STATEMENT OF

PAGE 1 / 4 =

FEC FORM 1		_	RGAN							Of	fice Us	se On	lv		
1. NAME OF COMMITTEE (in	n full)		(Check if name is changed)		cample:If typer the lines		1	2FE	4M5			30 0111	<u>y</u>		
Joe Signor	ello for	Con	gress	1 1 1											
ADDRESS (number a	nd street)	PO Box	915												
(Check if a is changed	address			1 1 1				l		1 1	1 '		1 1	1 1	
is changed	1)	Springfi	eld ∷ITY ▲				l L	NJ TATE		070	81	ZIF]-[- co	DE 🛦	
COMMITTEE'S E-MA	AIL ADDRES	SS													
(Check if a is changed		info@	signorellofor	nj.com											
		Optional amy@	Second E-Ma movemen	iil Address tcomplia	nce.com										
COMMITTEE'S WEB (Check if a is changed	address	,	IRL) gnorellofornj.co	m 											
2. DATE 0	7 03	D / Y	2023												
3. FEC IDENTIFIC	CATION NU	MBER)	• C	C00844	381										
4. IS THIS STATEM	MENT X	NEW	/ (N) O	R	AME	NDED (A)									
I certify that I have e	examined this	s Statem	ent and to the	best of my	/ knowledge	and belief	f it is t	rue, c	orrect	t and	com	plete.			
Type or Print Name	of Treasurer	Hawkins	s, Richard, , ,												
Signature of Treasure	er <i>Hawkin</i>	ıs, Richard,	,,,		[Electronic	ally Filed]	Da	te	M 07		0	3	/ Y	2023	
NOTE: Submission of	false, erroned		complete inform								penal	ties o	f 52 l	J.S.C.	§30109.
Office Use Only					Federal El	r information ection Commi 00-424-9530		ct:					ORI 06/20		

Local 202-694-1100

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. (Cominformation below.)	nplete the candidate
Name of Candidate Signorello, Joseph, , , III	
Candidate Party Affiliation DEM Office Sought: House Senate Preside	State NJ nt District 07
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	emocratic, publican, 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 se committee. (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.)	
(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 (H	lybrid 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 from 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 committees/organizations, none of which is an authorized committee of a federal candidate.	or two or more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 02	/2009)	Page 3
٧	Vrite or Type Committee Name		
	Joe Signorello	or Congress	
6.	Name of Any Connected Or NONE	ganization, Affiliated Committee, Joint Fundraising Representative	, or Leadership PAC Sponsor
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected		
	Tiolation in p.	Juliana Organization Content and along Proprocess	Leader of the opened
7.		y by name, address (phone number optional) and position of the perso	on in possession of committee
	books and records.		
	Martin, Amy	,,	
	Full Name	20836 Hall Rd	
	Walling Addition		
		Clinton Township MI	48038
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Assistant Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the committee sistant treasurer).	e; and the name and address of
	Full Name Hawkins, Ri	chard, , ,	
	of Treasurer		
	Mailing Address	14 Washington St	
		Clark	07066
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
		Telephone number	862 - 228 - 5125

FEC Form 1	(Revised 02/2009)	Page 4						
Full Name of Designated Agent								
Mailing Address								
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲						
	Telephone number]						
	Depositories: List all banks or other depositories in which the committee deposits funds tes or maintains funds.	, holds accounts, rents						
Name of Bank, D	epository, etc.							
	Amalgamated Bank							
Mailing Address	1825 K Street NW							
	Washington DC 26	0006						
	CITY ▲ STATE ▲	ZIP CODE ▲						
Name of Bank, Depository, etc.								
	Valley Bank							
Mailing Address	1455 Valley Rd							
	Wayne NJ 07	7470						
	CITY ▲ STATE ▲	ZIP CODE ▲						