

Richard J. Pezzullo

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS
2017 OCT 17 AM 10:23

October 13, 2017

Secretary of the Senate
Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510-7116

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

Please find attached FEC Form 3 regarding Richard J. Pezzullo in the 2018 race for US SENATE from New Jersey.

The following committee is the primary committee:

PEZZULLO FOR SENATOR - FEC ID C00563874
360 Stonehill Road
Freehold, NJ 07728
Campaign@pezzullo.com
www.pezzullo.com

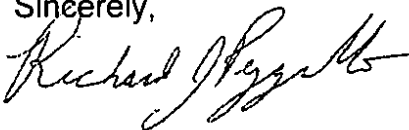
Treasurer is Nathan Davidson, 42 Campbell Court, Freehold, NJ 07728 732- 431-5084
Assistant Treasurer is Anthony Pezzullo, 360 Stonehill Road, Freehold, NJ 07728

I would appreciate your assistance with my record keeping.

Please send a "stamped" copy back to me at 360 Stonehill Road, Freehold, NJ 07728. If there are any issues regarding this, please contact me via telephone at 732 915 5000.

Thank you again for the work you do with the United States Senate.

Sincerely,



Richard J. Pezzullo
rich@pezzullo.com

201710180200324744

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

2017 OCT 17 AM 10:23

FEC
FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 1216445

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

C 00563874

3. IS THIS REPORT X NEW OR AMENDED (A)

STATE DISTRICT

1W J

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

X 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

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period '07 01' '2017' through '09 30' '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

10 12 2017

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)

201710180200324745

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Page 2

Write or Type: Committee Name

Pezzullo For Senator

Report Covering the Period:

From:

07 / 01 / 2017

To:

09 / 30 / 2017

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))...	4,022.71	4,022.71
(b) Total Contribution Refunds (from Line 20(d))...	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	4,022.71	4,022.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)...	439.07	439.07
(b) Total Offsets to Operating Expenditures (from Line 14)...		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	439.07	439.07
8. Cash on Hand at Close of Reporting Period (from Line 27)...	4,085.27	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)...	15,000.00	

For further information contact:

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

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

201710180200324746

DETAILED SUMMARY PAGE

FEC Form 3 (Revised 05/2016)

of Receipts

Page 3

Write or Type Committee Name

Pezzullo For Senator

Report Covering the Period: From:

07 / 01 / 2017

To:

09 / 30 / 2017

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) ...	3,700.00	3,700.00
(ii) Unitemized	0.00	0.00
(ii) TOTAL of contributions from individuals ...	3,700.00	3,700.00
(b) Political Party Committees....		
(c) Other Political Committees (such as PACs)...		
(d) The Candidate	322.71	322.71
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))...	4,022.71	4,022.71
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES ...		
13. LOANS:		
(a) Made or Guaranteed by the Candidate...		
(b) All Other Loans...		
(c) TOTAL LOANS (add Lines 13(a) and (b))...		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ...		
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...	4,022.71	4,022.71

201710180200324747

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES...	439.07	439.07
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...	845.00	845.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1,284.07	1,284.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...	1,346.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3):...	4,022.71
25. SUBTOTAL (add Line 23 and Line 24)...	5,369.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22):...	1,284.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)...	4,085.27

201710180200324748

**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 3
	<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	

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) A. Topal, Howard		Date of Receipt 09 / 27 / 2017
Mailing Address 843 Route 33		Amount of Each Receipt this Period 250.00
City Freehold	State Zip Code NJ 07728	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Central Tech	Occupation President	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. Hauerstock, Mark		Date of Receipt 09 / 25 / 2017
Mailing Address 9 Frost Court		Amount of Each Receipt this Period 100.00
City Freehold	State Zip Code NJ 07728	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Self	Occupation Consultant	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) C. Stevens, David		Date of Receipt 09 / 25 / 2017
Mailing Address 112 Deer Path Lane		Amount of Each Receipt this Period 100.00
City Freehold	State Zip Code NJ 07728	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Decision Engineering	Occupation Consultant	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date 100.00	

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

201710180200324749

**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 <u>2</u> OF <u>3</u>
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
Pezzullo For Senator

A. Full Name (Last, First, Middle Initial)
Stemmer, Ken

Mailing Address
PO Box 551

City **Medford** State **NJ** Zip Code **08055**

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

Name of Employer **Self** Occupation **Consultant**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **250.00**

Date of Receipt **09 / 25 / 2017**

Amount of Each Receipt this Period **250.00**

Memo Item

B. Full Name (Last, First, Middle Initial)
Colandro, Anthony P.

Mailing Address
1267 McBride Ave

City **Woodland Park** State **NJ** Zip Code **08424**

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

Name of Employer **Gun For Hire** Occupation **President**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **100.00**

