FEC FORM 1		STATEM ORGANI				RECEIVED FEC NAME SENTER 2022 JAN 27 PH 2: 04 Office Use Only	ר י
1. NAME OF COMMITTEE (ir	i full)	(Check if name is changed)	Example over the	:If typing, type lines.	12FE4M	15	
SOUTH J	EPSE	I PAC			I. IL. I. I		<u> </u>
			<u></u>		<u>         </u>		
ADDRESS (number a	nd street)	3 HARTFO	RDDR	IVELL			
X ◀ (Check if a is changed		EBB HAP	SOR TH	₽ ₽	STATE A	08734 ZIP CODE▲	
COMMITTEE'S E-MA	AIL ADDRESS						
(Check if a is changed	address d)	CHA.F.P.MAN	1090UT	HJERSE	YPAC	$-\hat{\mathcal{C}}\delta M$	
		Optional Second E-Mai			·	 	
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COMMITTEE'S WEE	address J) [	SUUTUJE		RC+-1GD1M	<u>}</u>  }		]
2. DATE	7 75	2.022					
3. FEC IDENTIFIC	CATION NUN		0068	9638			
4. IS THIS STATE		NEW (N)OF		AMENDED (A)	<b>.</b>		
I certify that I have	examined this	Statement and to the	best of my know			ect and complete.	
Type or Print Name	of Treasurer	Stelle	h B.	March	lano		
Signature of Treasur	er	AK 5	$\overline{\Omega}$		Date -	1 1.5 2.02	Z
NOTE: Submission of		us, or incomplete informa				to the penalties of 52 U.S.C. §30	0109
Office Use Only			Fec Toll	further information of eral Election Commiss Free 800-424-9530 al 202-694-1100		FEC FORM 1 (Revised 06/2012)	

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FEC Form 1 (Revised 02/2009)

		OMMITTEE 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.)
	me of ndidate	
	ndidate rty Affiliatio	on Office Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
	me of ndidate	
Pa	rty Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party
Po	litical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
	_	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.)
Joi	int Fund	Iraising 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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	

4. \_\_\_\_\_ FEC ID number

Page 2

FEC Form 1 (Revised (	)2/2009)		Page 3
Write or Type Committee Name	South Jersey	PAC	
6. Name of Any Connected C	Organization, Affiliated Committee, Joint Fundraisi	ng Representative, or Lea	dership PAC Sponsor
BREAN FETTER	AERBERTI I I I I I I I I I I I I I I I I I I		
Mailing Address	3 HARTFORD DRILLE		
<b>3 • • • • • • • • • •</b>			
	EIGG HARBOR TWP	LI NET 101	3774-
	CITY	STATE	ZIP CODE
Relationship: Connected	d Organization Affiliated Committee Joint Fun	draising Representative	Leadership PAC Sponso
<ol> <li>Custodian of Records: Idea books and records.</li> </ol>	ntify by name, address (phone number optional) ar	nd position of the person i	n possession of committee
Full Name	IEN MARCHTAND		<u></u>
Mailing Address	3 HARTFORD DRIVE		
	E66 HARBOR TWP	NJ D	82741-1
Title or Position	CITY	STATE	ZIP CODE
TREASURER	Telepho	one number	- [] - [
8. <b>Treasurer:</b> List the name an any designated agent (e.g.,	d address (phone number optional) of the treasure assistant treasurer).	er of the committee; and the	ne name and address of
Full Name GTE	EN MARCHIANO		. ] ] ] ]
Mailing Address	3 HARTFORP DRINE		
	ESS HAPEOR TWP		9234
	CITY	STATE	ZIP CODE

	CITY
Tille or Position	

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Full Name of Designated Agent			_1_	_1	L		_1	1	1	l_		_1_	1.	_ <b>I</b>	1	1.	1	_L_	1.	l	1	_1		I.,_	1	_1_	_1_		_1	1	1	1	L	1	
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Title or Position																																		• •	
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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.
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	-		
PNC	BANK		
Mailing Address	RIZ NEW ROAD		
		<u></u>	
	KFNWODR		08221
	СІТҮ	STATE	
Name of Bank, Depository,	etc.		
			<u></u>
Mailing Address			
	CITY	STATE	ZIP CODE

ZH ONT-load Dri ENT N.J. 08234 RETURN RECEIPT 4725 570P 1000 07P1 1507 Washington, 1050 tednal Election GEKTIFIED WK aton, P.C. 20463 չերդեններին ներենենին ներենենին ներենեն ներեն ներեն ներեն ներեն ներենեն ներենեն ներեն ներեն ներեն ներեն ներեն ն (In MISSION PH 2: 03 TS NAL SSO2 NER.

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