

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2018 APR 17 AM 10:21

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

Pizzullo for Senator

ADDRESS (number and street)

390 Stone Hill Road



Check if different than previously reported. (ACC)

Freehold

NJ

07728

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00563874

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE DISTRICT

NJ

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM

DD

YYYY

in the State of

CA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM

DD

YYYY

in the State of

CA

5. Covering Period

01, 01, 2018

through

03, 31, 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Nathan Davidson

Signature of Treasurer

[Handwritten Signature]

Date

04, 13, 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office Use Only

FEC FORM 3 (Revised 05/2016)



**DETAILED SUMMARY PAGE**

of Receipts

Write or Type Committee Name

---

Report Covering the Period: From:

**MM** ' **DD** ' **YYYY**  
**01** ' **01** ' **2018**

To:

**MM** ' **DD** ' **YYYY**  
**03** ' **31** ' **2018**

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)...

2,100.00

12,310.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL of contributions from individuals .

2,100.00

12,310.00

(b) Political Party Committees...

0.00

0.00

(c) Other Political Committees (such as PACs)...

0.00

0.00

(d) The Candidate .....

0.00

24,545.54

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

2,100.00

~~12,310.00~~

14,765.54

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ..

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate...

0.00

100,000.00

(b) All Other Loans...

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))...

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.) ..

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)...

2,100.00

14,765.04

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES...

2,142.40

12,263.40

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES...

.

.

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate...

.

.

(b) Of All Other Loans .....

.

.

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b))...

.

.

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees...

.

.

(b) Political Party Committees...

.

.

(c) Other Political Committees  
(such as PACs)...

.

.

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c))...

.

.

21. OTHER DISBURSEMENTS ...

.

895.00

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ▶

2,142.40

13,108.40

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...

103,843.17

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...

2,101.00

25. SUBTOTAL (add Line 23 and Line 24) ...

105,944.17

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)...

2,142.40

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25)...

103,801.77

12/11/11 12:11 PM

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE	OF
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b
	<input type="checkbox"/> 11d <input type="checkbox"/> 14	<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Pezzullo for Senator**

**A.** Full Name (Last, First, Middle Initial)  
**Vince Simonelli, Vince**

Mailing Address  
**P.O. Box 622**

City  
**Forked River** State  
**NJ** Zip Code  
**08701**

FEC ID number of contributing federal political committee.  
**C00563874**

Name of Employer  
**Dream Homes** Occupation  
**Builder**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Election Cycle-to-Date  
**400.00**

Date of Receipt  
**07' 07' 2018**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**Michael Mintz, Michael**

Mailing Address  
**85 South St**

City  
**Freehold** State  
**NJ** Zip Code  
**07728**

FEC ID number of contributing federal political committee.  
**C**

Name of Employer  
**Mintz & Torie LLC** Occupation  
**CPA**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Election Cycle-to-Date  
**100.00**

Date of Receipt  
**07' 13' 2018**

Amount of Each Receipt this Period  
**50.00**

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Michael Gaines, Michael**

Mailing Address  
**100 Woodbridge Ct R Suite 213**

City  
**Woodbridge** State  
**NJ** Zip Code  
**07095**

FEC ID number of contributing federal political committee.  
**C**

Name of Employer  
**Gains, Goldfarb & AI** Occupation  
**CPA**

Receipt For:  
 Primary  General  
 Other (specify) **▼**

Election Cycle-to-Date  
**400.00**

Date of Receipt  
**07' 29' 2018**

Amount of Each Receipt this Period  
**100.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... **250.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 2 OF 8  
(check only one)  
 11a     11b     11c     11d  
 12     13a     13b     14     15

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NAME OF COMMITTEE (In Full)  
Perrullo For Senator

A. Full Name (Last, First, Middle Initial)  
Vince Simonelli, Vince

Mailing Address  
P.O. Box 621

City Forked River State NJ Zip Code 08731

FEC ID number of contributing federal political committee. C

Name of Employer Dicom Homes Occupation Builder

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date 500.00

Date of Receipt  
02 / 01 / 2018

Amount of Each Receipt this Period  
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)  
Michael Mintz, Michael

