

**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

JL for NJ 2026

ADDRESS (number and street)

225 Ridgewood Ave

☐(Check if address
is changed)

#8021

Glen Ridge

CITY ▲

NJ

STATE ▲

07028

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐(Check if address
is changed)

matt@jlfornj.com

Optional Second E-Mail Address

jlcauvin33@hotmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address
is changed)

https://www.jlfornj.com/

2. DATE

M M / D D / Y Y Y Y
11 / 20 / 2025

3. FEC IDENTIFICATION NUMBER ►

C

C00927780

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 Quintano, Christopher, Paul, Mr.,

Signature of Treasurer Quintano, Christopher, Paul, Mr.,

Date

M M / D D / Y Y Y Y
12 / 17 / 2025

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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

C

Write or Type Committee Name

JL for NJ 2026

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 Santoro, Stephan, M., Mr.,

Mailing Address 263 Franklin Ave

Apt. 1B

Brooklyn

NY

11205

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Campaign Manager

Telephone number 330 - 807 - 6052

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 Quintano, Christopher, Paul, Mr.,

Mailing Address 49 Park Ave

Unit 6

Bloomfield

NJ

07003

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 845 - 624 - 9983

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

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.

PNC Bank

Mailing Address

636 Valley Rd

Upper Montclair

NJ

07042

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