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PAGE 1/5

FEC FORM 1		STATEMEN ORGANIZA							Offi	ce Use		GE 17	5
1. NAME OF COMMITTEE (in	ı full)	(Check if name is changed)		mple:If typin the lines.	g, type	[12F	E4M	5				
Menendez fo	or Sena	ate	1 1		1 1 1		1 1		1 1	1 1		1 1	. 1
										· · ·			
ADDRESS (number ar	nd street)	PO Box 32248											
(Check if a is changed	address												
	-, -,	Newark └── └── └── └── └── └── └── └── └── └──]	LNJ STAT	 E ▲	0710		 ZIP CC		
COMMITTEE'S E-MA		SS											
X < (Check if a is changed		fec@cfoconsults.com											
		Optional Second E-Mail Add	lress				1 1	1 1	1 1	1 1	1 1 1		
COMMITTEE'S WEB	address	DRESS (URL)											
2. DATE 06													
3. FEC IDENTIFIC	CATION NU	JMBER ► C co	026456	4									
4. IS THIS STATEM	IENT	NEW (N) OR	×	AMENI	DED (A)								
I certify that I have e	examined th	is Statement and to the best of	of my k	nowledge a	nd belief	f it is	true,	corre	ct and	comple	ete.		
Type or Print Name of	of Treasure	Palumbo, John, , ,											
Signature of Treasure	er Palun	nbo, John, , ,				D	ate	M O	м / 6	27	/	2024	
NOTE: Submission of	false, errone	ous, or incomplete information n ANY CHANGE IN INFORMAT	-		-	-				enaltie	s of 52	U.S.C.	§30109
Office Use Only				For further in Federal Electi Toll Free 800- Local 202-694	n formatior ion Commi -424-9530	n cont					FOR ed 06/2		

ΤY	PE OF COMMITTEE:	
Ca	Indidate Committee:	
(a)	X 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 t information below.)	he candidate
-	Name of Candidate Menendez, Robert, , ,	
	Candidate Office ND Sought: House X Senate President	State NJ
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate	
Pa	rty Committee:	
(d)	This committee is a (National, State (Democration or subordinate) committee of the Republication	tic, n, etc.) Party
Po	litical Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
	Corporation Corporation w/o Capital Stock Labor	Organization
	Membership Organization Trade Association Coope	rative

(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.
(j) Committees/organizations, none of which is an authorized committee of a federal candidate.
(j) Committees Participating in Joint Fundraiser

1.	L													ļ		С				
2.	L													J		С				

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
Menendez for Senate	

6.	Name of Any Connected Or	ganization,	Affiliated	I Cor	nmi	ttee,	Jo	int	Fun	dra	isin	ng F	Rep	res	ent	ativ	e, c	or L	.eac	lers	ship	PAC	c s	por	nsor	
		nd												1												
	Mailing Address	PO Box 322	248																							
						I																				
		Newark													NJ				071)2 			-L			
				С	ITY									S	TAT	Έ	•				ZIF	o cc)DE	Ξ 🔺		
	Relationship: Connected (Organization	Affilia	ated (Orga	nizat	tion	>	Κ.	loint	t Fu	ndra	aisin	ng F	Repr	ese	ntat	ive			Lead	dersh	nip	PAC	Spo	onsor

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Palumbo,	lohn, , ,			
Full Name				
Mailing Address	PO Box 32248			
	Newark		NJ 07102	
	CITY	•	STATE 🔺	ZIP CODE
Title or Position ▼				
Treasurer		Telephone nu	mber	

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	Palumbo, John, , ,									
Mailing Address	PO Box 32248									
	Newark NJ 07102									
	CITY ▲ STATE ▲ ZIP CODE ▲									
Title or Position ▼										
Treasurer	Image: Telephone number Image: Telephone number									

FEC Form 1 (Revised 02/2009)	FEC	Form	1	(Revised	02/2009))
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Full Name of Designated Agent	Murray, Allison, , ,	
Mailing Address	One Park Row	
	5th Floor	
	Providence RI 02903	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position		
Compliance Direc	tor Telephone number 401 4540990	

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.

Am	nalgamated Bank		
Mailing Address	1825 K Street NW		
	Washington		⁵
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, Depos			
	Iley National Bank		
Mailing Address	4405 Bergenline Ave		
	Union City	NJ 07087	,
	CITY 🔺	STATE A	ZIP CODE ▲

Optional Supplemental Information of ⁵ for Lines 5(g) or (h), 6, 8 and/or 9 Page ____ FEC Form 1S (Revised 02/2017) 5(g) or (h). Joint Fundraising Participant: С FEC ID number 1. С FEC ID number 2. С FEC ID number 3. С FEC ID number 4. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 6. 1 1 Mailing Address Relationship: ZIP CODE CITY STATE Affiliated Committee Joint Fundraising Representative Connected Organization Leadership PAC Sponsor Designated Agent: Identify by name, address (phone number - optional) 8. Full Name 1 Mailing Address CITY STATE ZIP CODE TITLE OR POSITION V 1 1 1 Telephone Number 1 1 1

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, Citizens Depository, etc.	s Bank		
Mailing Address	30 Kennedy Plaza		
	Providence		02903
		STATE A	ZIP CODE 🔺