

Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 APR 24 AM 11:39

Please find attache the report faxed this date to Michael Dobi at 202 219 0174

I had been preparing to send them with another request for information with a response date of 4/23.
He pointed out that this request had a different date and I faxed the report to him

A handwritten signature in black ink, consisting of stylized, overlapping loops and a long horizontal stroke extending to the right.

201804240200359482

Fax Transmission

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 APR 24 AM 11:40

To: Michael Dobi

From: Rich Pezzullo

Fax: 12022190174

Date: 4/20/2018 12:48:22 PM PDT

RE: Pezzullo For Senator C00563874

Pages: 4

Comments:

Plesae find attached response to March 15 Request for information

RE: Pezzullo for Senator
360 Stonehill Road Freehold, NJ 07728

Requesting
Schedule A to support 100,000 loan from candidate
Schedule C to support !5,000 loan from candidate

These documents are being provided

Please acknowledge receipt via phone 732 915 5000 or email - rich@pezzullo.com

201804240200359483

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

2018 APR 24 AM 11:40 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5

PEZZULLO FOR SENATOR

ADDRESS (number and street)

360 STONEHILL 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

State

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

General (30G)

Runoff (30R)

Special (30S)

Election on

MM/DD/YYYY

in the State of

State

5. Covering Period

10/01/2017

through

12/31/2017

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

Date

04/19/2018

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

FEC FORM 3

201804240200359484

**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 1 | |
| | <input type="checkbox"/> 11a 12 | <input checked="" type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input type="checkbox"/> 11d 13 |

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

| | | | | |
|--|--------------------|---|---|--|
| Full Name (Last, First, Middle Initial) Richard J. Pezzullo | | | Date of Receipt 12 28 2017 | |
| A. Mailing Address 360 Stonehill Road | | | | |
| City Freehold | State NJ | Zip Code 07728 | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period 100,000.00 | |
| Name of Employer Millennium Bus Svcs | | Occupation Consultant | | |
| Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date 100,000.00 | Memo Item | |

| | | | | |
|---|-------|------------------------|------------------------------------|--|
| Full Name (Last, First, Middle Initial) | | | Date of Receipt | |
| B. Mailing Address | | | | |
| City | State | Zip Code | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period | |
| Name of Employer | | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date | Memo Item | |

| | | | | |
|---|-------|------------------------|------------------------------------|--|
| Full Name (Last, First, Middle Initial) | | | Date of Receipt | |
| C. Mailing Address | | | | |
| City | State | Zip Code | | |
| FEC ID number of contributing federal political committee. C | | | Amount of Each Receipt this Period | |
| Name of Employer | | Occupation | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Election Cycle-to-Date | Memo Item | |

| | |
|--|-------------------|
| SUBTOTAL of Receipts This Page (optional) | 100,000.00 |
| TOTAL This Period (last page this line number only) | 100,000.00 |

201804240200359485

SCHEDULE C (FEC Form 3)

LOANS

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

FOR LINE NUMBER (check only one)

12a
 12b

NAME OF COMMITTEE (in Full)

Pezzullo for Senator

LOAN SOURCE Full Name (Last, First, Middle Initial)

Richard J. Pezzullo

Mosaic Item

Election:

Primary
 General

Other (specify) ▼

Carryover from 2014

Mailing Address

360 Stonehill Road

City

Freehold

State

NJ

ZIP Code

07728

Personal Funds of the Candidate

Original Amount of Loan

15,000.00

Cumulative Payment To Date

zero

Balance Outstanding at Close of This Period

15,000.00

TERMS

Date Incurred

Date Due

Interest Rate
(if none, enter 0%)

Secured

05

01

2014

12

31

2018

zero % (appt)

Yes No

List All Employers or Government(s) of 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)

115,000.00

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

201804240200359486

FIRMLY TO SEAL

PRIORITY MAIL EXPRESSTM

SERVICE IN THE U.S.

INTERNATIONALLY, A POSTAGE AND INSURANCE DECLARATION IS REQUIRED.



OD: 12.5 x 9.5



1000006

PRESS FIRMLY TO SEAL

WRITE FIRMLY WITH BALL POINT PEN ON HARD SURFACE TO MAKE ALL COPIES LEGIBLE

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE ()
Peezy Co Supply
30 N. Kaepi Av 07727

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options
 No Saturday Delivery (delivered next business day)
 Sunday/Holiday Delivery (additional fee, where available)
 10:30 AM Delivery (additional fee, where available)
*Refer to USPS.com or local Post Office[®] for availability.

