exceed expectations in som area.
N- [2 points] **NEEDS IMPROVEMENT**-does not consistently meet all performance requirements.
U- [1 point] **UNSATISFACTORY**-unacceptable, immediate improvement is required

DONOR FOCUS

3__ Works to exceed the expectations of donors
2__ Establishes positive and supportive relationships with local donors
3__ Demonstrates that donor satisfaction is priority #1 by role modeling at every opportunity

Total Points:___8 Average:__2.6

ENTHUSIASM

2__ Pursues objectives with drive and energy
3__ Displays commitment to the job and HLF
3__ Rebounds quickly from setbacks and disappointments
2__ Looks for positive rather than problems

Total Points:___10 Average:__2.5

DRIVE FOR RESULTS

3__ Keeps his/her direct reports focused on critical results and tasks
3__ Initiates action without being told
3__ Maintains the proper balance between financial concerns and non-financial issues

Total Points:___9 Average:__3

FUNCTIONAL KNOWLEDGE

3__ Demonstrates expertise in his/her functional area
2__ Knows who to get involved and how to get things done in the organization
3__ Shows general knowledge about HLF, non-profit organizations and news
3__ Keeps abreast of changes, information and methods related to his/her position

Total Points:___11 Average:__2.75

TEAM WORK

3__ Instills a positive, team-oriented approach in his/her work department
3__ Works with people inside and outside his/her function to solve problems
2__ Discourages" we-they" thinking

Total Points:___8 Average:__2.6

MOTIVATION

2__ Inspires others to go the extra mile and perform at higher level
n/a__ Acknowledges good performance and celebrates successes
n/a__ Allows each person the latitude to work independently while maintaining proper controls

Total Points:___2 Average:__2

HIGH STANDARDS

3__ Strives for superior performance in all areas of accountability
3__ Completes projects, assignments or tasks on time and within budget
n/a__ Establishes challenging goals and objectives for department staff

Total Points:___6 Average:__3

GENERAL TRUST

3__ Accepts responsibility for his/her decisions and actions
2__ Deals with others honestly, fairly, and respectfully
3__ Encourages open, candid two-way communications
3__ Lives up to promises and commitments

Total Points:___11 Average:__2.75

COACHING AND DEVELOPMENT

N/a__ Accurately identifies individual strengths and developmental needs
N/a__ Provides constructive feedback in a timely manner to correct performance shortcomings
N/a__ Helps others grow by providing challenging assignments and /or increased responsibility
N/a__ Skillfully and regularly conducts performance discussions with his/ her direct reports

Total Points:___ Average:__n/a

PROBLEM SOLVING

2__ Identifies the key issues in a situation without getting bogged down in unnecessary details
2__ Considers alternatives and looks at situations from different angles
2__ Understands complex concepts or issues

Total Points:___6 Average:__2

Performance Evaluation

1- Leading People

__ Proactively source & selects individuals who meet the HLF success profile
__ Maintain turnover level
__ Effectively uses orientation and training outlines
__ Consistent with follow-up on training outlines and performance improvement plan
__ Cross-trains as necessary for smooth department functioning
__ Conduct timely performance discussions with staff
__ Keeps entire team informed through regular meeting
__ Adheres to personnel policy and procedures as outlined in HLF manual
__ Federal, State, labor guidelines are consistently followed

Total Points:___ Average:__N/A

2- Donor Focus

2__ Proactively addresses donor concerns/ issues.
2__ Role – Model HLF's donor's interactions.
3__ Functionality of donor service area is maintained.
3__ Actively looks for ways to ensure that donors are satisfied.
3__ Takes personal responsibility to solve donor's problems.

Total Points:___13 Average:__2.6

3- Financials

	Results vs. Budget	Results vs. Last Year
Donations		
__One time pledge	----------	----------
__ Monthly pledge	----------	----------
__Udhia	----------	----------
__Gifts	----------	----------
__Special events	----------	----------

Total Points:___ Average:__3

Sponsorship Programs		
__Students	----------	----------
__Orphans	----------	----------
__Family	----------	----------
__Project Implementation	----------	----------

Total Points:___ Average:__

Overall Rating:

Total Average 28.8 Divided By Total Categories Applied 11 = 2.62 (overall rating)

MANAGEMENT DEVELOPMENT PLAN

Strengths: What are the employee's most significant strengths?

- Very Organized
- Great Team work spirit

Development Needs: What are the employee's most important development opportunities?

- Follow the chain of command.
- Yearly plan with a budgetary & financial revenue
- Enhance problems solving skills.

Development Action Plan: determine 2-3 most beneficial development objectives which will have the most impact on the employee's future job performance or career success.

Development Objectives Action Steps Completion Dates

1- Assigned a region to coordinate and manage field activities starting May 01,01. The area will be; NY,NJ,PA,MA,MD,VA.
2- ~~A $ 2 million cash~~ was set as a financial goal for the above regions during year of 2001.
3- Follow up on late one time pledges. Collection of at least 60% or more of outstanding pledges should be maintained for year 2001.
4- Establish one chapter per state during year 2001.
5- Attend 2 seminars upon the recommendation of the head dept.

Manager Salary Administration Guide:

Average Rating	% Merit Increased	Recommendation
F [4 points]	7	6-7-8
O [3 pointd]	5	4-5-6
N [2 points]	3	3-4
U [1 points]	1	1-2

Employee Name: Abdulrahman Odeh

Person Conducting Evaluation: Hattem, Ibrahim

Current Salary: 46,000

$ Increased(Recommended): (5%) $2,300

New Salary: 48,300

Effective Date: 4-1-01

Employee Signature:_____

Date:_____

Approved By: [illegible]

Date: 4-3-01

201-523-2709

HOLY LAND FOUNDATION
for Relief & Development
"A Helping Hand For All Mankind"

Tel 972-699-9868
Fax 972-699-0198

E-Mail: hlf@hlf.org
Internet: www.hlf.org

525 International Pkwy,
Suite 509
Richardson, TX 75081

FAX COVERSHEET

DATE: 5/01/01

FROM: Ramzi FAX: 972-699-0198

TO: Abdulrahman Odeh FAX:

COMPANY:

NUMBER OF PAGES TRANSMITTED: _____ INC. COVER PAGE.

SUBJECT:

Please Sign the Salary Sheet and Fax it Back ASAP.

Thanks Ra

PLEASE CALL IF ALL PAGES NOT TRANSMITTED OR LEGIBLE.

Manager Evaluation Form

Employee Name: Abdulrahman Odeh Social Security #: 4-30-01

Evaluation Guide

F- [4 points] **FAR EXCEEDS EXPECTATION**-consistently exceeds expectations and actions often contribute to improve or innovative work practices.
O- [3 points] **ON TRACK**-fully meets expectations/standards and may even exceed expectations in som area.
N- [2 points] **NEEDS IMPROVEMENT**-does not consistently meet all performance requirements.
U- [1 point] **UNSATISFACTORY**-unacceptable, immediate improvement is required

DONOR FOCUS

3 Works to exceed the expectations of donors
3 Establishes positive and supportive relationships with local donors
3 Demonstrates that donor satisfaction is priority #1 by role modeling at every opportunity

Total Points: 9 *Average:* 2.6

ENTHUSIASM

2 Pursues objectives with drive and energy
2 Displays commitment to the job and HLF
3 Rebounds quickly from setbacks and disappointments
2 Looks for positive rather than problems

Total Points: 10 *Average:* 2.5

DRIVE FOR RESULTS

3 Keeps his/her direct reports focused on critical results and tasks
3 Initiates action without being told
3 Maintains the proper balance between financial concerns and non-financial issues

Total Points: 9 *Average:* 3

FUNCTIONAL KNOWLEDGE

3 Demonstrates expertise in his/her functional area
2 Knows who to get involved and how to get things done in the organization
3 Shows general knowledge about HLF, non-profit organizations and news
3 Keeps abreast of changes, information and methods related to his/her position

Total Points: 11 *Average:* 2.75

TEAM WORK

3 Instills a positive, team-oriented approach in his/her work department
3 Works with people inside and outside his/her function to solve problems
3 Discourages" we-they" thinking

Total Points: 9 *Average:* 3

MOTIVATION

2 Inspires others to go the extra mile and perform at higher level
N/A Acknowledges good performance and celebrates successes
N/A Allows each person the latitude to work independently while maintaining proper controls

Total Points: 2 *Average:* 2

HIGH STANDARDS

3 Strives for superior performance in all areas of accountability
3 Completes projects, assignments or tasks on time and within budget
N/A Establishes challenging goals and objectives for department staff

Total Points: 6 *Average:* 3

GENERAL TRUST

3 Accepts responsibility for his/her decisions and actions
2 Deals with others honestly, fairly, and respectfully
3 Encourages open, candid two-way communications
3 Lives up to promises and commitments

Total Points: 11 *Average:* 2.75

COACHING AND DEVELOPMENT

N/A Accurately identifies individual strengths and developmental needs
N/A Provides constructive feedback in a timely manner to correct performance shortcomings
N/A Helps others grow by providing challenging assignments and /or increased responsibility
N/A Skillfully and regularly conducts performance discussions with his/ her direct reports

Total Points: ___ *Average:* ___

PROBLEM SOLVING

2 Identifies the key issues in a situation without getting bogged down in unnecessary details
2 Considers alternatives and looks at situations from different angles
2 Understands complex concepts or issues

Total Points: 6 *Average:* 2

Performance Evaluation

1- Leading People

__ Proactively source & selects individuals who meet the HLF success profile
__ Maintain turnover level
__ Effectively uses orientation and training outlines
__ Consistent with follow-up on training outlines and performance improvement plan
__ Cross-trains as necessary for smooth department functioning
__ Conduct timely performance discussions with staff
__ Keeps entire team informed through regular meeting
__ Adheres to personnel policy and procedures as outlined in HLF manual
__ Federal, State, labor guidelines are consistently followed

Total Points:___ ***Average:***__

N/A

2- Donor Focus

2 Proactively addresses donor concerns/ issues.
3 Role – Model HLF's donor's interactions.
3 Functionality of donor service area is maintained.
3 Actively looks for ways to ensure that donors are satisfied.
3 Takes personal responsibility to solve donor's problems.