Mailing Address  
85 South St

City Freehold State NJ Zip Code 07727

FEC ID number of contributing federal political committee. C

Name of Employer Mintz + Torrelli Occupation CPA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date 150.00

Date of Receipt  
02 / 13 / 2018

Amount of Each Receipt this Period  
50.00

Memo Item

C. Full Name (Last, First, Middle Initial)  
Michael Gaines, Michael

Mailing Address  
100 Woodbridge Ct Suite 213

City Woodbridge State NJ Zip Code 07095

FEC ID number of contributing federal political committee. C

Name of Employer Gains, Goldfarb + US Occupation CPA

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date 500.00

Date of Receipt  
02 / 28 / 2018

Amount of Each Receipt this Period  
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ..... 250.00

TOTAL This Period (last page this line number only) ..... 250.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 3 OF 8

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Perzullo for Senator

A. Full Name (Last, First, Middle Initial)  
Vince Simonelli, Vince  
 Mailing Address  
P.O. Box 622  
 City Forked River State NJ Zip Code 08701  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Dream Homes Occupation Builder  
 Receipt For:  Primary  General  Other (specify)   
 Election Cycle-to-Date 600.00

Date of Receipt  
03 / 01 / 2018  
 Amount of Each Receipt this Period  
100.00  
 Memo Item

B. Full Name (Last, First, Middle Initial)  
Michael Mintz, Michael  
 Mailing Address  
85 South St  
 City Freehold State NJ Zip Code 07727  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Mintz & Towle LLC Occupation CPTA  
 Receipt For:  Primary  General  Other (specify)   
 Election Cycle-to-Date 200.00

Date of Receipt  
03 / 13 / 2018  
 Amount of Each Receipt this Period  
50.00  
 Memo Item

C. Full Name (Last, First, Middle Initial)  
Michael Gains, Michael  
 Mailing Address  
100 Woodbridge Suite 213  
 City Woodbridge State NJ Zip Code 07095  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Gains Gold Fab Occupation CPTA  
 Receipt For:  Primary  General  Other (specify)   
 Election Cycle-to-Date 600.00

Date of Receipt  
03 / 29 / 2018  
 Amount of Each Receipt this Period  
100.00  
 Memo Item

SUBTOTAL of Receipts This Page (optional) ..... 250.00  
 TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 8
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
*Provenzano for Senator*

A. Full Name (Last, First, Middle Initial)  
*Provenzano, Anthony*

Mailing Address  
*1850 S Ocean Dr.*

City *Hallandale* State *FL* Zip Code *33009*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Soap Creative Services* Occupation *General Manager*

Receipt For:  
 Primary  
 General  
 Other (specify) *▼*

Election Cycle-to-Date *250.00*

Date of Receipt  
*01 / 03 / 2018*

Amount of Each Receipt this Period  
*250.00*

Memo Item

B. Full Name (Last, First, Middle Initial)  
*Provenzano, Anthony*

Mailing Address  
*1850 S Ocean Dr*

City *Hallandale* State *FL* Zip Code *33009*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Soap Creative Services* Occupation *General Manager*

Receipt For:  
 Primary  
 General  
 Other (specify) *▼*

Election Cycle-to-Date *500.00*

Date of Receipt  
*02 / 03 / 2018*

Amount of Each Receipt this Period  
*250.00*

Memo Item

C. Full Name (Last, First, Middle Initial)  
*Provenzano, Anthony*

Mailing Address  
*1850 S Ocean Dr.*

City *Hallandale* State *FL* Zip Code *33009*

FEC ID number of contributing federal political committee. *C*

Name of Employer *Soap Creative Service* Occupation *General Manager*

Receipt For:  
 Primary  
 General  
 Other (specify) *▼*

Election Cycle-to-Date *750.00*

Date of Receipt  
*03 / 03 / 2018*

Amount of Each Receipt this Period  
*250.00*

Memo Item

SUBTOTAL of Receipts This Page (optional) ..... *750.00*

TOTAL This Period (last page this line number only) ..... *750.00*



**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 8	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Dezullo for Senator**

