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STATEMENT OF **ORGANIZATION**

SECRETARY OF THE SENATE

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FURIVI I			Office Use Only
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5
PĘZZUĻLO FOR _I SĘNĄTOR _I		<u> </u>	
	1111111		
ADDRESS (number and street)	360 STONEHILL ROAD		<u> </u>
(Check if address is changed)		11111111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
,,	F ,R , E, E, H, O, L , D, CITY ▲		N,J 0,7,7,2,8 - 803,9 L STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	CAMPAIGN@PEZZULL	O.COM, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
·=/	Optional Second E-Mail A NDAVIDSON@DAVIDS		
COMMITTEE'S WEB PAGE AD (Check if address is changed)	DRESS (URL)		
2. DATE 0 9 0	8 2 0 1 7		
3. FEC IDENTIFICATION N	IUMBER ▶ C0	0563874	
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)	
I certify that I have examined	this Statement and to the be	est of my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasur	er Nathan Aus	Deor	
Signature of Treasurer	2) ntc		Date 39 12 2017
NOTE: Submission of false, erro	neous, or incomplete information	on may subject the person signir MATION SHOULD BE REPORTE	g this Statement to the penalties of 52 U.S.C. §3010: D WITHIN 10 DAYS.
Office Use		For further Information Federal Election Communication Toll Free 800-424-9530	

Toll Free 800-424-9530

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This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of Candidate Party Affiliation REP Office Sought: House Senate President District 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 Republican, etc.) Party Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization in the committee organization on line 6.)	FEC Fo	m 1 (Revised 02/2009)	Page 2
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 REP Office Sought: House Sanate President District (c) This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate REP Office Office Sought: National, State or subordinate) committee of the Republican, etc.) Party Committee: (d) This committee is a Corporation Committee of the Republican, etc.) Party Committee: (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization Membership Organization Trade Association Cooperative In addition, this committee is a Lobby/st/Registrant PAC. (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party of the committee, (i.e., nonconnected committee) In addition, this committee is a Lobby/st/Registrant PAC. 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. Committees/organizations, none of which is an authorized committee of a federal candidate. Committees Participating in Joint Fundraiser 1. FEC ID number C.	TYPE OF C	OMMITTEE	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) Name of RICHARD J. PEZZULLO. Candidate Parry Affiliation REP Sought: House Senate President District Cic This committee supports/opposes only one candidate, and is NOT an authorized committee. Name of Candidate Party Committee: (National, State or subordinate) committee of the Republican, etc.) Party Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.			
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Name of Candidate Party Committee: (d)		DEO VI O Decoido	ent
Party Committee: (d)	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee	е.
(d) This committee is a substitute of the Republican, etc.) Pair Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is Corporation Corporati			
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Write or Type Committee	Name	
6. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative, or	Leadership PAC Sponsor
1		
Mailing Address		
		<u> </u>
	CITY STATE	ZIP CODE
Relationship: Con	nected Organization Affiliated Committee Joint Fundraising Representative	e Leadership PAC Sponsor
7. Custodian of Records books and records.	s: Identify by name, address (phone number optional) and position of the pers	on in possession of committee
Full Name NAT	ΓΗΑΝ DAVIDSON	
Mailing Address	42,CAMPBELL,COURT, , , , , , , , , , , , , , , , , , ,	
	FREEHOLD, NJ	07728 2850
Title or Position	CITY STATE	ZIP CODE
TREASURER LL	Telephone number 732	, [43]1 , [5084, _
Treasurer: List the national any designated agent	me and address (phone number optional) of the treasurer of the committee; a (e.g., assistant treasurer).	nd the name and address of
Full Name of Treasurer NAT	ΓΗΑΝ DAVIDSON, , , , , , , , , , , , , , , , , , ,	1 1 1 1 1 1 1 1 1 1
Mailing Address	42,CAMPBELL,COURT	1111111
		<u> </u>
	FREEHOLD NJ STATE	07728 ZIP CODE

Designated Agent	IANTHON	Y, PEZZULLO		<u> </u>
Mailing Address		360 STONEHILL ROAD		
			<u> </u>	
		FREEHOLD, CITY	NJ STATE	07728 ZIP CODE
Title or Position			Telephone number [732]	
Banks or Othe safety deposit to Name of Bank,	oxes or mail		h the committee deposits fu	unds, holds accounts, rents
	INVEST	DRS BANK	1,111111	<u>, </u>
Mailing Address	S	ROUTE 9 & ADELPHIA ROAD		<u> </u>
. 3				1 1 1 1 1 1 1 1
		FREEHOLD, I I I I I I I I I I I I	NJ NJ	07728 -
		CITY	STATE	ZIP CODE
Name of Bank	Depository,	etc.		
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Mailing Addres	<u> </u>			1111111
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FEC Form 1 (Revised 02/2009)

Page 4

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FEC Form 1S (Revised 02/20)	Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9	Page of
5(g) or (h). Joint Fundralsing 1	FEC ID number C FEC ID number C FEC ID number C FEC ID number C	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraising Representative, or	1
Mailing Address Relationship:	CITY ▲ STATE ▲ Organization Affiliated Committee Oint Fundraising Representative	ZIP CODE A Leadership PAC Sponsor
8. Designated Agent: Identify Full Name Mailing Address	by name, address (phone number – optional)	
9. Banks or Other Depositor safety deposit boxes or mai	ies: List all banks or other depositories in which the committee deposits for	ZIP CODE ZIP CODE unds, holds accounts, rents
Name of Bank, Depository, etc. Mailing Address		

CITY A

ZIP CODE A

STATE A









U.S. POSTAGE
FREEHOLD, NJ
P07728
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360 Stonehill Road **Richard Pezzullo** Freehold, NJ 07728

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

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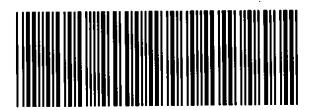
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WASHINGTION, DC 20510-7116 PHONE(202) 224-0322

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