Total Points: 13 ***Average:*** 2.6

3- Financials

	Results vs. Budget	Results vs. Last Year
Donations		
__One time pledge	----------	----------
__ Monthly pledge	----------	----------
__Udhia	----------	----------
__Gifts	----------	----------
__Special events	----------	----------

Total Points:___ ***Average:***__

Sponsorship Programs		
__Students	----------	----------
__Orphans	----------	----------
__Family	----------	----------
__Project Implementation	----------	----------

Total Points: 3 ***Average:***__

Overall Rating:

Total Average 2 Divided By Total Categories Applied 11 = 2.62 (overall rating)

Effective performance review can only be accomplished when there is an open exchange of ideas. To help accomplish this goal, your thoughts and input are critical. The following items are intended to help you prepare for your review discussion, to assist both you and your supervisor in your communications.

1- The specific abilities or skills that I would like to concentrate on developing with additional experience or training in the next year are:

2- If there were one thing I think I could improve in my performance, it would be:

3- If there were one thing I could change about my position, it would be:

4- Job Goals: list your specific job related goals (both short and long terms).

MANAGEMENT DEVELOPMENT PLAN

Strengths: What are the employee's most significant strengths?

- Organised
- Team work spirit

Development Needs: What are the employee's most important development opportunities?

- Follow the chain + line of authority
- Yearly plan with a budgetary + financial revenue
- Focus on Robbins [illegible]

Development Action Plan: determine 2-3 most beneficial development objectives which will have the most impact on the employee's future job performance or career success.

Development Objectives	Action Steps	Completion Dates
1- Assign a region to coordinate [illegible] field act [illegible] May [illegible] the area will be: VA.	NJ, NY, PA	
2- A small cash was set a financial grant for the above region [illegible]		
3- To [illegible] up [illegible] Late [illegible] pledges. Call [illegible] of at least 60% or more of [illegible] be maintained for [illegible]		
4- Establish [illegible] chapter [illegible] drive [illegible]		
5- [illegible] Seminar [illegible] Reservation [illegible]		

NJ. Office

Campaign's Name: Annual Special Events.

1- Odeh managed to have 3 events the objective was $180,000

City	Cash	Pledges	Total
Philadelphia	$12,732	$12,830	$25,562
New York	$16,384	$40,080	$56,464
Paterson	$12,028	$35,660	$47,691
Total	$41,144	$88,570	$129,717

Performance Evaluation:

1- the sale of the tickets was very low the number of tickets sold was recorded.
2- the Attitude toward the guests was unacceptable.
3- the retreival of items belonged to HLF was not done properly.
4- the documnetation of the events was excellent (reporting after the event).
5- in scale of 10 I give him 8
6- he has helped on all the activities that we set up.

Back to School Campaign

1- NJ office managed to have 3 Activities the objective was $50,000

city	collected	Target	
Baltimore	$9,640	$12,500	
N. Bergen	$12,000	$12,500	
Paterson	$0	$12,500	this khutba was cancelled due to problem with the Islamic center.
Philadelphia	$4,400	$12,500	problem with the personal in the masjid
Total	**$26,040**	**$50,000**	

Performance Evaluation

1- the office was not in a good term with the people in Paterson, and Paterson islamic center.
2- He did not put the usual effort in this campaign as we have known of him in the past.
3- most of the problem that took place in NJ community and the HLF was kept in details with the managem
4- in scale of 10 I give him 5

Alaqsa Campign

1- NJ office managed to set up 10 activities. The objective was $200,000

city	Cash	Pledges	total
paterson/ Telethon	$13,000	$0	$13,000
Passiec	$30,000	$0	$30,000
Bergen	$15,000	$2,000	$17,000
Baltimore	$2,000	$0	$2,000
Baltimore 2	$27,000	$19,000	$46,000
Bronx	$6,500	$1,500	$8,000
Irvington	$5,000	$0	$5,000
Windsor	$3,200	$2,800	$6,000
Msj. Iman	$53,000	$27,000	$80,000
Alfarouq	$11,000	$0	$11,000
Total	**$165,700**	**$52,300**	**$218,000**

Performance evaluation

1- he has done a very good job and the attitude was excellent.
2- the target was almost met with what we expected from him in this crisis.
3- on scale of 10 I give him 9

Ramadan 2000

1- managed to have 6 Activities $300,000

city	collected
windsor	$20,000
Hartford	$18,000
New Haven	$0
Paterson	$0
N. Bergen	$0
Irvington	$10,000
Total	**$48,000**

performance evaluation

1- most of the major cities did not allow us to collect due to problem with the HLF and you are aware of this
2- no new idea were presented to go to increase the collection
3- performance has dropped trendously during this ramadan.
4- on scale of 10, I give him 6

Adha 2001

[redacted]anager Evaluation Form

Employee [redacted]ULRAHMAN ODEH Social Security #: 153-74-4273

[redacted]

F- [4 [redacted]] [redacted]EEDS EXPECTATION-consistently exceeds expectations and actions often [redacted] innovative work practices.
O- [3 points] ON TRACK-fully meets expectations/standards and may even exceed expectations in som [redacted]
N- [2 points] [redacted]IMPROVEMENT-does not consistently meet all performance requirements.
U- [1 point] [redacted]ACTORY-unacceptable. immediate improvement is required

[redacted]

[redacted] the expectations of donors
[redacted] positive and supportive relationships with local donors
[redacted] that donor satisfaction is priority #1 by role modeling at every opportunity
[redacted] 1/3

[redacted]

[redacted]ives with drive and energy
[redacted]ment to the job and HLF
[redacted]ity from setbacks and disappointments
[redacted] rather than problems
[redacted]

[redacted]

[redacted] direct reports focused on critical results and tasks
[redacted] without being told
[redacted] proper balance between financial concerns and non-financial issues
[redacted]

[redacted]DGE

[redacted] expertise in his/her functional area
[redacted] to get involved and how to get things done in the organization
[redacted] knowledge about HLF, non-profit organizations and news
[redacted] of changes, information and methods related to his/her position
[redacted]

[redacted]

[redacted]tive, team-oriented approach in his/her work department
[redacted] people inside and outside his/her function to solve problems
[redacted] workay" thinking
[redacted] 3 2/3

[redacted]

- [redacted] others to go the extra mile and perform at higher level
- [redacted]es good performance and celebrates successes
- [redacted] person the latitude to work independently while maintaining proper controls

Total [redacted] [redacted] 4

[redacted]

- [redacted] superior performance in all areas of accountability
- [redacted] projects, assignments or tasks on time and within budget
- [redacted] challenging goals and objectives for department staff

Total [redacted] [redacted] 4

[redacted]

- [redacted]sibility for his/her decisions and actions
- [redacted] others honestly, fairly, and respectfully
- [redacted] open, candid two-way communications
- [redacted] and commitments

Total [redacted] [redacted] 3 3/4

C[redacted]VELOPMENT

- [redacted] identifies individual strengths and developmental needs
- [redacted] constructive feedback in a timely manner to correct performance shortcomings
- [redacted] others grow by providing challenging assignments and /or increased responsibility
- [redacted] and regularly conducts performance discussions with his/ her direct reports

Total [redacted] [redacted] 4

[redacted]

- [redacted] key issues in a situation without getting bogged down in unnecessary details
- [redacted] alternatives and looks at situations from different angles
- [redacted] complex concepts or issues

Total [redacted] [redacted] 4

Abdul Rahman Odeh
4/30/01

Effective performance review can only be accomplished when there is an open exchange of ideas. To help accomplish this goal, your thoughts and input are critical. The following items are intended to help you prepare for your review discussion, to assist both you and your supervisor in your communications.

1- The specific abilities or skills that I would like to concentrate on developing with additional experience or training in the next year are:

A- Building Relations with international organization.
B- Abilities of Dealing with Governmental Departments.
C- Ability of recruiting volunteers.
web page designing.

2- If there was one thing I think I could improve in my performance, it would be:

A- How to be a good fund raiser or better.
B- Register for UN Courses (for Example managing an emergency camps)

3- If there was one thing I could change about my position, it would be:

I enjoy every thing I do handle in my position.

4- Job Goals: list your specific job related goals (both short and long terms).

A- Increase my office income (Donations)
B- More Developing in the pantry. which is my Dream.
C- Establishing the Community Center
d- managing the middle east office which allows me to open channells in the Gulf, egypt, Jordan and the Arab League.
E- More International assaignment.

Performance Evaluation

[redacted]
[redacted] source & selects individuals who meet the HLF success profile
[redacted] level
[redacted] orientation and training outlines
[redacted] with follow-up on training outlines and performance improvement

[redacted] necessary for smooth department functioning
[redacted] performance discussions with staff
[redacted] informed through regular meeting
[redacted] personnel policy and procedures as outlined in HLF manual
[redacted], labor guidelines are consistently followed

[redacted] 27 [redacted] 3

[redacted]
[redacted] donor concerns/ issues.
[redacted] HLF's donor's interactions.
[redacted] of donor service area is maintained.
[redacted] for ways to ensure that donors are satisfied.
[redacted] responsibility to solve donor's problems.

