FEC FORM 3

FE5AN018

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

2014 Office 2st only 11: 16

1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼		Example: If typing, over the lines.	type 1	2FE4M5C	VAN CENTER
, (Citizens for Mike Assa	d, Inc.					ŧ
L							
					1111	1 1 1 1 1	
Αſ	DDRESS (number and street)	3101 Boardwalk #	2209-1 		1 1 1 1		
	Check if different						
1403	than previously reported. (ACC)	Atlantic City		<u> </u>		NJ 08401	
3 2.	FEC IDENTIFICATION N	UMBER ▼	CITY		STA	TE	ZIP CODE A STATE ▼ DISTRICT
12 7 	C C00546416		3. IS THIS REPORT	NEW (N)	OR I	AMENDED (A)	NJ 02
1 0 5 9	(a) Quarterly Reports: April 15 Quarterly	Report (Q1)	o) 12-Day P	RE-Election Report Primary (12P) Convention (12		General (12G) Special (12S)	Runoff (12R)
	July 15 Quarterly October 15 Quarter		Election	on ,	D D / Y	\$ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in the State of
	January 31 Year-E	nd Report (YE) (c	30-Day P	OST-Election Repo	ort for the:	Runoff (30R)	Special (30S)
	Termination Repor	t (TER)	Election	on M M /	D D / Y	~~~	in the State of
5.	. Covering Period	M	2014	through	06 /	30	2014
	certify that I have examined t ype or Print Name of Treasure		he best of my	knowledge and be Assad	elief it is true,	correct and con	nplete.
s	ignature of Treasurer	will a	sold		Date	, 07	19 2014
N	OTE: Submission of false, error	neous, or incomplete	information m	ay subject the person	on signing this	Report to the pe	enalties of 2 U.S.C. §437g.
_ 	Office Use						FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE of Receipts and Disbursements

PAGE 2 / 33

Write or Type Committee Name Citizens for Mike Assad, Inc.

Report Covering the Period:

1403-127-1060

From:







To:







			COLUMN A This Period	COLUMN B Election Cycle-to-Date
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.		ch on Hand at Close of corting Period (from Line 27)	358.48	
9.	the	ots and Obligations Owed TO Committee (Itemize all on ledule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed BY Committee (Itemize all on ledule 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

PAGE 3 / 33

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Citizens	tor	Mike	Assad,	Inc

Report Covering the Period:

From:

I. RECEIPTS

COLUMN A Total This Period

COLUMN B Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A)........
 - (ii) Uniternized
 - (iii) TOTAL of contributions from individuals
- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) The Candidate
- TOTAL CONTRIBUTIONS (other than loans) '(add Lines 11(a)(iii), (b), (c), and (d))...

2.	TRANSFERS FROM OTHER
	AUTHORIZED COMMITTEES

13. LOANS:

- Made or Guaranteed by the Candidate.....
- (b) All Other Loans..... (c) TOTAL LOANS
 - (add Lines 13(a) and (b)).....

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

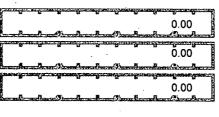
15. OTHER RECEIPTS (Dividends, Interest, etc.).....

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



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DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 33

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 2009.43 10086.80 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER 0.00 AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed 350.00 738.52 by the Candidate..... 0.00 Of All Other Loans TOTAL LOAN REPAYMENTS 350.00 (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other 0.00 Than Political Committees 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... (d) TOTAL CONTRIBUTION REFUNDS 0.00 (add Lines 20(a), (b), and (c))..... 0.00 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS 2359.43 10825.32 (add Lines 17, 18, 19(c), 20(d), and 21) III. CASH SUMMARY 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 2378.00 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... 2717.91 25. SUBTOTAL (add Line 23 and Line 24)..... 2359.43 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD 358 48 (subtract Line 26 from Line 25).....

