

Reply to request.

RECEIVED IN THE NAME OF THE PRESIDENT



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C.

RQ-1

February 21, 2024

VICTOR JOSEPH SCAZZOLA, TREASURER  
PEOPLE POWER PARTNERS FOR VICTOR JOSEPH SCAZZOLA  
111 M STREET  
SEASIDE PARK, NJ 08752

Response Due Date  
03/27/2024

IDENTIFICATION NUMBER: C00859124

REFERENCE: AMENDED STATEMENT OF ORGANIZATION , RECEIVED  
12/14/2023

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the Statement of Organization referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. An adequate response must be received by the response date noted above. Additional information is needed for the following 1 item(s):

- On your Statement of Organization (FEC Form 1) you have selected multiple committee types. Please be advised that your committee may only select one Type of Committee. The Statement of Organization must provide the name, address and type of committee. (11 CFR § 102.2(a)(1)(i))

Please clarify your committee type by amending your Statement of Organization to disclose the correct committee type. This can be done in Section 5 "Type of Committee" on the FEC Form 1 by checking one of the boxes labeled (a) - (h) and providing any additional information requested for the selected committee type.

Please note you will not receive an additional notice from the Commission on this matter. Adequate responses received on or before this date will be taken into consideration in determining whether audit action will be initiated. Requests for extensions of time in which to respond will not be considered. Failure to provide an adequate response by this date may result in an audit of the committee. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action.

A copy of FEC FORM 1 can be downloaded from the FEC website at <http://www.fec.gov>. For additional information about the report review process or

202402210300203723

FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

RECEIVED  
FEC MAIL CENTER

2024 FEB 29 PM 1:52  
Office Use Only

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4M5

PEOPLE POWER PARTNERS FOR VICTOR JOSEPH  
SCAZZOLA

ADDRESS (number and street)

111 M Street

(Check if address  
is changed)

SEASIDE PARK  
CITY

STATE

ZIP CODE

NY 08752

COMMITTEE'S E-MAIL ADDRESS

(Check if address  
is changed)

SHARKINTHEPARK@yahoo.com

Optional Second E-Mail Address

VICTORHUSSINGTE@yahoo.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address  
is changed)

VICTORSCAZZOLA.com

VICTORJOSEPHSCAZZOLA.COM

2. DATE

02/22/2024

3. FEC IDENTIFICATION NUMBER

C 00859124

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

X

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

VICTOR JOSEPH SCAZZOLA

Signature of Treasurer

V. Scazzola

Date

02/22/2024

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 03/2022)

## 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

VICTOR JOSEPH SCAZZOLA

Candidate Party Affiliation

IND

Office Sought:

☐ House☒ Senate☐ President

State

NJ

District

04

- (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. C 2. C

**Write or Type Committee Name**

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

**Mailing Address**

CITY Δ

STATE  $\Delta$ ZIP CODE  Δ

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**

VICTOR JOSEPH SCAZZOLA

**Mailing Address**

111 M street

# SEASIDE PARK

*[Handwritten signature]*

08752

CITY Δ

STATE  $\Delta$ ZIP CODE  Δ

Title or Position ▾

TREASURER

**Telephone number**

732 551-7597

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**

VICTOR JOSEPH SCAZZOIA

**Mailing Address**

111 M STREET

# SEASIDE PARK

✓

08754

CITY Δ

STATE  $\Delta$ ZIP CODE  Δ

Title or Position ▾

TREASURER

**Telephone number**

132-551-7593

Full Name of  
Designated  
Agent

Mailing Address

CITY Δ

STATE Δ

ZIP CODE Δ

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.

WELLS FARGO

Mailing Address

1000 NE CENTRAL AVE

SEASIDE PARK

CITY Δ

STATE Δ

ZIP CODE Δ

NJ 08753

Name of Bank, Depository, etc.

Mailing Address

CITY Δ

STATE Δ

ZIP CODE Δ

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Soc. de Art M  
28752

F E L

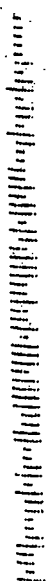
1050 First Street NE  
Washington DC  
20463

TRENTON NJ 085  
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FEB 29 PM 1:52

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Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 02/29/2024
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received via FAX	Date of Receipt
<input type="checkbox"/> Received via Email	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (4/2023)	02/29/2024 DATE PREPARED

1-800-438-3838