[redacted] 18 [redacted] 3 2/3

	Results vs. Budget	Results vs. Last Year
[redacted]		
[redacted]	O	O
[redacted]	O	O
[redacted]	O	O
[redacted]	O	O
[redacted]	N	F
[redacted] 3		
[redacted]		
[redacted]	U	U
[redacted]	U	U
[redacted]	U	U
[redacted]tation	O	O
[redacted] 1 1/2		

[redacted]

Total [redacted] 50 Divided By Total Categories Applied 14 = 3 1/2 (overall rating)

Eastern Office
Tel 973-523-5010
Fax 973-523-2709

E-Mail: hlf@hlf.org
Internet: www.hlf.org

P.O. Box 2115
Paterson, NJ 07509

بسم الله الرحمن الرحيم
مؤسسة الأرض المقدسة للإغاثة والتنمية
Holy Land Foundation for Relief & Development
HLF

٢٠٠١/٥/٢

حضرة السيد / هيثم مغاوري الموقر
المدير التنفيذي
المقر الرئيسي – دالاس

من بعد التحية ،
أتقدم لسيادتكم بالشكر الجزيل على التقييم العلمي الجديد الذي أتبع في تقييم عملي خلال العام المنصرم ، ولكني كنت آمل أن يكون هذا التقييم عادلا ومنصفا لما قمت به من جهد كبير متواضع ، ولقد حرصت في كل عملي على الإخلاص لوجه الله تعالى وآثرت المؤسسة بوقت أهلي وأولادي حفاظا على استمرارية العمل ، وذلك طبقا لتوجيهات المؤسسة لنا في المركز الرئيسي .
ولقد وفقنا الله في مشروع توزيع الطعام المجاني في نيوجيرسي حتى أصبحنا جزء لا يتجزأ من مجموعة المؤسسات الخيرية التي توزع الطعام والتي تعترف جميعها بكفائة المؤسسة في باترسون بادارة هذا العمل حتى أصبحت المؤسسة توزع الطعام المجاني على مائتين عائلة تقريبا في مدينة باترسون مما جعل المؤسسة تتبوأ مكانة رفيعة في الصحافة حينما تذكر اعمال المؤسسة سواء العربية منها أو الأجنبية .
وبناء على ذلك كله كان الأمل الأكبر أن يؤخذ بعين الإعتبار وضعي الإجتماعي وبعدي عن أسرتي حيث أقطن في نيوجيرسي وهم في بالتمور ولأسباب تعلومنها في المقر الرئيسي ، بحيث يُرفع راتبي للمستوى الذي يؤمن لي معيشة مستورة وميسورة بين أهلي وأولادي وراتب يضاهي الجهد الكبير الذي اقوم به وليس أكثر .
وأنا على يقين بأن مبلغ ما بين ٥٥ الى ٦٠ ألف قد يساعدني لتأمين العيش الكريم لأولادي وأسرتي ويفي بحاجاتنا لكي يشعر أولادي بأنهم ليسوا بأقل من غيرهم .
ولا أريد أن اذكر سيادتكم هنا بالكم الكبير من العمل الذي أولوتموني اياه لثقتكم الكبيرة بطاقاتي لتحمل العمل والعبء والمسؤولية لتغطية مناطق كبيرة مثل : NJ,NY,PA,MA,VA,MD ولتفعيل بدايات فروع في تلك المناطق ، ولكن هل هنالك من مقابل لكل هذا الجهد ؟

ختاما ، أدعوا الله أن يرفع الباس عن أهلنا في فلسطين ويقف معهم في محنتهم التي تحاول مؤسستنا الغراء أن تمد يد العون لهم فيها ، وأن يعينكم ويعيننا على القيام بهذه المهمه الصعبة التي يجب أن نقف بها كلنا سويا في خندق واحد ، خندق الخير والعطاء .
راجيا من سيادتكم الرد السريع . ولكم جزيل الشكر .

وتفضلوا بقبول فائق الإحترام .

مدير مكتب شرق أمريكا

عبدالرحمن عبدالكريم عودة

بسم الله الرحمن الرحيم

Holy Land Foundation
For Relief And Development
Eastern Office

مؤسسة الأرض المقدسة
للإغاثة والتنمية
مكتب شرق امريكا

مذكرة رقم : ٣١ - ن ج - ١٩٩٧
بتاريخ : ١٥ / ٣ / ١٩٩٧

حضرة الأخ / هيثم المغاوري حفظه الله
المركز الرئيسي - تكساس

من بعد التحية ، مرسل لسيادتكم طلب إجازة تبدأ من ~~١٤~~ 21/4/١٩٩٧ وتنتهي ١٩٩٧/٤/٢٧ وذلك لزيارة أولادي وقضاء إجازة العيد معهم علما بأنني قد قمت بالجمع لمشروع الأضاحي من تاريخ ١٩٩٧/٣/١٤ وسأنتهي من الجمع ١٩٩٧/٤/٩ هذا بالإضافة للحملة البريدية الخاصة بالمشروع . وبالنسبة للحصالات سيكون ترتيبي بأن أجمع المناطق التي عادة أجمعها قبل ثلثي الشهر قبل سفري والثلث الأخير بعد العودة من سفري وعليه أكون قد رتبت أموري بحيث لن يكون هنالك أي تقصير بأمور العمل وأكون قد أنهيت جمع تبرعات الأضاحي زائدا الحملة البريدية وسأعطي مفتاح البريد والمكتب لمتطوع سأحدده لسيادتكم قبل سفري إن شاء الله . 5/5/97

راجيا من سيادتكم التفضل بقبول إجازتي وكل عام وأنتم بخير .

أخوكم
عبدالرحمن عبدالكريم عودة

مدير مكتب شرق أمريكا

نسخة للسيد شكري

Head Quarters : P.O. Box 832390 Richardson, TX 75083 Tel: (214) 699-9868 Fax: (214) 699-0198
Eastern Office : P.O. Box 2115 Paterson, NJ 07509 Ph: (201) 523-5010 Fax: (201) 523-2709

Started employment 06-01-96

State of New Jersey
DEPARTMENT OF LABOR
CN 397
TRENTON, NEW JERSEY 08625-0397

IMPORTANT NOTICE !!!

We are returning Form UC-1 , Status Report of Employing Unit, recently submitted by you since ***IT LACKS SUFFICIENT INFORMATION TO MAKE A DETERMINATION REGARDING YOUR SUBJECTIVITY TO THE NEW JERSEY UNEMPLOYMENT COMPENSATION LAW!***

WE CANNOT ACCEPT ESTIMATED PAYROLL INFORMATION OR ANY OTHER INFORMATION ABOUT FUTURE EMPLOYMENT.

You are subject to the Law if:

- **You have paid remuneration of $1,000** in covered New Jersey employment **during the calendar year**, or
- **You are subject to the Federal Unemployment Tax act in the current or any preceding calendar year**, or (FUTA imposes subjectivity on entities who have in twenty weeks of a calendar year or pay wages of **$1,500** in a calendar quarter in any state).
- **You have acquired the organization, trade or business, or substantially all assets** of an employer already subject to the Law **and have paid remuneration** of any amount in covered New Jersey employment, or
- **You have paid $1000** in gross cash wages **in a calendar quarter to domestic worker(s) employed in your private home.**

6-12-96

When any of the above has occurred, indicate that information on the returned Form UC-1 and forward it to this Agency.

If you require additional information or assistance, write the Employer Status Section, at the address shown above.

→ **KEEP FORM UC-1 AND DO NOT RETURN IT UNTIL AFTER YOUR PAYROLL EXCEEDS $1000 DURING 1996.**

HLDL197 0000846

Service Agreement

First party: Holy Land Foundation
Second Party: Abdelrahman Odeh

Articles:

(1) The First party agrees to use second party's services for a maximum monthly fee of $2,079

(2) The second party will furnish the following services:
1- Manage HLF office in NJ.
2- Build and develop public relations in the Ny, NJ area.
3- Market and present HLF literature, programs and projects.
4- Solicit specific donations on behalf of HLF.
5- Facilitate HLF guest needs upon arrival or departure from the area.

(3) The second party acts on self employment bases, thus the first party in not responsible in any way for second party's taxes including but not limited to federal, local and social security taxes.

(4) The second party will report directly to HLF headquarter office and will present monthly reports of all activities accomplished within that period.

(5) The first party authorizes Mr. Mohamad El-Mezain, chairman of the board, to supervise the work and issue specific instructions on behalf of HLF.

(6) Any additional expenses above and beyond the amount specified in article 1 have to be authorized by the HLF at least one week prior to the actual spending.

(7) This contract is valid for one year ending February 1, 1995. However it is renewable upon agreement by all parties.

representing first party

Shukri Baker

Shukri A Baker
Executive Director

Signed February 1, 1994

Second party

Abdelrahman Odeh

Holy Land Foundation For Relief and Development
525 International Pkwy., Ste 509 • Richardson, TX 75081 • Tel: (214) 699-9868 • Fax: (214) 699-0198

٢٩ اغسطس ١٩٩٥

السيد عبدالرحمن عودة
مدير مكتب شرق امريكيا

السلام عليكم ورحمة الله وبركاته

فقد ناقشت اليوم مع الاخ محمد ابراهيم شكواك بخصوص نشاط البوزنيا الاخير، وقد اجاب الاخ على كافة استفساراتي بشكل واضح. وقد ورد من ضمنها ما يلي.

- لم يتعمد الاخ محمد اقصائك عن العمل بل هو متأكد انك والاخ ابو ابراهيم هما او من علما بالنشاط حسب رواية الاخ ماهر الجمل. وقد ذكر الاخ ماهر بانه لم يجد من طرفكم تجاوبا كبيرا. وقد قام بالاتصال بالمكتب الرئيسي حسب توجيهات الاخ ابو ابراهيم.

- قام الاخ محمد بالاتصال بك اثناء زيارته للمنطقة في اسبوع ١٩ و ٢٠ من هذا الشهر وطلب منك حضور الاجتماع التحضيري الذي حضره الاخ زين ولكنك تخلفت عن الحضور.

- ذكر الاخ محمد انك كنت سلبيا في التعامل معه، حيث طلب منك التواجد يوم النشاط الساعة الرابعة مساء ولكنك لم تحضر الا الساعة السادسة.

- شكى الاخ محمد بانك لم تلتزم بمهمتك الرئيسية وقمت بدون ترتيب مسبق بالمشاركة في احصاء التبرعات وابداء انتقادات بصوت عال حول ترتيب الامر.

- السبب الاساسي في عدم تشجعه في اعطائك مهام اخرى اثناء النشاط هو اعتراض الاخوة من المؤسسات الاخرى (ميرسي، انترناشيونال، اكنا) حيث كانت عندهم ملاحظات حول طريقة تعاملك مع الناس اثناء مؤتمر اكنا السابق والتي لم تعجبهم.

كانت هذه بعض الملاحظات المتعلقة بشكواك. واريد ان اضيف بعض التعليقات الخاصة من عندي.

- لقد اخبرتك شخصيا بالنشاط وطلبت منك الاتصال بماهر الجمل لمتابعة الامر.

- لقد كلفت الاخ محمد بالسفر الى نيويورك للتفاوض مع الاطراف الاخرى، وترتيب الامور. وهذا تكليف رسمي وقد ناقشتك به حينما ابديت اعتراضك على حضور الاخ محمد وذكرت انه بامكانك ان تحل مكانه، وقد اوضحت لك انذاك ان محمد ذو طاقة ومقدرة خاصة وهو الانسب في هذا المكان.

- للمكتب الرئيسي الصلاحيات المطلقة في وضع الرجل المناسب في المكان المناسب، ولا ارى داعي للاعتراض المتكرر على ذلك. والاخ محمد بالذات هو المسؤول العام للتنمية المالية ويدخل في صلاحياته توجيه كافة متطوعي ومكاتب المؤسسة في حدود مهمته الاصلية.

