## **NOTIFICATION OF MULTICANDIDATE STATUS**

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(See reverse side for instructions)

| This | form | should  | be     | filed | after | the | Committee | <i>qualifies</i> | as a | multicandidate | committee.    |
|------|------|---------|--------|-------|-------|-----|-----------|------------------|------|----------------|---------------|
| 1110 |      | oriouid | $\sim$ | mou   | uitoi |     | Committee | qualifico        | uu u | manifoundate   | COMMITTEE CO. |

|   |  | OMMITTEE IN FULL               |  |                      | 1         |            |            |  |  |  |  |
|---|--|--------------------------------|--|----------------------|-----------|------------|------------|--|--|--|--|
|   | SOUTH  | I JERSEY UNITED IN TR          |  |                      |           |            |            |  |  |  |  |
| (d)   |  | Street Address                 | o FEO IDENTIF                          | IO A TION I          | ALL IMPED |            |            |  |  |  |  |
|   | PO BOX 6   | <i>1</i> 71                    | 2. FEC IDENTIFICATION NUMBER C00726729 |                      |           |            |            |  |  |  |  |
| (c) (   | City, State ar   | nd ZIP Code                    | 3. TYPE OF COMMITTEE (check one)       |                      |           |            |            |  |  |  |  |
|   | CAPE MA  | Y COURT HOUSE                  | STATE PARTY  OTHER                     |                      |           |            |            |  |  |  |  |
| l cert  | ify that   | one of the following situation | ns is correct (co                      | mplete line 4 or 5): |           |            |            |  |  |  |  |
|   | <b>STATUS BY AFFILIATION:</b> The committee submitted its Statement of Organization (FEC FORM 1) on and simultaneously qualified as a multicandidate committee through its affiliation with: |                                |  |                      |           |            |            |  |  |  |  |
|   | Committee Name:  |                                |  |                      |           |            |            |  |  |  |  |
|   | FEC Identification Number:   |                                |  |                      |           |            |            |  |  |  |  |
|   |  |                                |  |                      |           |            |            |  |  |  |  |
|   | (a) Candidates: The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):                                    |                                |  |                      |           |            |            |  |  |  |  |
|   |  | Name                           |  | Office Sought        | State/Dis | trict      | Date       |  |  |  |  |
|   | (i)  | MOONEY, ALEXANDER X, , ,       |  | Senate               | WV        | 00         | 01/03/2023 |  |  |  |  |
|   | (ii)   | LAWLER, MICHAEL VINCENT, , ,   |  | House                | NY        | 17         | 11/07/2022 |  |  |  |  |
|   | (iii)  | SALAZAR, MARIA ELVIRA, , ,     |  | House                | FL        | 27         | 11/01/2022 |  |  |  |  |
|   | (iv)   | SHAFFER, JEREMY, , ,           |  | House                | PA        | 17         | 09/26/2022 |  |  |  |  |
|   | (v)  | GUEST, MICHAEL PATRICK, , ,    |  | House                | MS        | 03         | 06/17/2022 |  |  |  |  |
| <ul> <li>(b) Contributors: The committee received a contribution from its 51st contributor on:08/24/2022</li> <li>(c) Registration: The committee has been registered for at least 6 months. FEC FORM 1 was submitted on:11/12/2019</li> <li>(d) Qualification: The committee met the above requirements on:08/24/2022</li> </ul> |  |                                |  |                      |           |            |            |  |  |  |  |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.  TYPE OR PRINT NAME OF TREASURER  CRATE, BRADLEY, T, MR,  SIGNATURE OF TREASURER  [Electronically Filed]  DATE  CRATE, BRADLEY, T, MR,   |  |                                |  |                      |           |            |            |  |  |  |  |
| CKAI  | E, BKADL   | ⊏ ĭ, I, IVIK,                  | CRATE, BRADLEY, 1                      |                      | 07/14     | 07/14/2023 |            |  |  |  |  |
| NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.   |  |                                |  |                      |           |            |            |  |  |  |  |