TO: (PLEASE PRINT)

PHONE ()

Office of the...
Washington, DC 2003-7578
20012-7578

For pickup or USPS Tracking[™], visit USPS.com or call 800-222-1811.

\$100.00 Insurance included.

U.S. POSTAGE
PAID
ADELPHIA, NJ
07710
APR 20 18
AMOUNT

\$24.70

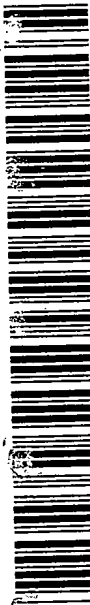
R2303S101221-07



20013



1007



E M 0 7 2 3 1 8 0 4 5 U S

E M 0 7 2 3 1 8 0 4 5 U S

PRIORITY MAIL EXPRESSTM



ORIGIN (POSTAL SERVICE USE ONLY)

| | | | |
|---|--|-----------------------------------|------------------------------|
| <input type="checkbox"/> 1-Day | <input type="checkbox"/> 2-Day | <input type="checkbox"/> Military | <input type="checkbox"/> DPO |
| PO ZIP Code | Scheduled Delivery Date (MM/DD/YY) | Postage | |
| 077710 | 4/18/18 | \$ | |
| Date Accepted (MM/DD/YY) | Scheduled Delivery Time | Insurance Fee | COD Fee |
| 4/18/18 | <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input type="checkbox"/> 12 NOON | \$ | \$ |
| Time/Accepted | 10:30 AM Delivery Fee | Return Receipt Fee | Live Animal Transportatic |
| | <input type="checkbox"/> AM <input type="checkbox"/> PM | \$ | \$ |
| Special Handling/Fragile | Sunday/Holiday Premium Fee | Total Postage & Fees | |
| | \$ | \$ | |
| Weight lbs. ozs. | Acceptance Employee Initials | | |
| 2 ozs. | | | |
| DELIVERY (POSTAL SERVICE USE ONLY) | | | |
| Delivery Attempt (MM/DD/YY) Time | Employee Signature | | |
| 4-21-18 8:00 PM | [Signature] | | |
| Delivery Attempt (MM/DD/YY) Time | Employee Signature | | |
| 4-21-18 8:00 PM | [Signature] | | |

LABEL 11-B, OCTOBER 2016

PSN 7690-02-000-9996

3-ADDRESSEE COPY

This packaging is the property of the U.S. Postal Service[®] and is provided solely for use in sending Priority Mail Express[™] shipments. Misuse may be a violation of federal law. This packaging is not for resale. EPI3F © U.S. Postal Service; July 2013; All rights reserved.

VISIT US AT USPS.COM[®]



United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 4/20/18
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

| | SHIPPING DATE | NEXT BUSINESS DAY DELIVERY |
|------------------|---------------|----------------------------|
| FEDERAL EXPRESS | _____ | <input type="checkbox"/> |
| UPS | _____ | <input type="checkbox"/> |
| DHL | _____ | <input type="checkbox"/> |
| AIRBORNE EXPRESS | _____ | <input type="checkbox"/> |

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

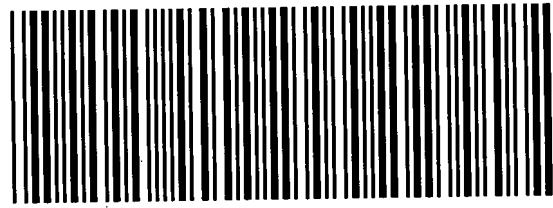
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

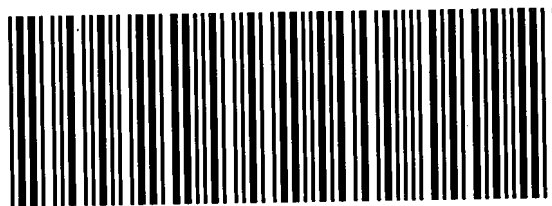
OTHER _____
Date of Receipt or Postmark

PREPARER BP DATE PREPARED 4/24/18

201804240200359488



SEN PATCH



SEN PATCH

201804240200359489