33 PAGE 5 OF FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) for each category of the X | 11a ITEMIZED RECEIPTS 11b 11c 11d Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc. Full Name (Last, First, Middle Initial) Dorothy L. Assad Date of Receipt Mailing Address 106 Minnetonka Ave MYM / DYD / City State Zip Code Transaction ID: SA11AI.4818 NJ 08201 Absecon FEC ID number of contributing Amount of Each Receipt this Period federal political committee. 2000.00 Name of Employer Occupation Office Manager Atlantic Oncology Receipt For: 2014 Election Cycle-to-Date Primary General 2529.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation A Subject Francisco Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address M W M / A D W D City State Zip Code FEC ID number of contributing federal political committee. Amount of Each Receipt this Period Name of Employer Occupation Receipt For: Election Cycle-to-Date Primary General Other (specify)

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

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

1403-127-1063

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: PAGE 6 OF 33 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and 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		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Charlotte NC Purpose of Disbursement Debt Reduction	Zip Code 28272	Amount of Each Disbursement this Period 57.00
Candidate Name Mike Assad Office Sought: Senate President State: NJ Disbursement F Prima Other		Transaction ID : SB17.4824
Full Name (Last, First, Middle Initial) B. Facebook, Inc. Mailing Address 1601 Willow Rd		Date of Disbursement M M / D D / V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Menlo Park CA Purpose of Disbursement Advertisements Candidate Name Mike Assad Office Sought: X House Disbursement	Zip Code 94025 Category Type	
Senate Prima President Other State: NJ District: 02	ary General r (specify)	
Full Name (Last, First, Middle Initial) C. First Data Corp. Mailing Address 5565 Glenridge Connector #2000		Date of Disbursement O6 02 / 2014
City State Atlanta GA Purpose of Disbursement Bank Fees Candidate Name Mike Assad Office Sought: House Disbursement Fees Senate Prima		Amount of Each Disbursement this Period 108.86 Transaction ID : SB17.4833
SUBTOTAL of Disbursements This Page (optional)		382.07

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

1403-127-1064

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: (check only one) PAGE 7 OF Use separate schedule(s)

ITI	EMIZED DISBURSEMENTS	for each category Detailed Summar		X 17 18 19a 19b 20a 20b 20c 21
	y information copied from such Reports and Statements for commercial purposes, other than using the name an			
\rangle	NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.			
Α.	Full Name (Last, First, Middle Initial) United States Postal Service	·		Date of Disbursement
	Mailing Address 475 L'Enfant Plaza SW			05 29 2014
	City State Washington DC	Zip Code 20260		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage			1210.00 Transaction ID : SB17.4821
	Candidate Name Mike Assad		Category/ Type	
_	State: NJ District: 02 Full Name (Last, First, Middle Initial)	***************************************	**************************************	
В.	Mailing Address			Date of Disbursement
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			and the state of t
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement I Senate Prima President Other	 -		
_	State: District: Full Name (Last, First, Middle Initial)			
c.	Tall Halle (east) First Made milesy			Date of Disbursement
	Mailing Address			M M / D D / Y V Y
	City State	Zip Code		Amount of Each Disbursement this Period
	Purpose of Disbursement			The Residence of the State of t
	Candidate Name		Category/ Type	
	Office Sought: House Disbursement Senate Prima Other		1 75	
_	State: District:		1	
1	SUBTOTAL of Disbursements This Page (optional)			1210.00 1592.07

PAGE 33 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 19a 19b 17 18 Detailed Summary Page 20a Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc. Full Name (Last, First, Middle Initial) Date of Disbursement A. Mike Assad FOVO / Mailing Address 3101 Boardwalk # 2209-1 City State Zip Code Amount of Each Disbursement this Period Atlantic City NJ 08401 4.00 Purpose of Disbursement **Debt Reduction** Transaction ID: SB19A.4839 السيد والمستحدث Candidate Name Category/ Mike Assad Type Office Sought: Disbursement For: 2014 House Primary General Senate President Other (specify) NJ District: Full Name (Last, First, Middle Initial) Mike Assad Date of Disbursement Mailing Address 3101 Boardwalk # 2209-1 City State Zip Code Amount of Each Disbursement this Period NJ 08401 Atlantic City Purpose of Disbursement Debt Reduction 43 17 urā ro<mark>itu akunitaitītu. K</mark>ar ^{pro}ut Transaction ID: SB19A.4840 · Louis Devin Candidate Name Category/ Mike Assad Type

General

Full Name (Last, First, Middle Initial) c. Mike Assad Date of Disbursement 0 0 Mailing Address 3101 Boardwalk # 2209-1 City State Zip Code Amount of Each Disbursement this Period NJ 08401 **Atlantic City** Purpose of Disbursement **Debt Reduction** Candidate Name