- بالنسبة لرفع الصوت، فهذا امر قد نبهتك اليه اثناء زيارتك لمكتبنا العام ~~القادم~~ الماضي، حيث انك قمت برفع الصوت على اكثر من شخص وعلى انا بالذات اثناء الاجتماعات وبعدها. وقد قدم الاخوة شكوى بنفس الخصوص حول رفع الصوت وخصوصا اثناء المؤتمرات. رفع الصوت والانتقادات امام الناس لا تليق بمسئولي المؤسسة وتسقط وجاهتنا من اعين الناس.

- لكل فرد حق الاحترام والتعامل على قدر المسئولية، لذا ارجو بغض النظر عن حيثيات الموقف الاخير الالتزام بالتوجيهات المذكورة سواء المتعلق منها باحترام المسئوليات والمواقع الادارية او بالسلوك الشخصي في التعامل.

وفي النهاية ان حدث هناك اي جرح في المشاعر فهي لم تكن مقصودة، وما زلت مقتنعا ان مكتب الشرق لم يقم بواجبه الحقيقي في استقصاء والتفاعل مع النشاط الاخير. وان تدخل المكتب العام مناسب جدا وفي حدود التعامل مع حجم النشاط.

واخيرا اسأل الله لنا جميعا الهداية والرشاد. وهذه امور نتعلم منها كي نزداد تمكنا واحترافا في العمل الاداري دون نية مبيته في ايذاء احد او الانتقاص من حق احد.

والسلام عليكم ورحمة الله وبركاته

شكري ابو بكر

المدير التنفيذي

Service Agreement

First party: Holy Land Foundation
Second Party: Abdelrahman Odeh

Articles:

(1) The First party agrees to use second party's services for a monthly fee of $2,079

(2) The second party will furnish the following services:
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3- Market and present HLF literature, programs and projects.
4- Solicit specific donations on behalf of HLF.
5- Facilitate HLF guest needs upon arrival or departure from the area.

(3) The second party acts on self employment bases, thus the first party in not responsible in any way for second party's taxes including but not limited to federal, local and social security taxes.

(4) The second party will report directly to HLF headquarter office and will present biweekly reports of all activities accomplished within that period.

(5) The first party authorizes Mr. Mohamad El-Mezain, chairman of the board, to supervise the work and issue specific instructions on behalf of HLF.

(6) Any additional expenses above and beyond the amount specified in article 1 have to be authorized by the HLF at least one week prior to the actual spending.

(7) This contract is valid for one year ending February 1, 1995. However it is renewable upon agreement by all parties.

representing first party

Shukri A Baker
Executive Director

Second party

Abdelrahman Odeh

Signed February 1, 1994

بسم الله الرحمن الرحيم

Holy Land Foundation
For Relief and Development

مؤسسة الأرض المقدسة
للإغاثة والتنمية

August 5, 1994

To Whom It May Concern

This is to certify that Mr. ABDULRAHMAN A ODEH is currently under contract with the Holy Land Foundation (HLF) on self employment basis. Mr. Odeh is paid a monthly fee of $1,450 for his services.

Mr. Odeh has started his work for HLF on August 1, 1994.

Shukri A Baker
Executive Director

HLDL197 0000851

P.O. Box 832390 • Richardson, TX 75083-2390 • PH: 214/ 699-9868 • FAX: 214/ 699-0198

كشف الحساب العام للفترة من ٩٤/٣/٢٦ إلى غاية ١٩٩٤/٤/٨

(ب)

الرقم	التفاصيل	IN $	IN ¢	OUT $	OUT ¢	Balance $	Balance ¢	Details
١	اسماعيل حسن الزغبي Zoubi (دفعة تقديم هوكافله)	50	-			50	-	نقدي
٢	عبد الحميد عبد الكريم هوده (دفعة تبيعه)	50	-			100	-	نقدي
٣	كرتونات متفرقة حسب الكشف المرفق	1075	-			1027	-	
٤	شراء بهجر (Pepper) لعبد الحميد			50	-	1022	-	وصل ايصال
٥	مرسل للرمثا مع الشيخ ابراهيم			6551	-	3674	-	
						3674	-	

هذا الرصيد المتبقي باقي لدينا في ميزانية بناء على طلب الشيخ ابراهيم للقيام بدفع مصاريف تأسيس مكتب المؤسسة في ميزانية .

كشف التبرعات

	الاسم	العنوان	المبلغ $	المبلغ ¢	تفاصيل
١	مركز الرحمن الإسلامي	66 Sanford Ave, Newark	180	-	تبرعات في محاضرة الشيخ نشأت جبيت يا في ٩٤/٣/٣٠
٢	طبعة خير - مركز ناسيك - ماريسون بتاريخ ١٩٩٤/٤/١		3674	-	
٣	أسامة الجبالي	تبرع	200	-	Chq # 653
٤	حسان بازدري	183 Highland Ave, Passaic, NJ 07055	100	-	Chq # 524
٥	مركز شمال هدسون (طبعة خير) N. Ber	P.O. Box. 5548, N. Bergen (4-1-94)	1091	-	ارسل وصل Chq # 1345
٦	قطعة الجمعة للشيخ جبيت يا في في مركز نوتن بلرهند (N Hudson) بتاريخ ١٩٩٤/٤/٨ - لعائلة الهلال الجوسية حيث مبلغ اجمالي المبلغ نوذع اليوم (٢٩٣٠,-) وتفصيلها كالتالي:				
	أ) محمد المهدي		500	-	Chq # 757
	ب) جواد عبد الجليل	9309 Grand Ave, N Bergen, NJ 07547	500	-	Chq # 1119
	ج) محي الدين وزوجته	11 Gorge Pl. Washington Township, NJ 07675	300	-	Chq # 6051
	د) عبد الله طه		100	-	Chq # 1752
	هـ) Independent Traders	suite # 1166 305 Madison Ave, N.Y, N.Y 10165	200	-	Chq # 658
	و) محمود العباسي وزوجته	17 Jay str, Old Tappan, NJ 07675	100	-	Chq # 111
	ز) مجموع التبرعات النقدية وصلت شيك باسم مركز شمال هدسون (نوتن بلرهند)		3230	-	Chq # 1348
			10175	-	

المجموع

بسم الله الرحمن الرحيم

الساده/مركز شمال هدسون الاسلامي التعليمي
مدينه شمال بيرجن
نيوجيرسي

تتقدم مؤسسةألأرض المقدسه للآغاثه والتنميه (Holly Land Foundation) بالشكر الجزيل والامتنان لادارة المركز الموقره ولجميع المسلمين الكرام الذين ساهموا مشكورين بالتعاون مع المؤسسه في جمع التبرعات لصالح ألأيتام ، الأسر المحتاجه والمشاريع الخيريه في بلدكم الحبيب فلسطين .

وتفضلوا بقبول فائق الاحترام .

4-8-1994

عن/مؤسسة ألأرض المقدسه
مكتب شرق أمريكا/نيوجيرسي
عبدالرحمن عبدالكريم عوده

بسم الله الرحمن الرحيم

السادة/ ادارة مركز ايرفنجتون الاسلامي

نيوارك

نيوجيرسي

تتقدم مؤسسة الأرض المقدسه للاغاثه والتنميه بالشكر الجزيل والامتنان لمركزكم الموقر لما قدمتموه من تعاون في استضافة الشيخ/ وجيه خليل ياغي (رئيس رابطة علماء فلسطين - فرع غزه)وذلك في يوم الأربعاء الموافق ١٩٩٤/٣/٣٠ ، حيث تم جمع مبلغ مائه وثمانون دولار (-/١٨٠دولار) ، داعين الله لرواد مسجدكم بالصحه والقبول .

وتفضلوا بقبول فائق الاحترام .

4-8-1994

عن/مؤسسة الأرض المقدسه

مكتب شرق أمريكا/نيوجيرسي

عبدالرحمن عبدالكريم عوده

FAST BEEP
COMMUNICATIONS, INC.

Customer Service (201) 470-5666 • Fax (201) 470-5702
694 Main Avenue, 3rd Floor, Passaic, NJ 07055

ACCOUNT #

TO ACTIVATE YOUR BEEPER CALL: (201) 470-5666

YOUR NAME HOLLY LANDFOUNDATION

ADDRESS 136 FLORENCE AVE APT. # 02

CITY LINDEN STATE NJ ZIP 07111

HOME PHONE (201) 3720377 WORK PHONE ( )

CAP CODE 46684 FREQUENCY CODE 1354 STORE PURCHASED [illegible]

BEEPER PHONE # (201) 468-4242 DATE ACTIVATED 3/31/94

Beeper Service is Paid In Advance

CHOOSE PAYMENT PLAN

* ☐ 1 Month of Beeper Service (at $14.95 per month) 10.17
* ☐ 3 Months of Beeper Service (at $12.95 per month)
* ☐ 6 Months of Beeper Service (at $11.95 per month)
* ☐ 12 Months of Beeper Service (at $9.95 per month)

ALPHA MESSAGE PLAN

* ☐ 2 Months of Alpha Service (at $24.95 per month)

* 1 Month Security Deposit Required

ADDITIONAL SERVICES

☐ MAINTENANCE[1]	$ 4.00	☐ NATIONWIDE[2]	$19.95
☐ VOICE MAIL[1]	$ 8.95	☐ EXTENDED COVERAGE[1]	$ 6.00
☐ 800 SERVICE[1]	$ 6.00	☐ ADDITIONAL NUMBER[1]	$ 3.00

[1] Monthly pricing to be paid quarterly.
[1] Additional services available on select frequencies.
[1] 50 pages per month included in your 800 service • excess pages will be bill at $.50 per page.
[2] Nationwide service pricing to be billed monthly

PAYMENT AND SIGNED AGREEMENT MUST BE RECEIVED WITHIN 10 DAYS OR YOUR PAGER WILL BE TURNED OFF

Customer confirms that he/she is over 18 years of age and has read both sides of this Agreement and is bound by its Terms and Conditions. A $30.00 security deposit for Alpha Paging Service, and a $60.00 security deposit for Nationwide service is required and may be billed to you on or before your next invoice.
NO FUTURE PAYMENTS ARE TO BE MADE TO
THE STORE WHERE YOU PURCHASED YOUR BEEPER

Signed

-- FOR OFFICE USE ONLY --

CARRIER	MONTHS	DEPOSITS	RE/CAP	PRO-RATE (+) OR (-)	ADD. SVCS.	ACCT. #

1	2	3	4	5	6	7	8	9	10	11	12
JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

SEND WHITE COPY TO FAST BEEP

4LDL197 0000856

SOUND SPOT
ELECTRONICS & JEWELRY INC.
1015 Springfield Avenue
IRVINGTON, NEW JERSEY 07111
(201) 373-2001

CUSTOMER'S ORDER NO.	PHONE	DATE 3/31/94

NAME Holly Land Foundation
ADDRESS 136 Florence Ave
Irvington, N.J. 07111

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT

QTY.	DESCRIPTION	PRICE	AMOUNT
1	Berger		50 —
	No Cash Refunds. Exchange merchandise only within 7 days	TAX	
RECEIVED BY		TOTAL	50 —

1331

All claims and returned goods MUST be accompanied by this bill.