Date of Receipt **09 / 27 / 2017**

Amount of Each Receipt this Period **100.00**

Memo Item

C. Full Name (Last, First, Middle Initial)
Dotoli, Kathleen

Mailing Address
225 Washington St Bldg 2

City **Toms River** State **NJ** Zip Code **08753**

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

Name of Employer **Self** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date **100.00**

Date of Receipt **09 / 30 / 2017**

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional) **450.00**

TOTAL This Period (last page this line number only) **450.00**

201710180200324750

**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 7
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pezzullo For Senator

Full Name (Last, First, Middle Initial) A. Tictin, Peter		Date of Receipt 09 / 27 / 2017
Mailing Address 270 SW Natura Ave		Amount of Each Receipt this Period 2600.00
City Deerfield Beach	State FL	
Zip Code 33441		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	Occupation Attorney	
Name of Employer Ticktin Law Group	Election Cycle-to-Date 2600.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mele, Joseph		Date of Receipt 09 / 25 / 2017
Mailing Address 7777 Katy Fwy 164		Amount of Each Receipt this Period 100.00
City Houston	State TX	
Zip Code 77024		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	Occupation Trainer	
Name of Employer JM Training LLC	Election Cycle-to-Date 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Simonelli, Vincent		Date of Receipt 09 / 30 / 2017
Mailing Address PO Box 627		Amount of Each Receipt this Period 100.00
City Forked River	State NJ	
Zip Code 08731		<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C	Occupation President	
Name of Employer Dream Homes	Election Cycle-to-Date 100.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	3,700.00

201710180200324751

**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 <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input checked="" type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Pezzullo For Senator

Full Name (Last, First, Middle Initial) A. Pezzullo, Richard J		Date of Receipt MM / DD / YYYY 07 / 12 / 2017
Mailing Address 360 Stonehill Road		Amount of Each Receipt this Period 91.71
City Freehold	State NJ	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 91.71	

Full Name (Last, First, Middle Initial) B. Pezzullo, Richard J		Date of Receipt MM / DD / YYYY 09 / 25 / 2017
Mailing Address 360 Stonehill Road		Amount of Each Receipt this Period 300.00
City Freehold	State NJ	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
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 391.71	

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

SUBTOTAL of Receipts This Page (optional).....	391.71
TOTAL This Period (last page this line number only).....	391.71

201710180200324752

**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 3

<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)
Pezzullo for Senator

Full Name (Last, First, Middle Initial) A. Authorize Dot Net		Date of Disbursement 07 / 19 / 2017
Mailing Address PO Box 947		FEC Identification Number C
City American Fork	State UT	
Zip Code 84003		Amount of Each Disbursement this Period 58.02
Purpose of Disbursement Payment Gateway Services		
Candidate Name Payment Gateway Services		<input type="checkbox"/> Memo Item
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Nicholas Del Presto		Date of Disbursement 07 / 21 / 2017
Mailing Address 1581 Kris Court		FEC Identification Number C
City Toms River	State NJ	
Zip Code 07855		Amount of Each Disbursement this Period 50.00
Purpose of Disbursement Typing Servcies		
Candidate Name Typing Servcies		<input type="checkbox"/> Memo Item
Category/Type 003		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Authorize Dot Net		Date of Disbursement 08 / 02 / 2017
Mailing Address PO Box 947		FEC Identification Number C
City American Fork	State UT	
Zip Code 84003		Amount of Each Disbursement this Period 47.90
Purpose of Disbursement		
Candidate Name		<input type="checkbox"/> Memo Item
Category/Type 001		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)...	▶	
TOTAL This Period (last page this line number)...	▶	

201710180200324753

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

PAGE 2 OF 3

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)

A. Flagship Merchant Services

Date of Disbursement: 08 / 17 / 2017

Mailing Address: **PO Box 3429**

City: **Thousand Oaks** State: **CA** Zip Code: **91539**

Purpose of Disbursement: **Credit Card Processing** 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: **7.95**

Memo Item

Full Name (Last, First, Middle Initial)

B. Nicholas Del Presto

Date of Disbursement: 08 / 09 / 2017

Mailing Address: **1581 Kris Court**

City: **Toms River** State: **NJ** Zip Code: **07855**

Purpose of Disbursement: **Typing Services** Category/Type: **003**

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: **125.00**

Memo Item

Full Name (Last, First, Middle Initial)

C. Flagship Merchant Services

Date of Disbursement: 08 / 02 / 2017

Mailing Address: **PO Box 3429**

City: **Thousand Oaks** State: **CA** Zip Code: **91539**

Purpose of Disbursement: **Credit Card Processing** 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: **32.95**

Memo Item

SUBTOTAL of Disbursements This Page (optional) ...

