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		STATEME	NT OF		
FEC		ORGANIZ			
FORM 1		UNGANIZ	ATION		
				C	office Use Only
1. NAME OF COMMITTEE (ir	n full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	Congr				
1					
		PO Box 3176			
ADDRESS (number a	nd street)				
(Check if a is changed					
Is changed	<i>,</i>	Long Branch	· · · · · · · · · · · ·	NJ 07	740
				L L_I STATE ▲	
COMMITTEE'S E-MA	AIL ADDRES	SS			
(Check if a		matthew@palloneforn	ewjersey.com		
is changed	(k				
		Optional Second E-Mail Ad	Idress		
COMMITTEE'S WEB	PAGE ADE	DRESS (URL)			
(Check if a		www.pallonefornewjersey.co	m		1
is changed	(k				
2. DATE 1	M / D 2 20				
3. FEC IDENTIFIC	CATION NU		00226928		
4. IS THIS STATEM	MENT	NEW (N) OR	× AMENDED (A)		
L certify that I have a	examined th	is Statement and to the best	t of my knowledge and belief it	is true correct and	d complete
i continy that I have t			and belief it	io true, concot all	
Type or Print Name	of Treasurer	Nichols, Peter, D, ,			
Signature of Treasure	er Nichol	's, Peter, D, ,	[Electronically Filed]	Date 12	/ D D / Y Y Y Y 20 2021
NOTE: Submission of	false, errone	ous, or incomplete information	may subject the person signing t	his Statement to the	penalties of 2 U.S.C. §437g.
			ION SHOULD BE REPORTED W		
Office	I		For further information of	ontaat	

	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
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FEC F	orm 1 (Revised 02/2009) Page 2
	COMMITTEE
Candidat	e Committee:
(a) ×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name of Candidate	Pallone, Frank, , , Jr
Candidate Party Affilia	tion DEM Office Sought: X House Senate President District 06
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Co	
(d)	This committee is a       (National, State or subordinate) committee of the       (Democratic, Republican, etc.) Party.
Political A	Action Committee (PAC):
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
	Corporation Corporation w/o Capital Stock Labor Organization
	Membership Organization Trade Association Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
	In addition, this committee is a Lobbyist/Registrant PAC.
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint Fun	draising Representative:
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
Cor	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

I

FEC Form 1 (Revised 02/2009)

Write or Type Committee Name

## Pallone for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address				
		CITY	STATE	ZIP CODE
Relationship: Connecte	ed Organization	Affiliated Committee	Joint Fundraising Representation	ve Leadership PAC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	ntify by name, a	address (phone number	optional) and position of the per	son in possession of committee

Nichols, P	eter, D, ,																	
Full Name																		
Mailing Address	PO Box 3176																	
	Long Branch							NJ			07	740			-[_			
Title or Position		CITY					S	STATE	Ξ				ZI	> C	ODE			
Treasurer		 		Tel	epho	ne n	umb	er		732	2	- [	57	1	-[	4	141	

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Nichols, Peter, D, ,					
Mailing Address	PO Box 3176					
	Long Bronch		1	NJ	07740	
	Long Branch					
		CITY		STATE		• CODE

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Full Name of Designated Agent	Nichols, Peter, D, ,
Mailing Address	PO Box 3176
	Long Branch
	CITY STATE ZIP CODE
Title or Position	Telephone number     732     -     571     -     4141

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

	Bank of America	
Mailing Address	577 Broadway	
		NJ 07740
	CITY	STATE ZIP CODE
Name of Bank, D	Depository, etc.	
Mailing Address		
	CITY	STATE ZIP CODE