Disbursement For:

Primary

Other (specify)

Contraction of	1	46.	
	Landau Barrier		#2.7¶
أأد تستقديم	Transaction ID : SB19A.4841		
Category/			
Type			

Office Sought:

District:

House

Senate

District:

President

02

X	House	Disbursement Por.	2014
	Senate	Primary	General
	President	Other (sp	ecify)

	Served and the residence of the control of the cont
SUBTOTAL of Disbursements This Page (optional)	93.67
TOTAL This Period (last page this line number only)	i de la compania del compania de la compania del compania de la compania del la compania de la compania del la compania de la compania del la compani

State:

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1066

Office Sought:

State:

NJ

Mike Assad

NJ

	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	
	ny information copied from such Reports and Statemen for commercial purposes, other than using the name a NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		
Α.	Full Name (Last, First, Middle Initial) Mike Assad Mailing Address 3101 Boardwalk # 2209-1		Date of Disbursement 06 03 2014
•	City State Atlantic City NJ Purpose of Disbursement Debt Reduction	Zip Code 08401	
1403 127 127		Ту	ggory/ /pe
7 — 1 в. 067	Full Name (Last, First, Middle Initial) Mike Assad Mailing Address 3101 Boardwalk # 2209-1		Date of Disbursement D D D D D D D D D D D D D D D D D D D
,	City State Atlantic City NJ Purpose of Disbursement Debt Reduction	e Zip Code 08401	Amount of Each Disbursement this Period
	State: NJ District: 02	Ту	ggory/ /pe
C.	Full Name (Last, First, Middle Initial) Mike Assad Mailing Address 3101 Boardwalk # 2209-1		Date of Disbursement O6 O4 2014
	City State Atlantic City NJ Purpose of Disbursement Debt Reduction Candidate Name Mike Assad Office Sought: House Disbursemen	t For: 2014	Amount of Each Disbursement this Period 25.00 Transaction ID : SB19A.4845 ype
		mary General ner (specify)	

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

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State:

NJ

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

District:

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate s	Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 OF 30 (check only one)	
		for each catego Detailed Summ	ry of the	17 18 X 19a 19 20a 20b 20c 21	
	by information copied from such Reports and States for commercial purposes, other than using the nar			person for the purpose of soliciting contributions	
\rangle	NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.				
	Full Name (Last, First, Middle Initial) Mike Assad			Date of Disbursement	
	Mailing Address 3101 Boardwalk # 2209-1			06 13 2014	
		State Zip Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement Debt Reduction			37.49 Transaction ID : SB19A.4851	
	Candidate Name Mike Assad		Category/ Type	<u>~</u>	
	Senate President	nent For: 2014 Primary			
	State: NJ District: 02 Full Name (Last, First, Middle Initial)				
	Mike Assad			Date of Disbursement	
	Mailing Address 3101 Boardwalk # 2209-1			06 13 2014	
	 ,	State Zip Code		Amount of Each Disbursement this Period	
	Atlantic City Purpose of Disbursement	NJ 08401		35.61	
	Debt Reduction			Transaction ID : SB19A.4852	
	Candidate Name Mike Assad		Category/ Type	E	
	Office Sought: House Disburser Senate President	nent For: 2014 Primary Genera Other (specify)			
	State: NJ District: 02				
;.	Full Name (Last, First, Middle Initial) Mike Assad			Date of Disbursement	
	Mailing Address 3101 Boardwalk # 2209-1			06 13 2014	
	City State Atlantic City NJ	Zip Code 08401		Amount of Each Disbursement this Period	
	Purpose of Disbursement Debt Reduction			10.65	
	Candidate Name Mike Assad		Category/ Type	₽ Transaction ID : SB19A.4853	
	Office Sought: House Disburser Senate	nent For: 2014 Primary Genera	·······		
	President	Other (specify)			