PRODUCT 610

Thank You

Application For Employment

[redacted]

(PLEASE PRINT)

Position(s) Applied For

Date of Application

How Did You Learn About Us?

☐ Advertisement ☐ Friend ☐ Walk-In

☐ Employment Agency ☐ Relative ☐ Other

Last Name: ODEH

First Name: ABDULRAHMAN

Middle Name: A.

Address Number Street: 368 Paxton str #2

City: Paterson

State: N.J

Zip Code: 07503

Telephone Number(s): 201-2780666

Social Security Number: 153 | 74 | 4273

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☒ No

If Yes, give date _____

Have you ever been employed with us before? ☐ Yes ☒ No

If Yes, give date _____

Are you currently employed? ☐ Yes ☒ No

May we contact your present employer? ☐ Yes ☒ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? ☐ Yes ☒ No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? 2-1-1994

Are you available to work: ☒ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☒ No

Can you travel if a job requires it? ☒ Yes ☐ No

Have you been convicted of a felony within the last 7 years? ☐ Yes ☒ No

Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

HLDL197 0000858

FOR POSTERIOR USE ONLY DETACH HERE

Education

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
[illegible]		[illegible] School-Kuwait	[illegible]	
[illegible]	4 5 6 7 8	9 10 11 ☒12	1 2 3 ☒4	1 2 3 4
[illegible]				
[illegible]			Computer science	
[illegible]	I can deal with any type of machines.			
[illegible]				
[illegible]	Easy to deal with people.			

Indicate any foreign languages you can speak, read and / or write

[illegible]	[illegible]	[illegible]	[illegible]
SPEAK	Arabic		
READ	Arabic		
WRITE	Arabic		

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. Mohammad AL-Hanooti
2. Mohammad AL-Muzayen
3. Salah AL-Batteri

Have you ever had any job-related training in the United States military?

If Yes, please describe ______ ☐ Yes ☒ No

Are you physically or otherwise unable to perform the duties of the job for which you are applying?

☐ Yes ☒ No

HLDL497 0000859

Employment Data Record

[redacted]

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

Name		
Address		
City	State	Zip
Social Security No.		

✓	Complete Only The Sections Below That Have Been Checked		
	Current Job		
	Check One: ☐ Male	☐ Female	
	Check One Of The Following: (Ethnic Origin)		
	☐ White	☐ Hispanic	☐ American Indian/Alaskan Native
	☐ Black	☐ Other	☐ Asian/Pacific Islander
	Check If Any Of The Following Are Applicable		
	☐ Vietnam Era Veteran	☐ Disabled Veteran	☐ Handicapped Individual
	Birthdate		

Re-order Form #23960 (23962 imprinted, 23961 Spanish) from Amsterdam Printing and Litho Corp., Amsterdam, N.Y. 12010
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Employment Experience

Start with your present or last job. Include any job-related military service experience and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

1. Employer: Eaton Corp.	[redacted]			
Address: Parsippany Hills, N.J	1992	1997	* Manage & Monitor the action log	
Telephone Number(s): 201-288-5404	[redacted]			
Job Title: Manager / Supervisor: Mohd Huzien			Prepare the working sheet for the year attendants,	
Reason for Leaving:	350.-	500.-	~~* Calculate the final daily~~ Compilation report.	
2. Employer: Dallia Snack	[redacted]			
Address: Newark, N.J	1983	1990	* Sales of the merchandise	
Telephone Number(s):	[redacted]		* Prepare weekly sales report	
Job Title: Sales person. / Supervisor:			* maintain accounting books utilizing computerized system	
Reason for Leaving:			* Responsible for overall management administration operation and staffing	
3. Employer: The Gulf Bank	[redacted]			
Address: Audailiyah - Kuwait	1977	1982	* Secured large individual business and Visa accounts	
Telephone Number(s):	[redacted]			
Job Title: Senior Manager / Supervisor:			maintained contact with U.S. head bank.	
Reason for Leaving:				
4. Employer: The office Supplies Corp.	[redacted]			
Address: Kuwait - Kuwait	1976	1977	Expedited staffing and	
Telephone Number(s):	[redacted]		personnel administration for	
Job Title: Admin. Assits. / Supervisor:			office supply, computers,	
Reason for Leaving:			printers and copy machine.	

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

The ability to handle massive amount of work and meeting the deadlines, fast learner to accomodate the new work or any outcomes, ~~job~~ and solving problems.

Position(s) Applied For Is Open: ☐ Yes ☐ No

Position(s) Considered For: _____

_____

Date _____

NOTES:

FOR POST HIRE USE ONLY DETACH HERE

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date 1-31-1994

Arrange Interview ☑ Yes ☐ No

Remarks _____

INTERVIEWER DATE

Employed ☑ Yes ☐ No Date of Employment 2-1-94

Job Title Coordinator East Zone Hourly Rate/Salary 23,000 Department _____

By _____ NAME AND TITLE _____ DATE

NOTES In addition to Salary and fringe benefits $ 20¢/mile will be paid for Auto Expenses

This Application For Employment and Employment Data Record is sold for general use throughout the United States. Amsterdam Printing and Litho Corp. assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.

368 Paxton Street
Paterson , New Jersey 07503
201-278-9666

PROFILE

- Academic preparation in Computer Science .
- Excellent organizational , problem solving and detail oriented abilities .
- Independent work skills and able to work well in demanding environments and meet deadlines .

EXPERIENCE

1992 - Present — Exxon station , Hasbrook Heights , N.J.

MANAGER

- Manage all retail store activities .
- Prepare the working sheet for the gas attendants .
- calculate ed final daily completion report .

1990 - 1992 — The Company Car , Brooklyn , N.Y.

LIMO DRIVER

1983 - 1990 — Dallia Snacks , Newark , N.J.

SALESPERSON

- Sell snack products including candy , cookies , and pastries, to supermarkets and grocery stores. Major accounts include Fine Fair , Food Town , and Associated .
- Prepare weekly sales reports and market trend analysis.
- Train and supervise staff of 15 .
- Maintain accounting books utilizing computerized system.

OWNER (1985)

- Responsible for overall management , administration, operations and staffing .

1977 - 1982 — The Gulf Bank , Kuwait

SENIOR MANAGER (1980 - 1982)

- Secured large individual, business , and Visa accounts.
- Maintained contact with U.S. based banks.
- Rotated through 29 Branches .

CLERK (1977 - 1980)

- Instrumental in changing over to computerized system .
- Oversaw installation and trained staff .
- Assigned to Foreign Exchange Department .

1976 - 1977 — The office Supplies Corporation , Kuwait

ADMINISTRATIVE ASSISTANT

- Expedited staffing and personnel administration for office supply , computers , printers and copy machine distributor .

EDUCATION

Montclair State College , Upper Montclair , N.J.
Bachelor Science in Computer Science , may 1989
Essex County College , Newark , N.J.
Associate of Science in Computer Science , may 1986

References Furnished Upon Request

بسم الله الرحمن الرحيم

الأخ مسؤول صندوق الأرض المقدسه .

تحيه طيبه وبعد ،

أتقدم بطلبي هذا رغبة في العمل لدى مؤسستكم العتيده وفي الموقع الذي تنسبونه ، راجيا المولى أن يأخذ بأيدينا جميعا لما يحب ويرضى .

وتفضلوا بقبول فائق الاحترام ...

عبدالرحمن عبدالكريم عوده

ملاحظـــــه

* مرفق السيره الذاتيه .
* العنوان

368 PAXTON STREET # 2
PATERSON ,N.J. 07503
(201)2780666

1-13

مواليد: ٢٦ يونيو ٥٩
عنده ٣ اطفال

288-5404 W

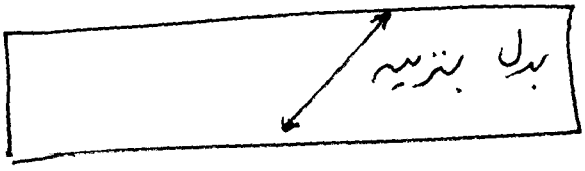
(201) 278-0666 H عبد الحميد عودة

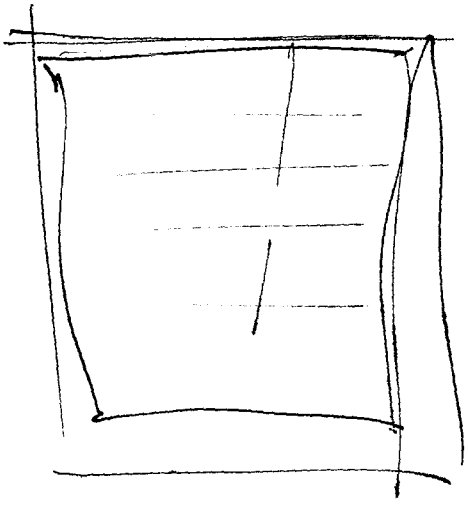
← ٨٨٨ نشاط في جمع التبرعات، ع التمم القانوني مدرسة الخزالي
← سهولة بناء العلاقات
← تجربة ع فتح
← جمعية بيت حنينا
← Can generate $ and accounts
← مسجد ابو بكر الصديق
← تنظيم مظاهرات

give.tif

Main Street.

$ 650	ايجار
200	heat
50	Tel
25	Cable
500	Groceries
90	تأمين السيارة
40	بنزين
$ 1,555	





Possible sale

Service Agreement

First party: Holy Land Foundation
Second Party: Abdelrahman Odeh

Articles:

(1) The First party agrees to use second party's services for a monthly fee of $2,019

(2) The second party will furnish the following services:
1- Manage HLF office in NJ.
2- Build and develop public relations in the Ny, NJ area.
3- Market and present HLF literature, programs and projects.
4- Solicit specific donations on behalf of HLF.
5- Facilitate HLF guest needs upon arrival or departure from the area.