A. Full Name (Last, First, Middle Initial)  
**Freibelman, Elliot**

Mailing Address  
**12 Sahake Dr.**

City **Monroe Township** State **NJ** Zip Code **08831**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Retired** Occupation **Retired**

Receipt For:  
 Primary  General  
 Other (specify) **25.00**

Election Cycle-to-Date **25.00**

Date of Receipt  
**07 ' 09 ' 2018**

Amount of Each Receipt this Period  
**25.00**

Memo Item

~~B. Full Name (Last, First, Middle Initial)  
**Wlazlows, Edward**~~

~~Mailing Address  
**12 Marissa Dr**~~

~~City **New Egypt** State **NJ** Zip Code **08503**~~

~~FEC ID number of contributing federal political committee. **C**~~

~~Name of Employer Occupation~~

~~Receipt For:  
 Primary  General  
 Other (specify) **25.00**~~

~~Election Cycle-to-Date **25.00**~~

~~Date of Receipt  
**07 ' 09 ' 2018**~~

~~Amount of Each Receipt this Period  
**25.00**~~

~~Memo Item~~

C. Full Name (Last, First, Middle Initial)  
**Barrette, Edward Brian**

Mailing Address  
**3 Georgia Rd**

City **Freehold** State **NJ** Zip Code **07728**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Englishman DOE** Occupation **Teacher**

Receipt For:  
 Primary  General  
 Other (specify) **25.00**

Election Cycle-to-Date **25.00**

Date of Receipt  
**07 ' 21 ' 2018**

Amount of Each Receipt this Period  
**25.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... **50.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 6 OF 8	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Pezullo For Senator

A. Full Name (Last, First, Middle Initial)  
Kronish, Ben.

Mailing Address  
355 Lexington Ave

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. C

Name of Employer Kronish Associate Occupation Life Ins Sales Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 200.00

Date of Receipt  
01 / 27 / 2018

Amount of Each Receipt this Period  
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)  
Kronish, Ben

Mailing Address  
355 Lexington Ave

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. C

Name of Employer Kronish Associate Occupation Life Ins. Sales Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 200.00

Date of Receipt  
02 / 27 / 2018

Amount of Each Receipt this Period  
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)  
Kronish, Ben

Mailing Address  
355 Lexington

City New York State NY Zip Code 10017

FEC ID number of contributing federal political committee. C

Name of Employer Kronish Associate Occupation Life Ins Sales Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date 400.00

Date of Receipt  
03 / 27 / 2018

Amount of Each Receipt this Period  
100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

**TOTAL** This Period (last page this line number only) ..... 300.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 7 OF 8

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
 Pezzullo for Senate

A. Full Name (Last, First, Middle Initial)  
 Barrett, Brian  
 Mailing Address  
 3 Georgio Road  
 City: Freehold State: NJ Zip Code: 07728  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Englishtown BUE Occupation: Teacher  
 Receipt For:  Primary  General  Other (specify)   
 Election Cycle-to-Date: 5000

Date of Receipt: 03/21/2018  
 Amount of Each Receipt this Period: 25.00  
 Memo Item

B. Full Name (Last, First, Middle Initial)  
 Borriette, Brian  
 Mailing Address  
 3 Georgio Road  
 City: Freehold State: NJ Zip Code: 07728  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Englishtown BUE Occupation: Teacher  
 Receipt For:  Primary  General  Other (specify)   
 Election Cycle-to-Date: 7500

Date of Receipt: 03/21/2018  
 Amount of Each Receipt this Period: 25.00  
 Memo Item

