

FEC FORM 1

STATEMENT OF ORGANIZATION

SECRETARY OF THE SENATE
17 SEP 20 PM 4:02

Office Use Only

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

12FE4M5

PEZZULLO FOR SENATOR

ADDRESS (number and street)

360 STONEHILL ROAD

(Check if address is changed)

F R E E H O L D

CITY

N J

STATE

0 7 7 2 8 - 8 0 3 9

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed)

CAMPAIGN@PEZZULLO.COM

Optional Second E-Mail Address

NDAVIDSON@DAVIDSONCARROLL.COM

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

WWW.PEZZULLO.COM

2. DATE

0 9 / 0 8 / 2 0 1 7

3. FEC IDENTIFICATION NUMBER

C 0 0 5 6 3 8 7 4

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

NATHAN DAVIDSON

Signature of Treasurer

[Handwritten Signature]

Date

0 9 / 1 2 / 2 0 1 7

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 Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201709200200265494

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 RICHARD J. PEZZULLO

Candidate Party Affiliation REP Office Sought: House Senate President State NJ District

- (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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

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Write or Type Committee Name

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

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for mailing address]

CITY

STATE

ZIP CODE

Relationship: Connected Organization Affiliated Committee 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

NATHAN DAVIDSON

Mailing Address

42 CAMPBELL COURT

FREEHOLD NJ 07728 - 2850

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 732 - 431 - 5084

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

NATHAN DAVIDSON

Mailing Address

42 CAMPBELL COURT

FREEHOLD NJ 07728 -

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 732 - 431 - 5084

201709200200265496

Full Name of Designated Agent

ANTHONY PEZZULLO

Mailing Address

360 STONEHILL ROAD

FREEHOLD

CITY

NJ

STATE

07728

ZIP CODE

Title or Position

ASSISTANT TREASURER

Telephone number

732

939

6040

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.

INVESTORS BANK

Mailing Address

ROUTE 9 & ADELPHIA ROAD

FREEHOLD

CITY

NJ

STATE

07728

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

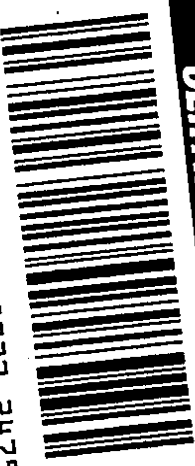
ZIP CODE

201709200200265497



CERTIFIED MAIL

ON THE RIGHT
POSTAGE PAID LINE



7016 1970 0000 8027 2479



1000



20013

U.S. POSTAGE
PAID
FREEHOLD, NJ
SEP 07 2007
AMOUNT
\$7.71
R2304M14155-23

Screened by CASS2
Senate Post Office
SEP 20 2007

Richard Pezullo
360 Stonehill Road
Freehold, NJ 07728

RETURN RECEIPT
REQUESTED

Office of Public Records
P.O. Box 77578
Washington, DC 20013-7578

*ALC
a-10a*

664592002002604102

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt _____ Postmark

USPS REGISTERED/CERTIFIED 9/15/17
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

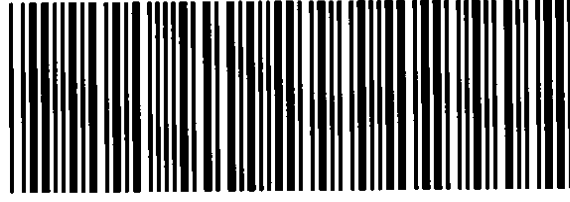
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

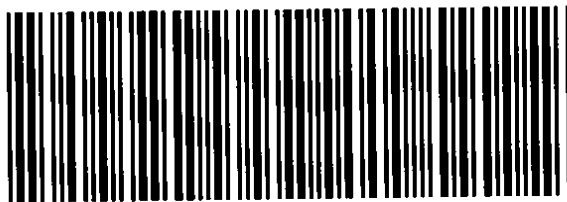
OTHER _____
Date of Receipt or Postmark

PREPARER MN DATE PREPARED 9/20/17

201709200200265500



SEN PATCH



SEN PATCH

201709200200265501