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

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

PAGE 11 33 FOR LINE NUMBER: SCHEDULE B (FEC Form 3) Use separate schedule(s) (check only one) for each category of the ITEMIZED DISBURSEMENTS X 19a 17 18 19b Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc. Full Name (Last, First, Middle Initial) Date of Disbursement Mike Assad MWM / FOTE Mailing Address 3101 Boardwalk # 2209-1 City State Zip Code Amount of Each Disbursement this Period NJ Atlantic City 08401 Purpose of Disbursement 17.52 **Debt Reduction** 1403-127-Transaction ID: SB19A.4854 Candidate Name Category/ Mike Assad Type Office Sought: Disbursement For: 2014 House Primary General Senate Other (specify) President NJ District: Full Name (Last, First, Middle Initial) Mike Assad Date of Disbursement 1069 Mailing Address 3101 Boardwalk # 2209-1 13 City State Zip Code Amount of Each Disbursement this Period **Atlantic City** NJ 08401 Purpose of Disbursement Debt Reduction 25.33 Transaction ID: SB19A.4855 Candidate Name Category/ Mike Assad Type Office Sought: Disbursement For: 2014 House Senate Primary General Other (specify) President NJ District: 02 Full Name (Last, First, Middle Initial) Date of Disbursement c. Mike Assad Mailing Address 3101 Boardwalk # 2209-1 City State Zip Code Amount of Each Disbursement this Period

NJ

Disbursement For: 2014

Primary

Other (specify)

08401

State:

Atlantic City

Candidate Name

Office Sought:

Mike Assad

NJ

Purpose of Disbursement Debt Reduction

> House Senate

District:

President

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Transaction ID: SB19A.4856

Category/

Type

General

35.93

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A O	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS In y information copied from such Reports and Statements may for commercial purposes, other than using the name and a NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc. Full Name (Last, First, Middle Initial) Mike Assad Mailing Address 3101 Boardwalk # 2209-1		
1403 - 127	City State Atlantic City NJ Purpose of Disbursement Debt Reduction Candidate Name Mike Assad Office Sought: House Senate Primary President State: NJ District: 02	General	Amount of Each Disbursement this Period 34.86 Transaction ID: SB19A.4860
7 — 10 70 0	Full Name (Last, First, Middle Initial)	General	Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c	Full Name (Last, First, Middle Initial) Mailing Address	General	

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

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

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SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 13

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	13b	

OF

DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4245
LOAN SOURCE Full Name (Last, First, N	liddle Initial)	[PERSONAL FUNDS]	Election: 2014
Mike Assad	1444441		Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City	State ZIP Co	de	
Atlantic City	NJ 08401		
Original Amount of Loan 37.49	Cumulative Payment To	37.49	nce Outstanding at Close of This Period 0.00
Date Incurred MO4 O4 O4 O4 O5 O5 O5 O5 O5 O5	Date Due	Interest Rate	MURAGE LING
List All Endorsers or Guarantors (if any) 1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	enganagarangan (ganagarangan) Be <u>alle alla (Baralan</u> alan Ber
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	
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)			
TOTALS This Period (last page in this line o	nly)	► Katawan	Businers Bus
Carry outstanding balance only to LINE 3, S	schedule D, for this line. If	no Schedule D, carry forv	ward to appropriate line of Summary.

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)

Form/Schedule: Transaction ID:

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SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 15

DANS		Detailed Summary Page (check only one)
ME OF COMMITTEE (In Full)		Transaction ID : SC/10.4280
LOAN SOURCE Full Name (Last,	First, Middle Initial)	[PERSONAL FUNDS] Election: 2014
Mike Assad		Primary General
Mailing Address 3101 Boardwalk # 2209-1		Other (specify) ▼
City	State ZIP	Code
Atlantic City	NJ 084	01
Original Amount of Loan	Cumulative Payment	To Date Balance Outstanding at Close of This Period
1 7	.61	35.61 0.00
Date Incurred M05M Date Incurred 2013 List All Endorsers or Guarantors	Date D	Oue Interest Rate Secured: V None 0.00 % (apr) Yes No
Full Name (Last, First, Middle II	• • • • • • • • • • • • • • • • • • • •	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle In	itial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
UBTOTALS This Period This Page (Francisco (St. St. St. St. St. St. St. St. St. St.
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carry outstanding paramete only to Li	TE O, OCHEUGIE D, 101 KIIS IME	. If no Schedule D, carry forward to appropriate line of Summary.