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

201710180200324754

**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 **3**

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

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NAME OF COMMITTEE (In Full)
Pezzullo for Senator

Full Name (Last, First, Middle Initial)

A. Authorize Dot Net

Mailing Address

PO Box 947

City

American Fork

State

UT

Zip Code

84003

Purpose of Disbursement

Payment Gateway Services

001
Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 / **05** / **2017**

FEC Identification Number

C

Amount of Each Disbursement this Period

47.95

Memo Item

Full Name (Last, First, Middle Initial)

B. Flagship Merchant Services

Mailing Address

PO Box 3429

City

Thousand Oaks

State

CA

Zip Code

91539

Purpose of Disbursement

Credit Card Processing

001
Category/
Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

09 / **30** / **2017**

FEC Identification Number

C

Amount of Each Disbursement this Period

69.30

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

 / /

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional) ...

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

439.07

201710180200324755

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

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

NAME OF COMMITTEE (In Full)
Pezzullo For Senator

LOAN SOURCE Full Name (Last, First, Middle Initial) Pezzullo Richard J		<input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address: 360 Stonehill Road			
City Freehold	State NJ	ZIP Code 07728	<input checked="" type="checkbox"/> 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	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY	MM / DD / YYYY	% (apr)	<input type="checkbox"/> Yes <input 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: []

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.

201710180200324756

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 <div style="border: 1px solid black; padding: 2px;">C _____</div>
-----------------------------	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; padding: 2px;">_____</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px;">_____ %</div>
Mailing Address	Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD /</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
City	Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD /</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	
State		Zip Code

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

MM / DD / YYYY

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: _____

Date account established:

MM / DD /

YYYY

 Address: _____

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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD /</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>
---	--

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	Title	DATE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">MM / DD /</div> <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>
--	-------	--

201710180200324757

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9

NAME OF COMMITTEE (In Full)
Perzullo For Senator

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional) ...	
2) TOTALS This Period (last page this line number) ...	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...	<i>15,000.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<i>15,000.00</i>

201710180200324758

PLY TO SEAL 17 1018020032475 PRESS FIRMLY TO SEAL

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FROM: (PLEASE PRINT)

PHONE ()

Richard S. ...
PO Box 77578
Washington DC 20113-7578

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Signature Required (Note: The mailer must check the "Signature Required" box if the mailer: 1) Purchases 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.

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

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PHONE ()

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Washington DC 20113-7578
202013-7578

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\$100.00 Insurance Included.

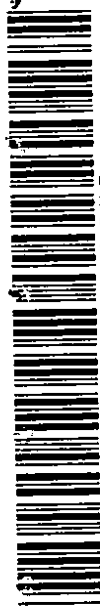
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FREEHOLD, NJ
07728
OCT 13, 17
AMOUNT
\$23.75
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Senate Post Office
OCT 15 2017

ORIGIN (POSTAL SERVICE USE ONLY)		DELIVERY (POSTAL SERVICE USE ONLY)	
<input checked="" type="checkbox"/> 1-Day PO ZIP Code	<input type="checkbox"/> 2-Day (MM/DD/YY)	<input type="checkbox"/> 10:30 AM 10:30 AM Delivery Fee	<input type="checkbox"/> AM 10:30 AM Delivery Fee
<input type="checkbox"/> Military	<input type="checkbox"/> DPO	Scheduled Delivery Date (MM/DD/YY)	Scheduled Delivery Time
Postage	Insurance Fee	10:30 AM	12 NOON
\$33.75	\$	10:30 AM	3:00 PM
Return Receipt Fee	Less Animal Transportation Fee	Special Handling/Fragile	Special Handling/Premium Fee
\$	\$	\$	\$
Total Postage & Fees		Weight lbs. ozs.	Acceptance Employee Initials
\$33.75		10.14	RAT
		Delivery Attempt (MM/DD/YY)	Time
		10/14	10:50
		Delivery Attempt (MM/DD/YY)	Time
		Employee Signature	Employee Signature

lect International details.

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UNITED STATES POSTAL SERVICE

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL 10-13-17
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

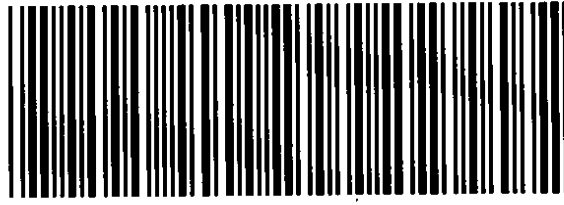
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

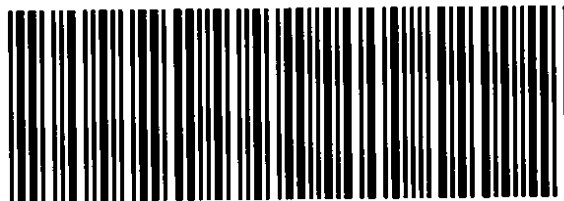
OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-17-17

201710180200324760



SEN PATCH



SEN PATCH

201710180200324761