C. Full Name (Last, First, Middle Initial)  
 Pezzullo, Rich  
 Mailing Address  
 360 Stonehill Rd  
 City: Freehold State: NJ Zip Code: 07728  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: millennium Occupation: Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Election Cycle-to-Date: 2,524.54

Date of Receipt: 03/21/2018  
 Amount of Each Receipt this Period: 1.00  
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 56.00  
 TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: (check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15  
 PAGE 0 OF 1

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NAME OF COMMITTEE (In Full)  
Pezzullo for Senate

A. Full Name (Last, First, Middle Initial)  
Devonshire, Lidia  
 Mailing Address  
2441 Elmhurst Blvd  
 City: Kennesaw State: GA Zip Code: 30152  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Retired Occupation: Retired  
 Receipt For:  Primary  General  
 Other (specify)   
 Election Cycle-to-Date: 100.00

Date of Receipt: 03 / 14 / 2018  
 Amount of Each Receipt this Period: 100.00  
 Memo Item

B. Full Name (Last, First, Middle Initial)  
Devonshire, Lidia  
 Mailing Address  
2441 Elmhurst Blvd  
 City: Kennesaw State: GA Zip Code: 30152  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Retired Occupation: Retired  
 Receipt For:  Primary  General  
 Other (specify)   
 Election Cycle-to-Date: 200.00

Date of Receipt: 03 / 14 / 2018  
 Amount of Each Receipt this Period: 100.00  
 Memo Item

C. Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City: State: Zip Code:  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Occupation:  
 Receipt For:  Primary  General  
 Other (specify)   
 Election Cycle-to-Date:

Date of Receipt:  
 Amount of Each Receipt this Period:  
 Memo Item

SUBTOTAL of Receipts This Page (optional) ..... 200.00  
 TOTAL This Period (last page this line number only) ..... 2,100.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (in Full)  
*Pezullo For Senator*

**A. Authorize dot Net**

Full Name (Last, First, Middle Initial): *Authorize dot Net*

Date of Disbursement: *07/02/2018*

Mailing Address: *PO Box 947*

City: *American Fort* State: *UT* Zip Code: *84003*

Purpose of Disbursement: *Processing Fee* Category/Type: *001*

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *48.15*

Memo Item

**B. Authorize dot Net**

Full Name (Last, First, Middle Initial): *Authorize dot Net*

Date of Disbursement: *02/02/2018*

Mailing Address: *PO Box 947*

City: *American Fort* State: *UT* Zip Code: *84003*

Purpose of Disbursement: *Processing Fee* Category/Type: *001*

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *48.05*

Memo Item

**C. Authorize dot Net**

Full Name (Last, First, Middle Initial): *Authorize dot Net*

Date of Disbursement: *03/02/2018*

Mailing Address: *PO Box 947*

City: *American Fort* State: *UT* Zip Code: *84003*

Purpose of Disbursement: *Processing Fee* Category/Type: *001*

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: *C*

Amount of Each Disbursement this Period: *48.02*

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)...

**TOTAL** This Period (last page this line number only)...

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 9

17  
20a     18  
20b     19a  
20c     19b  
21

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NAME OF COMMITTEE (In Full)

Penullo for Senator

Full Name (Last, First, Middle Initial)

A.

Flag Ship Merchant Services

Mailing Address  
PO Box 3429

City Thousand Oaks State CA Zip Code 91329

Purpose of Disbursement  
Credit Card Processing

Candidate Name

C  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

01' 03' 2018

FEC Identification Number

C

Amount of Each Disbursement this Period

175.74

Memo Item

B.

Flag Ship Merchant Services

Mailing Address  
PO Box 3429

City Thousand Oaks State CA Zip Code 91329

Purpose of Disbursement  
Credit Card Processing

Candidate Name

C  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

02' 03' 2018

FEC Identification Number

C

Amount of Each Disbursement this Period

6557

Memo Item

C.