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:

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER: (check only one)

PAGE

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OF

LUANS		Detailed Summary Page (Clieck Silly Sile) 13b
NAME OF COMMITTEE (In Fu	•	Transaction ID : SC/10.4281
Citizens for Mike Assa	ne (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014
Mike Assad		Primary General
Mailing Address 3101 Boardwalk # 2209-1		Other (specify) ▼
City Atlantic City	State ZIP NJ 084	Code
Original Amount of Loan	Cumulative Payment	
TERMS Date Incurred M 05 M / P 05 D /	Ž013 Y M M / D D /	oue Interest Rate Secured: V None 0.00 % (apr) Yes No
List All Endorsers or Gua 1. Full Name (Last, First,	arantors (if any) to Loan Source Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, I	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Làst, First, !	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, I	Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period Thi	s Page (optional)	0.00
TOTALS This Period (last pa	ge in this line only)	
Carry outstanding balance of	nly to LINE 3. Schedule D. for this line	. If no Schedule D. carry forward to appropriate line of Summary.

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27-1076
27-1076
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CHEDULE C (FEC F OANS	form 3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) PAGE 18 OF 33 13a 13b 13b
NAME OF COMMITTEE (In Full) Citizens for Mike Assac		Transaction	ID : SC/10.4283
LOAN SOURCE Full Name Mike Assad	(Last, First, Middle Initial)	[PERSONAL FUNDS]	ction: 2014 Î Primary General
Mailing Address 3101 Boardwalk # 2209-1		_	Other (specify) ▼
City	State ZIF	Code Code	
Atlantic City	NJ 08	401	
Original Amount of Loan	42.52		Outstanding at Close of This Perio
TERMS Date Incurred M 05 M / D 08 D / Y	ž013	Due Interest Rate V None 0.00	Secured: % (apr) Yes No
Full Name (Last, First, M.)	antors (if any) to Loan Source Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	
2. Full Name (Last, First, M	iddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, M	iddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	
4. Full Name (Last, First, M	iddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	Standard Standard Standard
SUBTOTALS This Period This	Page (optional)	•	0.00
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Carry outstanding balance on	ly to LINE 3, Schedule D, for this line	e. If no Schedule D, carry forward	to appropriate line of Summary

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:

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PAGE OF 33 SCHEDULE C (FEC Form 3) Use separate schedule(s) FOR LINE NUMBER: for each category of the 13a **LOANS** (check only one) Detailed Summary Page 13b Transaction ID: SC/10.4285 NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Nrimary Mike Assad General Mailing Address Other (specify) 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 46.50 46.50 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 ^M05 **2013** Ňone % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** Guaranteed City State ZIP Code 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, Fire	st, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Name of Employer
Mailing Address	<u> </u>	··	Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, Fire	st, Middle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:

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

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SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE 21 OF

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	13b	

33

JANS		Detailed Summary Page	13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transaction	n ID : SC/10.4286
LOAN SOURCE Full Name (Last, First, Min Mike Assad	ddle Initial)	[, =,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	lection: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City	State ZIP Cod	le	
Atlantic City	NJ 08401		
Original Amount of Loan 31.66	Cumulative Payment To	31.66	Outstanding at Close of This Period 0.00
Date Incurred M05 ^M / D13 ^D / Y 2013	Date Due	Interest Rate 0.00	Secured: % (apr) Yes No
List All Endorsers or Guarantors (if any) to	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	
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:	
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Carry outstanding balance only to LINE 3. Sc	hedule D. for this line. If r	o Schedule D. carry forward	d to appropriate line of Summary

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:

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SCHEDULE C (FEC LOANS	Form 3)	Use separate schedule(s) for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Fu Citizens for Mike Assa	•	Transaction ID : SC/10.428	7
LOAN SOURCE Full Nam Mike Assad	ne (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014 Primary General	
Mailing Address 3101 Boardwalk # 2209-1		Other (specif	y) ▼
City	State ZIP	Code	
Atlantic City	NJ 084	01	
Original Amount of Loan	35.93	To Date Balance Outstanding a	0.00
TERMS Date Incurr M05M 150 List All Endorsers or Gue	Date D Ž013 Arantors (if any) to Loan Source	ue Interest Rate V None 0.00 % (apr)	Secured: Yes No
Full Name (Last, First,	· · · · · · · · · · · · · · · · · · ·	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	_4_6_4
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	4.5
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 Thi	is Page (optional)		0.00
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Carry outstanding balance of	only to LINE 3, Schedule D, for this line	If no Schedule D, carry forward to appropria	te line of Summary.

