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FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3	For An Au	thorized Com	mittee		Office Use Only		
NAME OF COMMITTEE (in full)	TYPE OR PRINT		cample: If typing er the lines.	, type	12FE4M5		
PEZZULLO FOR SE	NATOR					1	
	330 Mounts Corr	ner Drive	1 1 1 1 1	1 1 1	1 1 1 1 1		
ADDRESS (number and street) ▼ Suite 111							
Check if different than previously	· EDEELIOLD					7728	
reported. (ACC)	FREEHOLD				NJ		
2. FEC IDENTIFICATION	NI IMBER 🔻	CITY ▲		(STATE A	ZIP CODE ▲	
z. Teo identification	NOMBER V					STATE ▼ DISTRICT	
C C00563874		3. IS THIS REPORT	X NEW (N)	~		D NJ 00	
		TIEI OITI	(14)		(A)		
4. TYPE OF REPORT (Choose One)						
(a) Quarterly Reports:	,	(b) 12-Day PRE	-Election Repor	t for the:		_	
П . н. н. г. о . н. н.	D (04)		Primary (12P)		General (12	G) Runoff (12R)	
April 15 Quarterly Report (Q1)			Convention (1)	2C)	Special (129	S)	
July 15 Quarterly	y Report (Q2)						
October 15 Quar	rterly Report (Q3)	Election on	M M /	D D /	Y " Y " Y " Y	in the State of	
January 31 Year-End Report (YE)							
oundary of roar	End Hoport (TE)	(c) 30-Day POS	I-Election Repo	ort for the:			
_		Ш	General (30G)	L	Runoff (30R	Special (30S)	
Termination Report (TER)			M M /	M M / D D / Y Y Y		in the	
		Election on		-		State of	
5. Covering Period	04 01 /	Y Y Y Y Y 2020	through	м м 06	/ D D /	y y y y y	
o. Covering Follow			inougn	0.0		,	
I certify that I have examined	this Report and to t	the best of my kr	nowledge and b	elief it is tr	ue, correct and	complete.	
Type or Print Name of Treasu	DelPresto, Dan		-			-	
					м м	/ D D / Y Y Y Y	
Signature of Treasurer	DelPresto, Danielle, , ,		[Electronically Fi	iled] [Date 07	15 2020	
— NOTE: Submission of false, erro	oneous or incomplete	information may	subject the porce	on eigning +	his Report to the	penalties of 52 LLS C 820100	
Office	oneous, or incomplete	inionnation may	Subject the perso	ni aigiiiiig t	This neport to the	pendities of 52 0.3.0. §30109	
Use						FEC FORM 3	
Only	1 1	1			1	(Revised 05/2016)	

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name
PEZZULLO FOR SENATOR

2020 2020 06 30 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 950.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 950.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 1638.40 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 1638.40 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1123.78 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 22000.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

PEZZULLO FOR SENATOR

04 01 2020 06 30 2020 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 500.00 (i) Itemized (use Schedule A)..... 450.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 950.00 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 0.00 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) 0.00 950.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 950.00 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

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	II. DISBURSEN	MENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPERATING EXPEND	DITURES	0.00	1638.40
18.	TRANSFERS TO OTH AUTHORIZED COMM		0.00	0.00
19.	LOAN REPAYMENTS			
	(a) Of Loans Made by the Candidate	or Guaranteed	0.00	0.00
	(b) Of All Other Loa	ns	0.00	0.00
	(c) TOTAL LOAN RE (add Lines 19(a)	EPAYMENTS and (b))	0.00	0.00
20.	REFUNDS OF CONT	RIBUTIONS TO:		
	(a) Individuals/Person	ns Other ommittees	0.00	0.00
	(b) Political Party Co	ommittees	0.00	0.00
	(c) Other Political C		0.00	0.00
	` '	BUTION REFUNDS (b), and (c))	0.00	0.00
21.	OTHER DISBURSEM	ENTS	0.00	0.00
22.	TOTAL DISBURSEM (add Lines 17, 18, 19		0.00	1638.40
		III. CASH SUMN	MARY	
23.	CASH ON HAND AT	BEGINNING OF REPORTIN	1123.78	
24	TOTAL RECEIPTS TH	0.00		
25.	SUBTOTAL (add Line	1123.78		
26.	TOTAL DISBURSEME	:NTS THIS PERIOD (from Li	ine 22)	0.00
		CLOSE OF REPORTING PE		1123.78

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

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

PAGE 5 OF FOR LINE NUMBER: (check only one)

X 13a 13b

6

NAME OF COMMITTEE (In Full) PEZZULLO FOR SENATOR		Transaction ID : SC/10.4147
LOAN SOURCE Full Name (Last, First PEZZULLO, RICHARD J, , , Mailing Address 360 STONE HILL ROAD	st, Middle Initial)	☐ Memo Item
City	State	ZIP Code Personal Funds of the Candidate
PREEHOLD	NJ Cumulative Pay	0//28
Original Amount of Loan 115000.00	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period 100000.00 15000.00
TERMS Date Incurred	D	ate Due Interest Rate Secured: (If none, enter 0)
M06M / D30D / Y Ž01Ř Y	M M / D D	¹ √12/31/2018
List All Endorsers or Guarantors (if a	any) to Loan Source	
1. Full Name (Last, First, Middle Initia	ıl)	Name of Employer
Mailing Address		Occupation
		Amount
City Sta	ate ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	ate ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (option	onal)	15000.00
TOTALS This Period (last page in this lin	e only)	
Carry outstanding balance only to I INF	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 6 OF FOR LINE NUMBER: (check only one)

X 13a 13b

6

	ME OF COMMITTEE (In Full) EZZULLO FOR SENATOR				Tra	ransaction ID : SC/10.4172		
	LOAN SOURCE Full Name (Last, First, Middle Initial) PEZZULLO, RICHARD J, , , Mailing Address 360 STONE HILL ROAD				☐ Memo	Ditem Election: 2018		
-								
	City		State ZIP Code NJ 07728		ae	x Personal Funds o	Personal Funds of the Candidate	
-	Original Amount of Loan		Cumulative Payment To Date Ba			Balance Outstanding at Close	e of This Period	
	7000	.00	0.00		, , .	7000.00		
	TERMS Date Incurred		Date Due Interest Rat (If none, ente				ecured:	
	M10 ^M / D23 ^D / Y Ž018 Y M M / D D			/ Y1	12/1/2019 Yes X No			
İ	List All Endorsers or Guarantors	(if any) t	o Loan Source					
	1. Full Name (Last, First, Middle In	nitial)			Name of Employer			
	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
-	2. Full Name (Last, First, Middle Initial)				Name of Employer			
-	Mailing Address				Occupation			
					Amount			
	City	State	ZIP Code		Guaranteed Outstanding:			
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer Occupation			
-								
		l			Amount Guaranteed			
	City	State	ZIP Code		Outstanding:	7		
	Full Name (Last, First, Middle Initial) Mailing Address				Name of Employer			
					Occupation			
-	City.			Amount Guaranteed				
	City	State	ZIP Code		Outstanding:	7		
SL	SUBTOTALS This Period This Page (optional)							
TC	TOTALS This Period (last page in this line only)						22000.00	
С	arry outstanding balance only to LIN	NE 3, Sch	nedule D, for this	line. If	no Schedule D, carr	y forward to appropriate line	of Summary.	