## STATEMENT OF

PAGE 1 / 4

**FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Dorlon For Congress PO Box 691 ADDRESS (number and street) (Check if address is changed) Long Valley 07853 NJ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS kevin@dorlonforcongress.com (Check if address is changed) Optional Second E-Mail Address |dorlons@comcast,net COMMITTEE'S WEB PAGE ADDRESS (URL) dorlonforcongress.com (Check if address is changed) DATE 2022 C00800797 FEC IDENTIFICATION NUMBER > 3. X 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. Marino, Michael, A,, Type or Print Name of Treasurer Marino, Michael, A,, [Electronically Filed] 02 2022 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| FE              | EC <b>Fo</b> i | rm 1 (Revised 02/2009)  | Page <b>2</b>                            |
|-----------------|----------------|---|--|
| TYPE            | OF C           | OMMITTEE  |  |
| Cand            | idate          | e 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. (Cominformation below.)   | plete the candidate                      |
| Name of Candid  |                | Dorlon, Kevin, Brendan, Mr.,  |  |
| Candid          | late           | Office  | State                                    |
| Party A         | Affiliatio     | on REP Sought: * House Senate President   | District 07                              |
| (c)             |                | This committee supports/opposes only one candidate, and is NOT an authorized committee.   |  |
| Name of Candida |                |   |  |
| Party           | Con            | nmittee:  |  |
| (d)             |                | · · · ·   | (Democratic,<br>Republican, etc.) Party. |
| Politic         | cal A          | ction Committee (PAC):  |  |
| (e)             |                | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor  | nected organization is a:                |
|                 |                | Corporation Wo 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 secommittee. (i.e., nonconnected committee)  | egregated fund or party                  |
|                 |                | In addition, this committee is a Lobbyist/Registrant PAC.   |  |
|                 |                | In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)  |  |
| Joint I         | Fund           | Iraising Representative:  |  |
| (g)             |                | This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate. | vo or more political                     |
| (h)             |                | This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.        | o or more political                      |
|                 | Com            | mittees Participating in Joint Fundraiser   |  |
|                 |                |   |  |
|                 | 1.             |   |  |
|                 | 2.             | FEC ID number C   |  |
|                 | 3.             | FEC ID number   |  |
|                 | 4.             |   |  |

| FEC <b>Form 1</b> (Revis                                    | sed 02/2009)   | Page <b>3</b>           |
|---|--|-------------------------|
| Write or Type Committee N                                   |  |                         |
| Dorlon For Co   | ongress  |                         |
|   | ed Organization, Affiliated Committee, Joint Fundraising Representative, or Lea                            | dership PAC Sponsor     |
| NONE  |  |                         |
|   |  |                         |
| Mailing Address   |  |                         |
|   |  |                         |
|   |  |                         |
|   | CITY STATE   | ZIP CODE                |
| Relationship: Conne   | ected Organization Affiliated Committee Joint Fundraising Representative                                   | Leadership PAC Sponsor  |
| . Custodian of Records: books and records.                  | Identify by name, address (phone number optional) and position of the person in                            | possession of committee |
|   | o, Michael, A, ,   |                         |
| Full Name   | 24 Setting Sun Drive   |                         |
| Mailing Address   |  |                         |
|   | Hackettstown NJ 078  | 40                      |
|   |  |                         |
| Title or Position   | CITY STATE   | ZIP CODE                |
| Treasurer   | Telephone number 201   | - 446 - 9117            |
| s. <b>Treasurer:</b> List the name any designated agent (e. | e and address (phone number optional) of the treasurer of the committee; and the g., assistant treasurer). | e name and address of   |
| Full Name Marino of Treasurer                               | o, Michael, A, ,   |                         |
| Mailing Address   | 24 Setting Sun Drive   |                         |
|   |  |                         |
|   | Hackettstown   NJ   0784   | 10 –                    |
| Title or Position   | CITY STATE   | ZIP CODE                |
| Treasurer   | Telephone number 201   | 446 9117                |

| FEC Form  | <b>1</b> (Revised 02/2009)          | Page 4 |  |  |  |  |  |
|---|-------------------------------------|--------|--|--|--|--|--|
|   |                                     |        |  |  |  |  |  |
| Full Name of<br>Designated<br>Agent   | Dorlon, Nina, Marie, ,              |        |  |  |  |  |  |
| Mailing Address   | 43 Flocktown Rd                     |        |  |  |  |  |  |
| g   | Long Valley NJ 07853  CITY STATE ZI | P CODE |  |  |  |  |  |
| Title or Position Campaign Mana   |                                     |        |  |  |  |  |  |
| 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.  Peapack Gladstone Bank |                                     |        |  |  |  |  |  |
| Mailing Address   | 59 East Mill Road #101              |        |  |  |  |  |  |
| Ç   | Long Valley NJ 07853                |        |  |  |  |  |  |
|   | CITY STATE ZI                       | P CODE |  |  |  |  |  |
| Name of Bank, [   | Depository, etc.                    |        |  |  |  |  |  |
|   |                                     |        |  |  |  |  |  |
| Mailing Address   |                                     |        |  |  |  |  |  |
|   |                                     |        |  |  |  |  |  |
|   |                                     |        |  |  |  |  |  |
|   | CITY STATE ZI                       | P CODE |  |  |  |  |  |