(3) The second party acts on self employment bases, thus the first party in not responsible in any way for second party's taxes including but not limited to federal, local and social security taxes.

(4) The second party will report directly to HLF headquarter office and will present biweekly reports of all activities accomplished within that period.

(5) The first party authorizes Mr. Mohamad El-Mezain, chairman of the board, to supervise the work and issue specific instructions on behalf of HLF.

(6) Any additional expenses above and beyond the amount specified in article 1 have to be authorized by the HLF at least one week prior to the actual spending.

(7) This contract is valid for one year ending February 1, 1995. However it is renewable upon agreement by all parties.

Second party

representing first party

Shukri Baker

Abdelrahman Odeh

Shukri A Baker
Executive Director

Signed February 1, 1994

Service Agreement

First party: Holy Land Foundation
Second Party: Abdelrahman Odeh

Articles:

(1) The First party agrees to use second party's services for a monthly fee of $2,079

(2) The second party will furnish the following services:
1- Manage HLF office in NJ.
2- Build and develop public relations in the Ny, NJ area.
3- Market and present HLF literature, programs and projects.
4- Solicit specific donations on behalf of HLF.
5- Facilitate HLF guest needs upon arrival or departure from the area.

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Second party

representing first party

Shukri Baker

Abdelrahman Odeh

Shukri A Baker
Executive Director

Signed February 1, 1994

U.S. Department of Justice
Immigration and Naturalization Service

OMB No. 1115-0136

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
ODEH	ABDULRAHMAN	A.	ABDULKARIM
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
345 E. Railway Ave		2	
City	State	Zip Code	Social Security #
Paterson	NJ	07503	153-74-4273

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
- [x] A citizen or national of the United States
- [ ] A Lawful Permanent Resident (Alien # A_____)
- [ ] An alien authorized to work until___/___/___ (Alien # or Admission #_____)

Employee's Signature: [signature] | Date (month/day/year)

Preparer and/or Translator Certification. *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature | Print Name

Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

	List A	OR	List B	AND	List C
Document title:	U.S. Passport				
Issuing authority:	National Passport Ctr				
Document #:	201135696				
Expiration Date (if any):	7/8/09		__/__/__		__/__/__
Document #:					
Expiration Date (if any):	__/__/__				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* 9/27/99 **and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).**

Signature of Employer or Authorized Representative	Print Name	Title
Haitham Mashawi	Haitham Mashawi	Exe. Dir
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
HLF	525 International Pkwy ste 509	9-27-99

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name *(if applicable)*

B. Date of rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:_____ Document #:_____ Expiration Date (if any):___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative | Date (month/day/year)

The Secretary of State of the United States of America hereby requests all whom it may concern to permit the citizen/national of the United States named herein to pass without delay or hindrance and in case of need to give all lawful aid and protection.

Le Secrétaire d'Etat des Etats-Unis d'Amérique prie par les présentes toutes autorités compétentes de laisser passer le citoyen ou ressortissant des Etats-Unis titulaire du présent passeport, sans délai ni difficulté et, en cas de besoin, de lui accorder toute aide et protection légitimes.

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos, aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección lícitas.

SIGNATURE OF BEARER/SIGNATURE DU TITULAIRE/FIRMA DEL TITULAR

NOT VALID UNTIL SIGNED

PASSPORT
PASSEPORT
PASAPORTE

USA

UNITED STATES OF AMERICA

Type / Type / Tipo: P
Code / Code / Código: USA
Passport No. / No. de Passeport / No. de Pasaporte: 201135696

Surname / Nom / Apellidos: ODEH

Given names / Prénoms / Nombres: ABDULRAHMAN ABDULKAREEM

Nationality / Nationalité / Nacionalidad: UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento: 26 Jun 1959

Sex / Sexe / Sexo: M

Place of birth / Lieu de naissance / Lugar de nacimiento: JORDAN

Date of issue / Date de délivrance / Fecha de expedición: 18 Aug 1999

Authority / Autorité / Autoridad: National Passport Center

Date of expiration / Date de validité / Fecha de caducidad: 17 Aug 2009

Amendments / Modifications / Enmiendas: See Page 24

P<USAODEH<<ABDULRAHMAN<ABDULKAREEM<<<<<<<<<<
201135696 1USA5906266M0908173<<<<<<<<<<<<<<04

Form W-4 (1997)

Want More Money in Your Paycheck?
If you expect to be able to take the earned income credit for 1997 and a child lives with you, you may be able to have part of the credit added to your take-home pay. For details, get Form W-5 from your employer.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of Federal income tax from your pay. Form W-4 may be completed electronically, if your employer has an electronic system. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption From Withholding. Read line 7 of the certificate below to see if you can claim exempt status. *If exempt, only complete lines 1, 2, 3, 4, 7, and sign the form to validate it.* No Federal income tax will be withheld from your pay. Your exemption expires February 17, 1998.

***Note:** You cannot claim exemption from withholding if (1) your income exceeds $550 and includes unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.*

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet. Additional worksheets are on page 2 so you can adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply to your situation. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances than this.

Head of Household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Nonwage Income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form 1040-ES. Otherwise, you may find that you owe additional tax at the end of the year.

Two Earners/Two Jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one W-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the W-4 filed for the highest paying job and zero allowances are claimed for the others.

Check Your Withholding. After your W-4 takes effect, use Pub. 919, Is My Withholding Correct for 1997?, to see how the dollar amount you are having withheld compares to your estimated total annual tax. Get Pub. 919 especially if you used the Two-Earner/Two-Job Worksheet and your earnings exceed $150,000 (Single) or $200,000 (Married). To order Pub. 919, call 1-800-829-3676. Check your telephone directory for the IRS assistance number for further help.

Sign This Form. Form W-4 is not considered valid unless you sign it.

Personal Allowances Worksheet

A	Enter "1" for **yourself** if no one else can claim you as a dependent	A ___
B	Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.	B 1
C	Enter "1" for your **spouse**. But, you may choose to enter -0- if you are married and have either a working spouse or more than one job (this may help you avoid having too little tax withheld)	C 1
D	Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return	D 4
E	Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of Household** above)	E ___
F	Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit	F ___
G	Add lines A through F and enter total here. **Note:** This amount may be different from the number of exemptions you claim on your return ▶	G 6

For accuracy, complete all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are **single** and have **more than one job** and your combined earnings from all jobs exceed $32,000 OR if you are **married** and have a **working spouse or more than one job**, and the combined earnings from all jobs exceed $55,000, see the Two-Earner/Two-Job Worksheet on page 2 if you want to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line G on line 5 of Form W-4 below.

Cut here and give the certificate to your employer. Keep the top portion for your records.

Form **W-4** Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see reverse.**

OMB No. 1545-0010
1997

1 Type or print your first name and middle initial: ABDULRAHMAN A. Last name: ODEH

2 Your social security number: 153 74 4273

Home address (number and street or rural route): 136 Florence Ave

3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate.
Note: If married, but legally separated, or spouse is a nonresident alien, check the Single box.

City or town, state, and ZIP code: Irvington, NJ 07111

4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for a new card ▶ ☐

5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply) 5 6

6 Additional amount, if any, you want withheld from each paycheck 6 $

7 I claim exemption from withholding for 1997, and I certify that I meet **BOTH** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability; **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, enter "EXEMPT" here ▶ 7

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's signature ▶ [signature] Date ▶ 10-1-97, 19

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)

9 Office code (optional)

10 Employer identification number

Cat. No. 10220Q

HLDL197 0000871

Deductions and Adjustments Worksheet

Note: *Use this worksheet only if you plan to itemize deductions or claim adjustments to income on your 1997 tax return.*

1 Enter an estimate of your 1997 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (but not sales taxes), medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 1997, you may have to reduce your itemized deductions if your income is over $121,200 ($60,600 if married filing separately). Get Pub. 919 for details.) 1 $

2 Enter: $6,900 if married filing jointly or qualifying widow(er); $6,050 if head of household; $4,150 if single; $3,450 if married filing separately 2 $

3 **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter -0- 3 $

4 Enter an estimate of your 1997 adjustments to income. These include alimony paid and deductible IRA contributions 4 $

5 **Add** lines 3 and 4 and enter the total 5 $

6 Enter an estimate of your 1997 nonwage income (such as dividends or interest) 6 $

7 **Subtract** line 6 from line 5. Enter the result, but not less than -0- 7 $

8 **Divide** the amount on line 7 by $2,500 and enter the result here. Drop any fraction 8

9 Enter the number from Personal Allowances Worksheet, line G, on page 1 9

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the Two-Earner/Two-Job Worksheet, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, on page 1 10

Two-Earner/Two-Job Worksheet

Note: *Use this worksheet only if the instructions for line G on page 1 direct you here.*

1 Enter the number from line G on page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet) 1

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here 2

3 If line 1 is **GREATER THAN OR EQUAL TO** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter -0-) and on Form W-4, line 5, on page 1. **DO NOT** use the rest of this worksheet 3

Note: *If line 1 is **LESS THAN** line 2, enter -0- on Form W-4, line 5, on page 1. Complete lines 4–9 to calculate the additional withholding amount necessary to avoid a year end tax bill.*

4 Enter the number from line 2 of this worksheet 4

5 Enter the number from line 1 of this worksheet 5

6 **Subtract** line 5 from line 4 6

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 $

8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding amount needed 8 $

9 Divide line 8 by the number of pay periods remaining in 1997. (For example, divide by 26 if you are paid every other week and you complete this form in December 1996.) Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 $

Table 1: Two-Earner/Two-Job Worksheet

Married Filing Jointly

If wages from LOWEST paying job are—	Enter on line 2 above
0 - $4,000	0
4,001 - 7,000	1
7,001 - 12,000	2
12,001 - 17,000	3
17,001 - 22,000	4
22,001 - 28,000	5
28,001 - 32,000	6
32,001 - 35,000	7
35,001 - 40,000	8
40,001 - 50,000	9
50,001 - 60,000	10
60,001 - 70,000	11
70,001 - 80,000	12
80,001 - 100,000	13
100,001 - 110,000	14
110,001 and over	15

All Others

If wages from LOWEST paying job are—	Enter on line 2 above
0 - $5,000	0
5,001 - 11,000	1
11,001 - 15,000	2
15,001 - 20,000	3
20,001 - 24,000	4
24,001 - 45,000	5
45,001 - 60,000	6
60,001 - 75,000	7
75,001 - 80,000	8
80,001 - 110,000	9
110,001 and over	10

Table 2: Two-Earner/Two-Job Worksheet

Married Filing Jointly

If wages from HIGHEST paying job are—	Enter on line 7 above
0 - $50,000	$400
50,001 - 100,000	740
100,001 - 130,000	820
130,001 - 240,000	950
240,001 and over	1,050

All Others

If wages from HIGHEST paying job are—	Enter on line 7 above
0 - $30,000	$400
30,001 - 60,000	740
60,001 - 120,000	820
120,001 - 250,000	950
250,001 and over	1,050

Privacy Act and Paperwork Reduction Act Notice.—We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a completed form will result in your being treated as a single person who claims no withholding allowances. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, and the District of Columbia for use in administering their tax laws.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue Law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping** 46 min., **Learning** about the law or the form 10 min., **Preparing** the form 69 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.