Flag Ship Merchant Services

Mailing Address  
PO Box 3429

City Thousand Oaks State CA Zip Code 91329

Purpose of Disbursement  
Credit Card Processing

Candidate Name

C  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

05' 03' 2018

FEC Identification Number

C

Amount of Each Disbursement this Period

6635

Memo Item

SUBTOTAL of Disbursements This Page (optional)...

TOTAL This Period (last page this line number)...

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 3 OF 9
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Perullo for Senator**

**A.** **Waterbuilder**  
 Mailing Address: **520 S. Grand Ave**  
 City: **Los Angeles** State: **CA** Zip Code: **90071**  
 Purpose of Disbursement: **Website Hosting** Category/Type: **001**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **01/22/2018**  
 FEC Identification Number: **C**  
 Amount of Each Disbursement this Period: **59.00**  
 Memo Item

**B.** **Waterbuilder**  
 Mailing Address: **520 S. Grand Ave**  
 City: **Los Angeles** State: **CA** Zip Code: **90071**  
 Purpose of Disbursement: **Website Hosting** Category/Type: **001**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **02/20/2018**  
 FEC Identification Number: **C**  
 Amount of Each Disbursement this Period: **89.00**  
 Memo Item

**C.** **Waterbuilder**  
 Mailing Address: **520 S. Grand Ave**  
 City: **Los Angeles** State: **CA** Zip Code: **90071**  
 Purpose of Disbursement: **Website Hosting** Category/Type: **001**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **03/20/2018**  
 FEC Identification Number: **C**  
 Amount of Each Disbursement this Period: **89.00**  
 Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ... **177.00**

**TOTAL** This Period (last page this line number only) ... **177.00**

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE <u>4</u> OF <u>9</u>
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
Pezullo for Senate

**A.** Full Name (Last, First, Middle Initial) DelPresto, Danielle

Mailing Address 1581 Kris Ct

City Toms River State NJ Zip Code 08751

Purpose of Disbursement Breakfast Expense Category/Type 001

Candidate Name Dr Richard Pezullo

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: NJ District: \_\_\_\_\_

Date of Disbursement 02 / 03 / 2018

FEC Identification Number C

Amount of Each Disbursement this Period 54.19

Memo Item

**B.** Full Name (Last, First, Middle Initial) DelPresto, Danielle

Mailing Address 1501 Kris Ct

City Toms River State NJ Zip Code 08751

Purpose of Disbursement General Administration Category/Type 001

Candidate Name Dr Richard Pezullo

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: NJ District: \_\_\_\_\_

Date of Disbursement 02 / 03 / 2018

FEC Identification Number C

Amount of Each Disbursement this Period 50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial) DelPresto, Danielle

Mailing Address 1581 Kris Ct

City Toms River State NJ Zip Code 08751

Purpose of Disbursement General Administration Category/Type 001

Candidate Name Richard Pezullo

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: NJ District: \_\_\_\_\_

Date of Disbursement 02 / 10 / 2018

FEC Identification Number C

Amount of Each Disbursement this Period 50.00

Memo Item

SUBTOTAL of Disbursements This Page (optional) ...

TOTAL This Period (last page this line number) ...



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 9

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)

Perullo for Senator

Full Name (Last, First, Middle Initial)

A. Shawn Golden for Sheriff

Mailing Address

20 Rt 537 East

City

Cults Neck

State

NJ

Zip Code

07722

Purpose of Disbursement

Contribution

011

Candidate Name

Shawn Golden

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

MM' DD' YYYY  
01' 28' 2017

FEC Identification Number

C

Amount of Each Disbursement this Period

8500

Memo Item

Full Name (Last, First, Middle Initial)

B. Liberty & Prosperity

Mailing Address

435 Shore Road

City

Corner Point

State

NJ

Zip Code

08244

Purpose of Disbursement

Donation

012

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

MM' DD' YYYY  
02' 28' 2017

FEC Identification Number

C

Amount of Each Disbursement this Period

7500

Memo Item

Full Name (Last, First, Middle Initial)

C. Danielle Del Prete

Mailing Address

2561 Knis Ct

City

Com River

State

MD

Zip Code

08755

Purpose of Disbursement

Travel Expense Bank Trip DC

002

Candidate Name

Category/  
Type

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

MM' DD' YYYY  
02' 28' 2017

FEC Identification Number

C

Amount of Each Disbursement this Period

26500

Memo Item

SUBTOTAL of Disbursements This Page (optional) ...

