

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

2014 JUL 21 AM 11:16
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Citizens for Mike Assad, Inc.

3101 Boardwalk # 2209-1

ADDRESS (number and street)

Check if different
than previously
reported. (ACC)

Atlantic City

NJ

08401

2. FEC IDENTIFICATION NUMBER ▼

C00546416

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

ZIP CODE ▲

STATE ▼ DISTRICT

NJ

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
05 / 15 / 2014

through

M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dorothy L. Assad

Signature of Treasurer

Dorothy L. Assad

Date

07 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Citizens for Mike Assad, Inc.

Report Covering the Period: From:

M	M		D	D		Y	Y	Y	Y
0	5		1	5		2	0	1	4

To:

M	M		D	D		Y	Y	Y	Y
0	6		3	0		2	0	1	4

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

2228.00

7474.00

(b) Total Contribution Refunds
(from Line 20(d))

0.00

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

2228.00

7474.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

2009.43

10086.80

(b) Total Offsets to Operating
Expenditures (from Line 14)

150.00

170.25

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

1859.43

9916.55

8. Cash on Hand at Close of
Reporting Period (from Line 27)

358.48

9. Debts and Obligations Owed **TO**
the Committee (Itemize all on
Schedule C and/or Schedule D)

0.00

10. Debts and Obligations Owed **BY**
the Committee (Itemize all on
Schedule C and/or Schedule D)

1772.71

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 33

Write or Type Committee Name

Citizens for Mike Assad, Inc.

Report Covering the Period: From:

MM / DD / YYYY
05 / 15 / 2014

To:

MM / DD / YYYY
06 / 30 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

2000.00

3505.00

(ii) Unitemized.....

228.00

3569.00

(iii) TOTAL of contributions
from individuals ▶

2228.00

7074.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

400.00

(e) TOTAL CONTRIBUTIONS
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

2228.00

7474.00

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

3539.43

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

3539.43

**14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)**

150.00

170.25

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

0.00

0.12

**16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶**

2378.00

11183.80

DETAILED SUMMARY PAGE of Disbursements

II. DISBURSEMENTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

2009.43

10086.80

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

0.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

350.00

738.52

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

350.00

738.52

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

2359.43

10825.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

339.91

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

2378.00

25. SUBTOTAL (add Line 23 and Line 24).....

2717.91

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

2359.43

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

358.48

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 33

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

Dorothy L. Assad

Mailing Address 106 Minnetonka Ave

City

State

Zip Code

Absecon

NJ

08201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic Oncology

Occupation
Office Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2529.00

Date of Receipt

MM / DD / YYYY
05 / 16 / 2014

Transaction ID : SA11AI.4818

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2000.00

2000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 33

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. Capital One, N.A.

Mailing Address PO Box 71083

City State Zip Code
Charlotte NC 28272

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Amount of Each Disbursement this Period

57.00

Transaction ID : SB17.4824

Full Name (Last, First, Middle Initial)

B. Facebook, Inc.

Mailing Address 1601 Willow Rd

City State Zip Code
Menlo Park CA 94025

Purpose of Disbursement
Advertisements

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Amount of Each Disbursement this Period

216.21

Transaction ID : SB17.4826

Full Name (Last, First, Middle Initial)

C. First Data Corp.

Mailing Address 5565 Glenridge Connector #2000

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement
Bank Fees

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2014

Amount of Each Disbursement this Period

108.86

Transaction ID : SB17.4833

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

382.07

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 33

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. United States Postal Service

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement
Postage

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2014

Amount of Each Disbursement this Period

1210.00

Transaction ID : SB17.4821

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1210.00

1592.07

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 33

☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Amount of Each Disbursement this Period

4.00

Transaction ID : SB19A.4839

Full Name (Last, First, Middle Initial)

B. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Amount of Each Disbursement this Period

43.17

Transaction ID : SB19A.4840

Full Name (Last, First, Middle Initial)

c. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Amount of Each Disbursement this Period

46.50

Transaction ID : SB19A.4841

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

93.67

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 33

☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 03 / 2014

Amount of Each Disbursement this Period

6.33

Transaction ID : SB19A.4842

Full Name (Last, First, Middle Initial)

B. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB19A.4844

Full Name (Last, First, Middle Initial)

c. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 04 / 2014

Amount of Each Disbursement this Period

25.00

Transaction ID : SB19A.4845

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

56.33

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 33

☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2014 ☒ Primary ☐ General
☐ Other (specify)
State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Amount of Each Disbursement this Period

37.49

Transaction ID : SB19A.4851

Full Name (Last, First, Middle Initial)

B. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2014 ☒ Primary ☐ General
☐ Other (specify)
State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Amount of Each Disbursement this Period

35.61

Transaction ID : SB19A.4852

Full Name (Last, First, Middle Initial)

C. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2014 ☒ Primary ☐ General
☐ Other (specify)
State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Amount of Each Disbursement this Period

10.65

Transaction ID : SB19A.4853

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

83.75

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 33

☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Amount of Each Disbursement this Period

17.52

Transaction ID : SB19A.4854

Full Name (Last, First, Middle Initial)

B. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Amount of Each Disbursement this Period

25.33

Transaction ID : SB19A.4855

Full Name (Last, First, Middle Initial)

c. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

Amount of Each Disbursement this Period

35.93

Transaction ID : SB19A.4856

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

78.78

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 33

☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Amount of Each Disbursement this Period

34.86

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Transaction ID : SB19A.4860

Full Name (Last, First, Middle Initial)

B. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2014

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Debt Reduction

Amount of Each Disbursement this Period

2.61

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
State: NJ District: 02

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

Transaction ID : SB19A.4862

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

MM / DD / YYYY

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

37.47

350.00

SCHEDULE C (FEC Form 3)

