FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) New Jersey Republican State Committee PO Box 408 ADDRESS (number and street) (Check if address is changed) Bayville 08721-NJ CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address tmondella@gmail.com is changed) Optional Second E-Mail Address kdavis@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00164418 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) 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 Van Doren, Shaun, , Van Doren, Shaun, , , Date 05 02 2024 Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	ıge 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 candid information below.)	ate
Name of Candidate	
Candidate Office Starty Affiliation Sought: House Senate President	-
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	ct
Name of Candidate	
Party Committee: (d) X This committee is a STA (National, State or subordinate) committee of the REP (Democratic, Republican, etc.) Party Committee:	arty
Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	zation is a:
Corporation Corporation w/o Capital Stock Labor Organization Trade Association Cooperative	On
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 of committee. (i.e., nonconnected committee)	r 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 p committees/organizations, at least one of which is an authorized committee of a federal candidate.	olitical
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more proceeds committees/organizations, none of which is an authorized committee of a federal candidate.	olitical
Committees Participating in Joint Fundraiser	
1	

_	FEC Form 1 (Revised (02/2009)		Page 3
٧	Vrite or Type Committee Name			
	New Jersey Rep	oublican State Committee		
6.	Name of Any Connected C	organization, Affiliated Committee, Joint Fundraising Represe	entative, or Le	adership PAC Sponsor
	Trump Victory			
	Mailing Address	138 Conant St		
		Ste 2		
		Beverly	MA 01	915-1666
		CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Re	epresentative	Leadership PAC Sponso
7.	Custodian of Records: Iden books and records.	tify by name, address (phone number optional) and position of th	ne person in pos	ssession of committee
	Mondella,	Theresa, , ,		
	Mailing Address	30 Lena Court		
		1		
		Bayville	NJ 08	721-2472
		CITY ▲ ST	TATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records	Telephone number	er 732	- 904 - 0257
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the co assistant treasurer).	ommittee; and t	he name and address of
		n, Shaun, , ,		
	of Treasurer	D O Pov. 122		
	Mailing Address	P O Box 132		
		Oldwick	NJ 08	8858-0132
	Tille on Decition	CITY ▲ ST	TATE A	ZIP CODE ▲
	Title or Position ▼ Treasurer		er 908 	- 439 - 3054

FEC Form 1	(Revised 02/2009)	Page 4	_
Full Name of Designated Agent	Mondella, Theresa, , ,		
Mailing Address	30 Lena Court		
	Bayville	, NJ , 08721-2472 , ,	_
		OTATE A ZID CODE A	╛
Title or Position	CITY ▲	STATE ▲ ZIP CODE ▲	
Custodian of Rec	ords Tele	ephone number 732 - 904 - 0257	
	Depositories: List all banks or other depositories in which the xes or maintains funds.	ne committee deposits funds, holds accounts, rents	_
Name of Bank, D	pepository, etc.		
	Chain Bridge Bank		
Mailing Address	1445A Laughlin Ave		
	McLean	VA22101	
	CITY ▲	STATE ▲ ZIP CODE ▲	
Name of Bank, D	epository, etc.		_
	TD Bank		
Mailing Address	1398 US Highway 9		
	Old Bridge	NJ 08857	
	CITY ▲	STATE ▲ ZIP CODE ▲	

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2.			FEC ID	number	C
			FEC ID	number	C
3.			FEC ID	number	C
4.			 FEC ID	number	С
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South Jersey Fi	_	miliated Committee, Joint	rundraising Kep	resentative	, or Leadership PAC Spons
Mailing Addres	138 Conant St	i 			
	Ste 2				
	Beverly			MA	01915-1666
Relationship:		CITY A		STATE A	ZIP CODE ▲
esignated Agent:	identity by name, addre	ess (phone number – option	nal)		
Full Name	Identity by name, addre	ss (phone number – option	nal)		
	Identify by name, addre	ss (phone number – option	nal)		
Full Name	Identify by name, addre	ss (phone number – option	nal)		
Full Name	Identify by name, addre				
Full Name		city A		STATE A	ZIP CODE A

