Only

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FEC FORM 1		U 1.2	GANIZA						Off	ce Use	: Only			•
1. NAME OF COMMITTEE (ir	n full)		ck if name anged)	Example over the	e:If typing, to	type	12F	E4M!						_
Jersey Rea	l				1 1 1 1	1 1 1								
ADDRESS (number a	nd street)	PO Box 408											1 1	
(Check if a is changed														
is changed	<i>1</i>)	Bayville CITY 4	<u> </u>				NJ STAT	_ E ▲	0872	21	ZIP (CODE	<u> </u>	
COMMITTEE'S E-MA	AIL ADDR	ESS												
(Check if a is changed		tmondella	@gmail.com											
ű	,	Optional Sec	ond E-Mail Add	Iress										ı
COMMITTEE'S WEB (Check if a is changed	address	DDRESS (URL) www.JerseyR												
2. DATE 0		21 202												
3. FEC IDENTIFIC	CATION N	IUMBER ▶	C co	00739565										
4. IS THIS STATEM	MENT	NEW (N)	OR	x	AMENDE	O (A)								
certify that I have e	examined	this Statement a	nd to the best	of my know	rledge and	belief it i	s true,	correc	t and	compl	ete.			
Type or Print Name	of Treasur	er Mondella, Tr	eresa, A, ,											
Signature of Treasure	er <i>Mor</i>	adella, Theresa, A, ,		[Ele	ctronically F	iled]	Date	0	7	14	D /)21	Y
NOTE: Submission of	false, erro		ete information i	-						oenaltie	es of 2	U.S.C	;. §437	7g.
Office Use				Fed	further infor eral Election (Free 800-424	Commissio						RM 1	1	_ ,

Toll Free 800-424-9530

Local 202-694-1100

FI	FC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	OF C	OMMITTEE	1 4go 2
Cano	didate	Committee:	
(a)	Ш	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. (Cominformation below.)	plete the candidate
Name Candi			
Candid Party	date Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Candid			
Party	y Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	(Democratic, Republican, etc.) Party.
Politi	ical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con	nected 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)	x	This committee supports/opposes more than one Federal candidate, and is NOT a separate se committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

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Write or Type Committee Na		
Jersey Real		
	ed Organization, Affiliated Committee, Joint Fundraising Representative, or Le	eadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	cted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
Custodian of Records: I books and records.	Identify by name, address (phone number optional) and position of the person	in possession of committee
	ella, Theresa, A, ,	
Full Name	PO Box 408	
Mailing Address		
	Bayville NJ 08	3721
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number 732	904 0257
3. Treasurer: List the name any designated agent (e.	and address (phone number optional) of the treasurer of the committee; and tg., assistant treasurer).	the name and address of
Full Name Mondel of Treasurer	lla, Theresa, A, ,	
Mailing Address	PO Box 408	
	Bayville NJ 08	7721 ZIP CODE
Title or Position Treasurer	732 Telephone number	904 0257

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Full Name of Designated	1		
Agent		1	
Mailing Address			
		CITY STATE	ZIP CODE
Title or Position		Talanhara mumban L. C.	- -
		Telephone number	
			de holde accounte ronte
safety deposit b	oxes or maint		us, noius accounts, rents
Banks or Othe safety deposit b Name of Bank,	oxes or maint	ains funds.	us, notus accounts, rents
safety deposit b	oxes or maint	ains funds.	us, fiolus accounts, fents
safety deposit b	Depository, et	ains funds.	us, noius accounts, rents
safety deposit b Name of Bank,	Depository, et	ains funds. c. k	us, notus accounts, rents
safety deposit b Name of Bank,	Depository, et	ains funds. k 430 Atlantic City Boulevard	08721
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safety deposit b Name of Bank, Mailing Address	Depository, et	ains funds. k 430 Atlantic City Boulevard Bayville CITY STATE	08721 ZIP CODE
safety deposit b Name of Bank, Mailing Address Name of Bank,	Depository, et	ains funds. k 430 Atlantic City Boulevard Bayville CITY STATE	08721 ZIP CODE
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