TOTAL This Period (last page this line number) ...



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only, one)		PAGE 2 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Perullo For Senator**

**A. Big Splash Graphics**

Full Name (Last, First, Middle Initial)

Mailing Address: **125 Hill Mills Road Suite 3**

City: **Freehold** State: **NJ** Zip Code: **07728**

Purpose of Disbursement: **Advertising** Category/Type: **004**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **07/09/2017**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **32.20**

Memo Item

**B. Nicholas DelPresto**

Full Name (Last, First, Middle Initial)

Mailing Address: **1581 Krio Ct.**

City: **Toms River** State: **NJ** Zip Code: **08755**

Purpose of Disbursement: **Staff Expense Monmouth County** Category/Type: **001**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **02/03/2018**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **50.00**

Memo Item

**C. Donato DelPresto**

Full Name (Last, First, Middle Initial)

Mailing Address: **1581 Krio Ct**

City: **Toms River** State: **NJ** Zip Code: **08755**

Purpose of Disbursement: **Staff Expense Monmouth County** Category/Type: **001**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: **02/03/2018**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **50.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)...

**TOTAL** This Period (last page this line number only)...

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 8 OF 9
	<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	
	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
**Pezullo for Senator**

**A. Optimum Online**

Full Name (Last, First, Middle Initial)

Mailing Address: **4320 Rt 9 Satl**

City: **Freshold** State: **NJ** Zip Code: **07122**

Purpose of Disbursement: **Cable/Internet** Category/Type: **001**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **02/21/2017**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **435.92**

Memo Item

**B. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address: **1 Hackerway**

City: **Menlo Park** State: **CA** Zip Code: **94025**

Purpose of Disbursement: **Advertising Expense** Category/Type: **009**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **01/02/2017**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **10.00**

Memo Item

**C. Facebook**

Full Name (Last, First, Middle Initial)

Mailing Address: **1 Hackerway**

City: **Menlo Park** State: **CA** Zip Code: **94025**

Purpose of Disbursement: **Advertising Expense** Category/Type: **009**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **02/01/2017**

FEC Identification Number: **C**

Amount of Each Disbursement this Period: **40.53**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)...

**TOTAL** This Period (last page this line number)...

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE <u>1</u> OF <u>1</u>
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)  
Perullo for Senator

**A.** Cumberland County

Full Name (Last, First, Middle Initial)

Mailing Address  
424 West Lenoir Ave.

City Vineland State NJ Zip Code 08360

Purpose of Disbursement  
Breakfast Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
01 / 20 / 2018

FEC Identification Number  
C

Amount of Each Disbursement this Period  
15.00

Memo Item

Category/Type  
001

**B.** Gloucester GOP

Full Name (Last, First, Middle Initial)

Mailing Address  
P.O. Box 503

City Woodbury State NJ Zip Code 08096

Purpose of Disbursement  
Dinner Expense

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
01 / 20 / 2018

FEC Identification Number  
C

Amount of Each Disbursement this Period  
30.00

Memo Item

Category/Type  
051

**C.** Burgess County Republican

Full Name (Last, First, Middle Initial)

Mailing Address  
339 Main St

City Hackettstown State NJ Zip Code 07601

Purpose of Disbursement  
Contribution

Candidate Name  
Breakfast Expense

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement  
01 / 24 / 2018

FEC Identification Number  
C

Amount of Each Disbursement this Period  
60.00

Memo Item

Category/Type  
001

**SUBTOTAL** of Disbursements This Page (optional) ... 105.00

**TOTAL** This Period (last page this line number only) ... 2,142.40

**SCHEDULE C (FEC Form 3)**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 2
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input checked="" type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
 Pezzullo for Senator