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3				FEC II	0 number	C	Ξ
4.				FEC II	O number	С	
lame of	Any Connected (Organization, Affili	ated Committee, Joint	Fundraising Re	oresentative	e, or Leadership PAC Sp	ons
	Victory Fund						
Mai	iling Address	PO Box 999					
		Edison			NJ	08818-	
Rela	ationship:		CITY A		STATE A	ZIP CODE A	
esignate			Affiliated Committee	Joint Fundraisin	g Representa	ative Leadership PAC	Sp
esignate Full N	ed Agent: Identify				g Representa	Leadership PAC	Sp
Full N	ed Agent: Identify				g Representa	Leadership PAC	Sp
Full N	ed Agent: Identify				g Representa	Leadership PAC	Sp
Full N	ed Agent: Identify				g Representa	Leadership PAC	Sp
Full N	ed Agent: Identify	by name, address		nal)	g Representa	ZIP CODE A	Sp

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e or Leadershin PAC Snon
Protect The House 2			
Mailing Address	PO Box 30844		
	Bethesda	MD	20824-
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Affiliated Committee X Joby by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			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	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identi Full Name	CITY A pries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY A pries: List all banks or other depositories in white aintains funds.	STATE A Telephone Number	ZIP CODE A
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h). Joint Fundraisi	ig i articipant.			
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3.		FEC ID nur	nber C	
4.		FEC ID nur	nber C	
ame of Any Connected	Organization, Affiliated Committee, Joi	nt Fundraising Represe	ntative, or	Leadership PAC Spon
Grow The Majority				
Mailing Address	228 S Washington Street			
	Suite 115			
	Alexandria		VA _	22314-
Relationship:	CITY ▲	STA	TE 🛦	ZIP CODE ▲
	d Organization Affiliated Committee y by name, address (phone number – opi	X Joint Fundraising Rep	resentative	Leadership PAC Sp
	_		resentative	Leadership PAC Sp
esignated Agent: Identi	_		resentative	Leadership PAC Sp
esignated Agent: Identi	_		resentative	Leadership PAC Sp
esignated Agent: Identi	_		resentative	Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – opi			Leadership PAC Sp
esignated Agent: Identing Full Name	y by name, address (phone number – opi	ional)		
esignated Agent: Identing Full Name Mailing Address TITLE OR POSITION	y by name, address (phone number – opi	ional) STAT Telephone Number	E A deposits fund	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	y by name, address (phone number – opi	STAT Telephone Number in which the committee of	E A deposits fund	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – opi	STAT Telephone Number in which the committee of	E A deposits fund	ZIP CODE A
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(h). Joint Fundraisi				
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3.		FEC ID nu	mber	С
4.		FEC ID nu	mber	С
	d Organization, Affiliated Committee, Joint Fu	ndraising Repres	entative,	, or Leadership PAC Spons
Trump 47 Committe	e 			
Mailing Address	PO Box 509			
Relationship:	Arlington CITY ▲	ST	VA ↓ ATE ▲	22216-
•				
	ed Organization Affiliated Committee X J	oint Fundraising Re	presentat	tive Leadership PAC Sp
			presentat	tive Leadership PAC Sp
Designated Agent: Identi			presentat	tive Leadership PAC Sp
Pesignated Agent: Identi			presentat	Leadership PAC Sp
Pesignated Agent: Identi			presentat	Leadership PAC Sp
Pesignated Agent: Identi	fy by name, address (phone number – optional			Leadership PAC Sp
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Pesignated Agent: Identification Full Name	fy by name, address (phone number – optional CITY A CITY A ories: List all banks or other depositories in what intains funds.	STA [*] Telephone Numb	erdeposits	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional of the control of the	STA [*] Telephone Numb	erdeposits	ZIP CODE A
Pesignated Agent: Identify Full Name	fy by name, address (phone number – optional of the control of the	STA [*] Telephone Numb	erdeposits	ZIP CODE A