Form W-4 (2000)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7, and sign the form to validate it. Your exemption for 2000 expires February 16, 2001.

Note: *You cannot claim exemption from withholding if (1) your income exceeds $700 and includes more than $250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.*

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

Child tax and higher education credits. For details on adjusting withholding for these and other credits, see **Pub. 919, How Do I Adjust My Tax Withholding?**

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line E below.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using **Form 1040-ES, Estimated Tax for Individuals.** Otherwise, you may owe additional tax.

Two earners/two jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 prepared for the highest paying job and zero allowances are claimed for the others.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2000. Get **Pub. 919** especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed $150,000 (Single) or $200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . A 1

B Enter "1" if:
- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are $1,000 or less.

. . B 1

C Enter "1" for your **spouse.** But, you may choose to enter -0- if you are married and have either a working spouse or more than one job. (Entering -0- may help you avoid having too little tax withheld.) . . . . . C 1

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . D 3

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . E 1

F Enter "1" if you have at least $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . F 1

G **Child Tax Credit:**
- If your total income will be between $18,000 and $50,000 ($23,000 and $63,000 if married), enter "1" for each eligible child.
- If your total income will be between $50,000 and $80,000 ($63,000 and $115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children G 3

H Add lines A through G and enter total here. **Note:** *This may be different from the number of exemptions you claim on your tax return.* ▶ H 11

For accuracy, complete all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single,** have **more than one job** and your combined earnings from all jobs exceed $34,000, OR if you are **married** and have a **working spouse or more than one job** and the combined earnings from all jobs exceed $60,000, see the **Two-Earner/Two-Job Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

▶ **For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

OMB No. 1545-0010
2000

1 Type or print your first name and middle initial: ABDULRAHMAN A.
Last name: ODEH
2 Your social security number: 153 74 4273

Home address (number and street or rural route): 345 E. Railway Ave
3 ☐ Single ☒ Married ☐ Married, but withhold at higher Single rate.
Note: *If married, but legally separated, or spouse is a nonresident alien, check the Single box.*

City or town, state, and ZIP code: Paterson, NJ 07503
4 If your last name differs from that on your social security card, check here. **You must call 1-800-772-1213 for a new card** . . . ▶ ☐

5 Total number of allowances you are claiming (from line H above **OR** from the applicable worksheet on page 2) | 5 | 11 |
6 Additional amount, if any, you want withheld from each paycheck . . . . . | 6 | $ |
7 I claim exemption from withholding for 2000, and I certify that I meet **BOTH** of the following conditions for exemption:
- Last year I had a right to a refund of **ALL** Federal income tax withheld because I had **NO** tax liability **AND**
- This year I expect a refund of **ALL** Federal income tax withheld because I expect to have **NO** tax liability.

If you meet both conditions, write "EXEMPT" here . . . . . ▶ | 7 |

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

Employee's signature (Form is not valid unless you sign it) ▶ [signature] Date ▶ 8-29-2000

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)
9 Office code (optional)
10 Employer identification number

Cat. No. 10220Q

HLDL197 0000873

[Logo] In the Name of God Most Merciful Most Compassionate
HLF Holy Land Foundation for Relief and Development

Eastern Office
Tel. 973-523-5010
Fax 973-523-2709
E-mail: hlf@hlf.org
Internet: www.hlf.org

P.O. Box 2115
Paterson, NJ 07509

Memorandum No.: 26 – N. J. – 2000

Date: August 28, 2000

Dear Mr./ Ibrahim Khalil, may God protect him
Headquarters – Texas

Greetings,

As my family is moving to the city of Baltimore – Maryland, where I will take receipt of new housing there, I kindly approach you with a request for a leave of 5 days beginning September 18, 2000 and ending September 22, 2000, and hope that you will approve it in order to allow me to make arrangements for registering my children in the schools and establish my family there.

Many thanks.

Hoping that you will kindly do the necessary.

Respectfully,

Your brother

[Signature]

Abdel Rahman Abdel Karim Odeh
Director of the Office for the Eastern US.

Holy Land Foundation
for Relief and Development

In the Name of God Most Merciful Most Compassionate
Report on Performance Evaluation of a Field Office

Office: New Jersey
For Year: 1997

First – Evaluating the management

Evaluation Area	Evaluation				Comments
	Excellent	Good	Average	Poor	
Quality of reports as to whether they include required information	X				[Illegible]
Accuracy of information appearing in the reports	X				In quality of his reports
Comprehensiveness of reports, sufficient coverage of office's activities	X				Excellent
Adherence to timely delivery of reports	X				
Speed of compliance with administration's requests		~~X~~	X		Upgraded to a "good" ranking if
Degree of adherence to regulations and rules					[illegible]
Degree of organization and order in office performance		X +			

Second – Evaluating performance in the area of employees affairs

Evaluation Area	Evaluation				Comments
	Excellent	Good	Average	Poor	
Degree of completeness of employee files in the office					
Submitting employee performance evaluation reports (Annual)					
Submitting leave reports to Employee Affairs Department					
Work effectiveness in terms of rewards and [illegible]					
Extent of training and qualification					
Level of social programs for employees					
Degree of regularity in employee meetings					
Initiatives and suggestions to improve work					
Extent of internal harmony between employees					

Third: Evaluating performance in the area of the projects

Evaluation Area	Evaluation				Comments
	Excellent	Good	Average	Poor	
Level of effort in proportion to workload		X			
Adherence to timelines of project reports	X				
Adherence to approval budget for projects					
Adherence to timely completion of projects		X			

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Fourth: Evaluating performance in the area of relations and development of resources

Evaluation Area	Evaluation				Comments
	Excellent	Good	Average	Poor	
Resources attracted through the office efforts		X +			
Efforts spent on attracting support (activities)		X ++			
Office performance in the area of relations			X --		

Fifth: Evaluating performance in the area of promotion

Evaluation Area	Evaluation				Comments
	Excellent	Good	Average	Poor	
Level of photography					
Level of videotaping					

Sixth: Evaluating performance in the financial aspect *Left for the accountant*

Evaluation Area	Evaluation				Comments
	Excellent	Good	Average	Poor	
Extent of commitment to accounting policies and controls					
Level of accounting performance of the office					
Efficiency (financial) = Administrative expenses / Projects budget = (%)					

Seventh: Evaluating performance in the area of planning

Evaluation Area	Evaluation				Comments
	Excellent	Good	Average	Poor	
Level of plans submitted (annually and others)		X ++			
Extent of adherence to approved plans		X +			

Eighth: Evaluating performance in general

Evaluation Area	Evaluation				Comments
	Excellent	Good	Average	Poor	
Effectiveness of the Consultative Committee				X	
General assessment of the office's performance during the year		X +			
Date: February 17, 1998	Signature of Programs and Development Projects Manager [Signature]				

215-B

[Logo] In the Name of God Most Merciful Most Compassionate
HLF Holy Land Foundation for Relief and Development

Eastern Office
Tel. 973-523-5010
Fax 973-523-2709
E-mail: hlf@hlf.org
Internet: www.hlf.org

P.O. Box 2115
Paterson, NJ 07509

Memorandum No.: 103 – N. J. – 1997

Date: October 14, 1997

Dear Brother / Bassam Fares, may God protect him
Branches Manager
Headquarters – Texas

Greetings,

I had informed you a week ago that I have to take my annual vacation for the current year this month because of my brother's wedding in Amman, Jordan, and to bring my family from there to live with me in America.

Since I was unable at the time to specify the time of my vacation, as I was waiting for the approval of the bride's parents and since now the matter has been concluded, praise God, I request my vacation officially to begin on October 20 and to end on October 31, 1997.

I have taken care of office matters, such as completing any task that would be interrupted by my absence.

Kindly hoping that you would agree to the leave, and may thanks and much gratitude.

Respectfully,

Do not accept

Your brother
Abdel Rahman Abdel Karim Odeh
[Signature]
Director of the Office for the Eastern US.

[Document in English except]:

Feast of Al-Adha

[Logo] In the Name of God Most Merciful Most Compassionate
HLF Holy Land Foundation for Relief and Development

Eastern Office
Tel. 973-523-5010
Fax 973-523-2709
E-mail: hlf@hlf.org
Internet: www.hlf.org
P.O. Box 2115
Paterson, NJ 07509

Date: May 2, 2001

Dear Venerable Mr. / Haitham Maghawri
Executive Director
Headquarters – Texas

Greetings,

Thank you very much for the new scientific evaluation which was followed in evaluating my work during the past year. However, I was hoping that this evaluation would be fair and equitable for all the big and modest effort that I made. I was keen in all my work to be loyal to God Almighty, favoring the Foundation with time over my family and children in order to maintain the continuity of the work, according to the directives of the Foundation to us at headquarters.

God gave us success in the project of distributing free food in New Jersey such that we became part and parcel of the group of charitable organizations that distribute food and all of which recognize the competence of the Foundation in Paterson to manage that work. The Foundation was distributing free food to about 200 families in the city of Paterson, which gave the Foundation a fine standing in the press whenever the Foundation's work would be mentioned in the Arab or foreign press.