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)	<input type="checkbox"/> Memo Item	Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Pezzuola Richard J		
Mailing Address 360 Stone Hill Rd		
City Friedhold	State NJ	ZIP Code 07728
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100,000.00	0.00	100,000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	12/28/2017	12/28/2018	12.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional)...	▶	100,000.00
<b>TOTALS</b> This Period (last page in this line only) ..	▶	100,000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 2 OF 2

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
Pezullo for Senator

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  Memo Item Election:  Primary  General  Other (specify) ▼

Pezullo, Richard J

Mailing Address  
360 Stone Hill Rd -

City: Freehold State: NJ ZIP Code: 07728  Personal Funds of the Candidate

Original Amount of Loan: 15,000.00 Cumulative Payment To Date: 0.00 Balance Outstanding at Close of This Period: 15,000.00

**TERMS** Date Incurred: 05' 01' 2014 Date Due: 12' 31' 2018 Interest Rate (If none, enter 0): 0.00 % (apr) Secured:  Yes  No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

**SUBTOTALS** This Period This Page (optional)... ..▶ [ ]

**TOTALS** This Period (last page in this line only)... ..▶ [ 15,000.00 ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER
<i>NOT USED</i>	C

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR)
Mailing Address	Date Incurred or Established	%
City	Date Due	
State		
Zip Code		

A. Has loan been restructured?  No  Yes      If yes, date originally incurred

B. If line of credit, Amount of this Draw:      Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).  
 Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date account established: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:  
 I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.  
 II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.  
 III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE
Title	



**SCHEDULE D (FEC Form 3)**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

NAME OF COMMITTEE (In Full)

*NOT USED*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt (Purpose):	
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
<input type="text"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

1) <b>SUBTOTALS</b> This Period This Page (optional) ...	<input type="text"/>
2) <b>TOTALS</b> This Period (last page this line number only) ...	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ...	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**FEC FORM 3Z (File with Form 3)**

Report Covering Period from:  /  /

**Part 1: CONSOLIDATION REPORT**

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

to:  /  /

*not used*

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE  
(Use Separate Page for Each Committee)

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
7(c) Net Operating Expenditures	16 Total Receipts
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
13(b) All Other Loans	21 Other Disbursements
13(c) Total Loans	22 Total Disbursements
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
	27 Cash on Hand at Close of Reporting Period

**FEC FORM 3Z (File with Form 3)**  
**Part 2: CONSOLIDATED TOTALS**  
**FOR ALL AUTHORIZED COMMITTEES**

Report Covering Period from:  M  M /  D  D /  Y  Y  Y  Y  
 to:  M  M /  D  D /  Y  Y  Y  Y

NAME OF PRINCIPAL CAMPAIGN COMMITTEE

*NOT USED*

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
7(c) Net Operating Expenditures	16 Total Receipts
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
13(b) All Other Loans	21 Other Disbursements
13(c) Total Loans	22 Total Disbursements
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
	27 Cash on Hand at Close of Reporting Period

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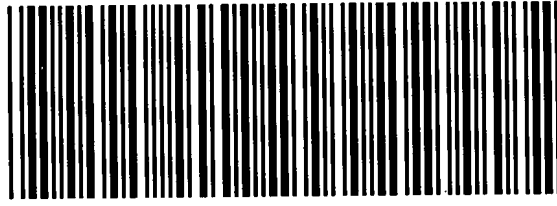
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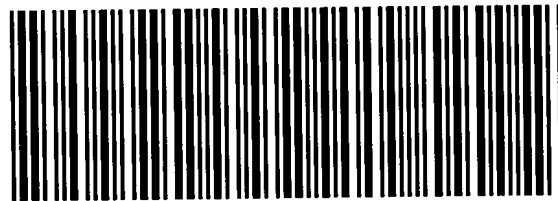
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