

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Cinquemani for Congress

ADDRESS (number and street) 40 Memorial Highway

(Check if address is changed) Suite 38-E

NEW ROCHELLE NY 10801  
CITY ▲ STATE ▲ ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) jcinquemaniesq@gmail.com

Optional Second E-Mail Address  
cinquemani@yahoo.com

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 03 / 23 / 2026

3. FEC IDENTIFICATION NUMBER C C00944686

4. 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 Cinquemani, Matthew, , ,

Signature of Treasurer Cinquemani, Matthew, , , Date 03 / 23 / 2026

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.

5. 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 candidate information below.)

Name of Candidate Cinquemani, Joseph, J., ,

Candidate Party Affiliation  REP  Party Affiliation  Other

Office Sought:  House  Senate  President

State  NY  State  Other

District  16  District  Other

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party

**Political 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.)

- (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 political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  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.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_
2. \_\_\_\_\_

C \_\_\_\_\_

C \_\_\_\_\_

Write or Type Committee Name

# Cinquemani for Congress

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

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Cinquemani, Matthew, , ,

Mailing Address 40 Memorial Highway

Suite 38-E

NEW ROCHELLE NY 10801

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 201 - 417 - 9138

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 Cinquemani, Matthew, , ,

Mailing Address 40 Memorial Highway

Suite 38-E

NEW ROCHELLE NY 10801

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 201 - 417 - 9138

Full Name of Designated Agent

Clifford, Thomas, , ,

Mailing Address

17 Route 340

Orangeburg

NY

10962

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Agent

Telephone number

845

826

5149

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

810 Main Street

New Rochelle

NY

10801

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