Based on all this, my hope was great that my social situation and distance from my family would be taken into consideration, as I live in New Jersey and they are in Baltimore and for reasons you at headquarters know about, and such that my salary would be raised to a level that affords me a modest and acceptable standard of living among my family and my children; a salary that matches the great effort that I make and not more. I am certain that a sum between 55,000 and 60,000 would help me secure a dignified life for my children and my family, and would meet our needs so that my children would feel that they are not lesser than others.

And I don't want to remind you of the great amount of work you trusted me with because of your great confidence in my ability to handle work and the burden of responsibility to cover large areas such as: NJ, NY, PA, MA, VA, and MD, and to begin the launch of branches in these regions. However, was there a compensation for all this effort?

In conclusion, I pray God to lift our people in Palestine from misery and stand by them in their time of strife, during which our venerable Foundation is trying to lend a hand to them. May He help you and us to carry out this difficult mission, during which we all have to stand together in the same trench, the trench of goodness and giving.

Kindly hoping for a prompt answer from you. Many thanks.

Respectfully,

Director of the Office for the Eastern US.
[Signature]
Abdel Rahman Abdel Karim Odeh

In the Name of God Most Merciful Most Compassionate
[Logo]

Holy Land Foundation
For Relief and Development
Eastern US Office

Memorandum No. 31 – N.J. - 1997
Date: March 15, 1997

Dear Brother / Haitham Al-Maghawri, may God protect him
Headquarters – Texas

Greetings,

I am sending you a request for a leave beginning April ~~14~~ 21, 1997 and ending ~~April 27~~ ~~19~~ May 5, 1997, in order to visit my children and spend the holiday break with them. I have made collections for the Al-Adha meats project from March 14, 1997 and I will finish from collecting on April 9, 1997, in addition to the mailing campaign for the project. As for the collection boxes, my plan is to collect the regions I usually do prior to 2/3rd of the month before I travel and the last third after I return from my trip, and so I would have organized things such that there will be no delay in the work and I would have completed all the Adha donations plus the mailing campaign. I will give the key of the mailbox and the office to a volunteer whom I will notify you of before my trip, God willing.

Hoping that you will kindly agree to my vacation, and happy holidays.

Your brother
Abdel Rahman Abdel Karim Odeh
[Signature]
Director of the Office for the Eastern US.

cc: Mr. Shukri

[Address line in English]

[Logo] Holy Land Foundation for Relief and Development

525 International Pkwy., Suite 509 * Richardson, TX 75081 * Tel: (214) 699-9868 * Fax: (214) 699-0198

August 29, 1995

Mr. Abdel Rahman Odeh
Director of the Eastern US Office

Peace be upon you and God's mercy and blessings.

I have discussed today with Brother Mohammed Ibrahim your complaint about the recent Bosnia activity and the brother has answered all my questions in a clear manner. Among them are the following:

- Brother Mohammed did not intend to exclude you from the work. Rather, he is certain that you and Brother Abu Ibrahim were the first to learn about the activity according to Brother Maher Al-Jamal's story. Brother Maher mentioned that he did not find a great favorable response on your part. He contacted the main office based on the directives of Brother Abu Ibrahim.

- Brother Mohammed contacted you during his visit to the region during the week of the 19th and 20th of this month and asked you to attend the preparatory meeting which was attended by Brother Zain, but you failed to attend.

- Brother Mohammed stated that you were negative in your dealing with him, as he asked you to be present on the day of the activity at 4:00 PM in the evening, but you did not show up until 6:00 PM.

- Brother Mohammed complained that you did not abide by your principal mission, and without prior arrangements you participated in counting the donations and expressing loudly your criticisms about the arrangement of the matter.

- The main reason for his lack of enthusiasm to give you other tasks during the activity is the objection of the brothers from the other foundations (Mercy, International, ACNA), since they had reservations about your manner of dealing with people during the previous ACNA conference and they were not pleased by it.

These were some observations regarding your suspicions. I also want to add some of my own personal comments.

- I told you personally about the activity and I asked you to contact Maher Al-Jamal to pursue the matter.

- I asked Brother Mohammed to travel to New York to negotiate with the other parties and arrange things. This is an official request and I discussed it with you when you expressed your objection to Brother Mohammed coming, and you said that you were capable of taking his place. I did explain to you at the time that Mohammed has a special potential and capability and he is the most appropriate for that position.

- The main office has full authority to place the right man in the right place, and I see no justification for repeated objections to that. Brother Mohammed himself is the general official in charge of financial development, and it is within his prerogatives to direct all the volunteers and offices of the Foundation within the limits of his primary function.

- Regarding the issue of raising your voice, this is something I had alerted you to when you visited our office ~~next~~ last year and you raised your voice on many people, including myself, during meetings and afterwards. The brothers had submitted a complaint on the same issue of raising one's voice, especially during conferences. Raising one's voice and criticisms in front of people are not befitting the officials of the Foundation and diminishes our prestige in the eyes of people.

- Every individual has the right to respect and to being treated in responsibly. Therefore, I kindly request, irrespective of the circumstances of the last issue, compliance with the mentioned directives regarding both those pertaining to respecting the positions of responsibility and managerial positions, as well as those pertaining to personal conduct in dealing with others.

In the end, if there was any prejudice to feelings it unintended, and I remain convinced that the Eastern US office did not undertake its real duty of seeking and interacting with the latest activity, and that the intervention of the main office was very appropriate and within the limits of dealing with the size of the event.

Finally, I ask God for all us for guidance and direction. These are matters we learn from so we increase our ability and our professionalism in management work, without any ulterior motive of hurting anyone or diminishing anyone's rights.

Peace be upon you and God's mercy and blessings

Shukri Abu Bakr
Executive Director

Statement of General Account for period from March 26, 1994 through April 8, 1994

[Illegible]

Number	Details	In		Out		Balance		Details
		$	¢	$	¢	$	¢	
1	Zogbi Ismail Hassan Al-Zoghbi (payment for orphan boy he sponsors)	50	-			50	-	Cash
2	Abdel Rahim Abdel Karim Odeh (payment for orphan girl)	50	-			100	-	Cash
3	Miscellaneous donations according to the attached statement	10,175	-			10,275	-	
4	Buying pager (pager) to Abdel Rahim			50	-	10,225	-	Based on receipt
5	Sent to you with Sheikh Abu Ibrahim			6,551	-	3,674	-	
We still have this balance in New Jersey, based on the request of Sheikh Abu Ibrahim to pay the expenses of establishing the office of the Foundation in New Jersey.						3,674	-	

Statement of Donations

Number	Name	Address	Amount		Details
			$	¢	
1	The Irvington Islamic Center	660 Sanford Avenue, Newark	180	-	Cash donations from Sheikh Wajih Yaghi's lecture on March 30, 1994
2	Charity collection "Passaic Center" Paterson on April 1, 1994		3,674	-	
3	Osama Al-Jabali	Donation	200	-	Check # 453
4	Ghassan Yazuri	183 Highland Ave, Passaic NJ 07055	100	-	Check # 524
5	North Hudson Center (charity collection) N. Bergen	P. O. Box 5548, N. Bergen (Apr. 1, 1994)	1,091	-	Check 1345. Send receipt
6	Friday sermon by Sheikh Wajih Yaghi at North Bergen Center (at Hudson) on date April 8, 1994, to the benefit of the Foundation's work. Total amount collected on that day was 4,930.00 dollars) detailed as follows:				
	A - Mohammed Al-Mahdi		500	-	Check # 757
	B – Jawad Abdel Jalil – 9009 Grand Ave, N. Bergen, N.J. 07047		500	-	Check # 1119
	C – Samih Al-Abassi and his wife – 11 Gorga Pl. Washington Township, NJ 07675		300	-	Check # 6051
	D – Abdallah Taha		100	-	Check # 1702
	E – Independent Traders – 305 Madison Ave, Suite # 1166, N.Y., N.Y. 10165		200	-	Check # 658
	F – Mohammed Al-Abassi and his wife – 17 Jay St., Old Tappan, N.J. 07675		100	-	Check # 111
	G – Total cash contributions, [illegible] by check in the name of the North Hudson Center (North Bergen)		3,230	-	Check # 1348
	TOTAL		10,175	-	

In the Name of God Most Merciful Most Compassionate

Messrs. / Islamic Educational Center of North Hudson
City of North Bergen
New Jersey

The Holy Land Foundation for Relief and Development (Holly Land Foundation) [sic] extends its thanks and gratitude to the venerable administration of the Center and to all the esteemed Muslims whom we thank for participating in collaboration with the Foundation in the collection of donations for the orphans, the needy families and the charitable projects in your beloved country Palestine.

Respectfully,

April 8, 1994

[Signature]
For / Holy Land Foundation
Eastern US Office / New Jersey
Abdel Rahman Abdel Karim Odeh

In the Name of God Most Merciful Most Compassionate

Messrs. / Administration of the Irvington Islamic Center
Newark
New Jersey

The Holy Land Foundation for Relief and Development extends its thanks and gratitude to your venerable Center for the cooperation you offered in hosting Sheikh Wajih Khalil Yaghi (President of the Scholars League of Palestine – Gaza Branch) on Wednesday March 30, 1994, whereby the sum of one hundred eighty dollars (180 dollars) were collected. We pray God for the health of the members of your mosque and to accept their prayers.

Respectfully,

April 8, 1994

[Signature]
For / Holy Land Foundation
Eastern US Office / New Jersey
Abdel Rahman Abdel Karim Odeh

In the Name of God Most Merciful Most Compassionate

To the Brother in charge of the Holy Land Fund,

Greetings,

I submit this application with the desire of working with your institution and at the location you see fit.
May the Lord lead us all to do what pleases Him.

Respectfully,

April 8, 1994

[Signature]
Abdel Rahman Abdel Karim Odeh

Note:
* Attached is my resume
* Address
368 Paxton Street #2
Paterson, N.J. 07503
(201) 2780666

January 13, [illegible]

Abdel Rahman Odeh

288-5404 W
(201) 278-0666 H

Born: June 26, 1959
Has 3 children

- Was active in collecting donations with Sheikh Al-Hanuti, Al-Qarali School
- Easy relationship building
- Experience with Fatah
- Beit Hanina Society
- [English]: Can generate $ and accounts
- Abu Ibrahim mosque
- Organizing demonstrations

---

give.tif
[picture]

Main Street

Rent	$650
Heat	200
Tel	50
Cable	25
Grocery	500
Car insurance	90
Gas	40
	$1,555

Compensation for gas

Possible Sal

[Doodle]