LOANS

PAGE 13 OF 33

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4245

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Mike Assad

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

37.49

Cumulative Payment To Date

37.49

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

MM / DD / YYYY
04 / 25 / 2013

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

0.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4245

(Current loan amount of 37.49 from a balance of 37.49 has been forgiven)(A previous settlement amount of 37.49 has been rescinded)

ITEMIZATION

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)

LOANS

PAGE 15 OF 33

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4280

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Mike Assad

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

35.61

Cumulative Payment To Date

35.61

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
05 / 03 / 2013

MM / DD / YYYY
None

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ➤

0.00

TOTALS This Period (last page in this line only) ➤

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4280

(Current loan amount of 35.61 from a balance of 35.61 has been forgiven)(A previous settlement amount of 35.61 has been rescinded)

Form/Schedule:

Transaction ID:

140M-12M-10M-4

SCHEDULE C (FEC Form 3)

LOANS

PAGE 18 OF 33

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4283

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Mike Assad

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

42.52

Cumulative Payment To Date

42.52

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05 / 08 / 2013

08 / 08 / 2013

2013

08 / 08 / 2013

08 / 08 / 2013

None

0.00 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

0.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4283

(Current loan amount of 17.52 from a balance of 17.52 has been forgiven)(A previous settlement amount of 17.52 has been rescinded)

Form/Schedule:

Transaction ID:

1703-1704-1705

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 33

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4285

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

46.50

Cumulative Payment To Date

46.50

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

MM / DD / YYYY
05 / 12 / 2013

Date Due

MM / DD / YYYY
None

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

0.00

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 33

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4286

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

31.66

31.66

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
05 / 13 / 2013

MM / DD / VVVVVV
None

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

0.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4286

(Current loan amount of 25.33 from a balance of 25.33 has been forgiven)(A previous settlement amount of 25.33 has been rescinded)

Form/Schedule:

Transaction ID:

14001-1000

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 23 OF 33

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4287

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Mike Assad

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

35.93

35.93

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

05 / 15 / 2013

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

0.00

TOTALS This Period (last page in this line only)

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4287

(A previous settlement amount of 35.93 has been rescinded)

Form/Schedule:

Transaction ID:

140M : 11M : 100M

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 33

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4292

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Mike Assad

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

34.86

Cumulative Payment To Date

34.86

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

MM / DD / YYYY
05 / 25 / 2013

0.00 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

0.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4292

(Current loan amount of 34.86 from a balance of 34.86 has been forgiven)(A previous settlement amount of 34.86 has been rescinded)

140M11N11084

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 27 OF 33

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4293

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Mike Assad

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

37.51

2.61

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
05 / 28 / 2013

MM / DD / YYYY
None

None

0.00

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed

Outstanding:

SUBTOTALS This Period This Page (optional).....

0.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4293

(Current loan amount of 37.51 from a balance of 37.51 has been forgiven)(A previous settlement amount of 37.51 has been rescinded)(Current loan amount of 34.90 from a balance of 34.90 has been forgiven)

Form/Schedule:

Transaction ID:

14001-1111-10001

SCHEDULE C (FEC Form 3)
LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 29 OF 33

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4294

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Mike Assad

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

30.01

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

MM / DD / YYYY
05 / 31 / 2013

% (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

0.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4294

(Current loan amount of 30.01 from a balance of 30.01 has been forgiven)

Form/Schedule:

Transaction ID:

140N-12N-10000

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 31 OF 33

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4254

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Mike Assad

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

47.17

47.17

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

MM / DD / YYYY
06 / 23 / 2013

0.00 % (apr)

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount

Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....

0.00

TOTALS This Period (last page in this line only).....

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 32 OF 33

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital One, N.A.

Nature of Debt (Purpose):
Credit Card Debt

Mailing Address PO Box 71083

City State Zip Code
Charlotte NC 28272

Outstanding Balance Beginning This Period

570.83

Transaction ID : SD10.4413

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

570.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital One, N.A.

Nature of Debt (Purpose):
Credit Card Debt

Mailing Address PO Box 71083

City State Zip Code
Charlotte NC 28272

Outstanding Balance Beginning This Period

605.18

Transaction ID : SD10.4587

Amount Incurred This Period

0.00

Payment This Period

57.00

Outstanding Balance at Close of This Period

548.18

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital One, N.A.

Nature of Debt (Purpose):
Credit Card Debt

Mailing Address PO Box 71083

City State Zip Code
Charlotte NC 28272

Outstanding Balance Beginning This Period

54.18

Transaction ID : SD10.4740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54.18

1) SUBTOTALS This Period This Page (optional)

1173.19

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 33 OF 33

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor
VoterTrove Inc.

Nature of Debt (Purpose):
Software Expense

Mailing Address 921 Cavalry Ride Trail

City State Zip Code
Austin TX 78732

Outstanding Balance Beginning This Period

599.52

Transaction ID : SD10.4707

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

599.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

599.52

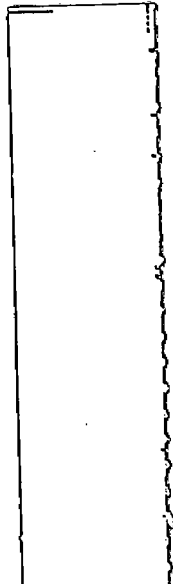
1772.71

0.00

1772.71

3101 BOARDWALK #2209-1
AC NJ 08401

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



Federal Election Commission
999 E. Street, NW
Washington, DC 20463

U.S. POSTAGE
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08201
JUL 15, 14
AMOUNT
\$8.24
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POSTAL SERVICE

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