(Revised 06/2012)

Only

STATEMENT OF

PAGE 1 / 6 =

FORM 1		URC	3AINIZ#	4110	JIV													
												Of	fice L	Jse Or	ıly			
1. NAME OF COMMITTEE (in	full)	(Chec is cha	k if name inged)		mple:If r the lir		, type		12	FE4	1M5	Ξ	_					
TKJ PAC	1 1 1 1																	
ADDRESS (number a	nd street)	PO Box 999																
(Check if a is changed																		
		Edison CITY A							STA	TE 4	•	088	18	ZI	_ - P CC	DDE 🛦	<u> </u>	
COMMITTEE'S E-MA	AL ADDRES	SS																
(Check if a is changed		ron@rongrav	ino.com															
		Optional Seco	ond E-Mail Add	lress	1 1	1 1	1 1	1 1	ı	ıı	ı		ı	1 1	1 1	ı I	1 1	I
COMMITTEE'S WEB (Check if a is changed)	address	PRESS (URL)																
2. DATE 07		2021																
B. FEC IDENTIFIC	CATION NU	MBER ▶	C co	078469)4													
4. IS THIS STATEN	MENT	NEW (N)	OR	×	A	MEND	ED (A))										
certify that I have e	examined thi	s Statement an	nd to the best	of my	knowle	dge an	d belie	ef it is	s true	e, co	rrect	and	con	nplete				
Type or Print Name of	of Treasurer	Gravino, Rona	ald, , ,															
Signature of Treasure	er Gravir	no, Ronald, , ,						[Date		03	VI /	D	19	/ <u>Y</u>	202	4	Y
NOTE: Submission of	false, errone	ous, or incomple											pena	alties	of 52	U.S.C	. §30	109
Office Use					For fu	ther inf	ormatio	n cor	ntact:					C F		M 1		

Toll Free 800-424-9530

Local 202-694-1100

E	C Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate 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 can information below.)	didate
	Name of Candidate [''', ''', ''', ''', ''', ''', ''', ''	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Striot
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, etc.)	Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization or line 6.)	anization is a:
	Corporation Corporation w/o Capital Stock Labor Organiz	zation
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	d or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, at least one of which is an authorized committee of a federal candidate.	e political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.	e political
	Committees Participating in Joint Fundraiser	
	1C	

	FEC Form 1 (Revised 0	2/2009)	Page 3
W	/rite or Type Committee Name		
	TKJ PAC		
6.	Name of Any Connected On KEAN, THOMAS H.	ganization, Affiliated Committee, Joint Fundraising Representative, or Lea ${\sf JR.},\ ,\ ,$	dership PAC Sponsor
	Mailing Address	215 LINDEN AVENUE	
		WESTFIELD NJ 070)90
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	X Leadership PAC Sponse
<u>.</u>	Custodian of Records: Idention books and records.	fy by name, address (phone number optional) and position of the person in poss	session of committee
	Gravino, Ro	onald, , ,	
	Full Name		
	Mailing Address	PO Box 999	
		Edison NJ 088	318
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Gravino, Ro	onald, , ,	
	of Treasurer		
	Mailing Address	PO Box 999	
		Edison NJ 088	318
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	_ 248 4178

FEC Form 1	(Revised 02/2009)	Page 4
Full Name of Designated Agent Mailing Address	Gilroy, Amberle, , , PO Box 999 Line State of the state	08818
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
Deputy Treasurer		
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee deposits fuxes or maintains funds.	unds, holds accounts, rents
Name of Bank, D	pepository, etc.	
Mailing Address	TD Bank 1398 Highway 9	
	Old Bridge NJ CITY ▲ STATE ▲	08857 ZIP CODE ▲
Name of Bank, D	Pepository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

	of 6
Page	of o

h). Joint Fundraisi	ng Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
-	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spons
KEAN VICTORY FU	ND 		
Mailing Address	PO BOX 999		
	EDISON	NJ NJ	08818
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connecte		oint Fundraising Represent	ative Leadership PAC Sp
Connecte	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
Connecte esignated Agent: Identi	ed Organization Affiliated Committee X Jo	pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	ed Organization Affiliated Committee X Jo	pint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi	Affiliated Committee X Jo	sint Fundraising Represent	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	Affiliated Committee X Jo		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	Affiliated Committee X Journal of the position of the prices: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	Affiliated Committee X Journal of the position of the prices: List all banks or other depositories in which anintains funds.	STATE A Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Page	01	

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
CONGRESS NJ			
Mailing Address	PO BOX 999		
	EDISON	NJ NJ	08818
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Affiliated Committee X J	loint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identification Full Name Mailing Address	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposit afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A