(Revised 06/2012)

FEC

Only

STATEMENT OF

PAGE 1 / 4

ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Ferrigno For Freedom 0-61 Elden Place ADDRESS (number and street) (Check if address is changed) Fair Lawn 07410 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS contact@ferrignoforfreedom.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.ferrignoforfreedom.com (Check if address is changed) DATE 2022 C00821405 FEC IDENTIFICATION NUMBER 3. 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. Ferrigno, Trevor, James, Mr., Type or Print Name of Treasurer Ferrigno, Trevor, James, Mr., [Electronically Filed] 07 2022 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use

Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2			
	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 Ferrigno, Trevor, James, Mr.,				
	Candidate Party Affiliation NNE Office Sought: House Senate President	State NJ District 05			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	District 05			
	Name of Candidate				
	Party Committee:				
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party			
	Political Action Committee (PAC):				
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected					
	Corporation Corporation w/o Capital Stock Labor Org	janization			
	Membership Organization Trade Association Cooperation	ve .			
	In addition, this committee is a Lobbyist/Registrant PAC.				
	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.				
	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				
	1C				

l	FEC Form 1 (Revised 0	2/2009)	Page 3		
٧	Vrite or Type Committee Name				
	Ferrigno For Fr	reedom			
6.	Name of Any Connected On NONE	ganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor		
	Mailing Address				
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponsor		
7.	Custodian of Records: Idention books and records.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee ooks and records.			
	Ferrigno, Tı	evor, James, Mr.,			
	Full Name				
	Mailing Address	0-61 Elden Place			
		Fair Lawn NJ 0741	0 -		
		CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼	SIAIE	ZIF CODE =		
	Candidate	Telephone number	906 3825		
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).			
		evor, James, Mr.,			
	of Treasurer	10-61 Elden Place			
	Mailing Address	O I Literia lace			
		Fair Lawn	0		
	Title on Decition	CITY ▲ STATE ▲	ZIP CODE ▲		
	Title or Position ▼		. 006		
		Telephone number	906 - 3825		

FEC For r	n 1 (Revised 02/2009)		Page 4			
Full Name of Designated	((13.1333 32.1233)					
Agent						
Mailing Addre	ss					
Title or Position	CITY ▲	STATE ▲	ZIP CODE ▲			
		elephone number				
Banks or Oth safety deposit	er Depositories: List all banks or other depositories in which boxes or maintains funds.	the committee deposits fund	s, holds accounts, rents			
Name of Bank	Name of Bank, Depository, etc.					
	ConnectOne Bank					
Mailing Addres	301 Sylvan Ave					
	Englewood Cliffs	NJ NJ	07632			
	CITY ▲	STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.						
Mailing Addres	s					
	CITY ▲	STATE ▲	ZIP CODE ▲			