Form/Schedule: SC/10 Transaction ID: SC/10.4287

(A previous settlement amount of 35.93 has been rescinded)

Form/Schedule: Transaction ID:

SCHEDULE C	(FEC	Form	3)
LOANS			

Use separate schedule(s) for each category of the

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FOR LINE NUMBER: (check only one)

PAGE 25

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OAN5	Detailed Summary Page (Check Only One) 13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4292
LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Assad	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Code Atlantic City NJ 08401	
Original Amount of Loan Cumulative Payment To D 34.86	34.86 0.00
TERMS Date Incurred Date Due M 05M Date Due	Interest Rate Secured: One (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
	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
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	o Schedule D, carry forward to appropriate line of Summary.

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)

Form/Schedule: Transaction ID:

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SCHEDULE C (FEC F LOANS	Form 3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (In Full Citizens for Mike Assa	•	Transactio	n ID : SC/10.4293
LOAN SOURCE Full Name	e (Last, First, Middle Initial)	[PERSONAL FUNDS]	lection: 2014
Mike Assad			Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) \blacktriangledown
City	State ZIP	Code	
Atlantic City	NJ 084	401	
Original Amount of Loan	37.51	2.61	e Outstanding at Close of This Period
TERMS Date Incurre	Ž013 Y	Oue Interest Rate V None 0.00	Secured: % (apr) Yes No
Full Name (Last, First, I	rantors (if any) to Loan Source Middle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, M	liddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	Sandard Charles (Sandard
3. Full Name (Last, First, M	liddle Initial)	Name of Employer	·····-
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	instance of the Control of the Contr
4. Full Name (Last, First, M	fiddle Initial)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Guaranteed	
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Carry outstanding balance or	nly to LINE 3, Schedule D, for this line		

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:

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PAGE OF 33 SCHEDULE C (FEC Form 3) Use separate schedule(s) FOR LINE NUMBER: for each category of the **LOANS** (check only one) 13a Detailed Summary Page 13b Transaction ID: SC/10.4294 NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] | Primary Mike Assad General Mailing Address Other (specify) 3101 Boardwalk # 2209-1 ZIP Code City State NJ 08401 Atlantic City Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period And the second second second 0.00 30.01 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 Ž013 Noné % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed State ZIP Code City Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount <mark>ayaan ayaan ayaa ayaa aayaa aayaa</mark> ZIP Code Guaranteed State City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** ಇದ್ದಿಯಕ್ಕೂಡಿಕಲು ಸಿದ್ದಿಕ್ಕು ಎಲ್ಲಿಕ್ಕು ಕ್ರಮಿಕ್ಕಿಸ್ಟರ್ ಸಿ State ZIP Code Guaranteed City xAmSimAndinAkadaA.A.ni., ... Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 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.

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:

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SCHEDULE C (FEC Form 3)	Use separate schedule(s) FOR LINE NUMBER:
LOANS	for each category of the Detailed Summary Page FOR LINE NOMBER.
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] Election: 2014
Mike Assad	Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify)
City State ZIP	Code
Atlantic City NJ 084	401
47.17	Balance Outstanding at Close of This Period 47.17 0.00
TERMS Date Incurred Date Company of the Company o	Due Interest Rate Secured: V None 0.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source	les No
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:
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Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SCHEDULE D (FEC Form 3)			(Use	separate	PAGE 32 OF 33
DERTS AND ORLIGATIONS		sch	edule(s)	FOR LINE NUMBER:	
,			r each ered line)	(check only one) 9 X 10	
NAME OF COMMITTEE (In Full)	.	···.	1	,	[\times \times \times \times
Citizens for Mike Assad	, Inc.				
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor			Nature of D	ebt (Purpose):
Capital One, N.A.			İ	Credit Cart	1 Dept
Mailing Address PO Box 71083					
City State Charlotte	Zip Code NC	28272			
Outstanding Balance Beginning This Period 570.83		EOL. E	J	Transaction	on ID : SD10.4413
Amount Incurred This Period	Paym	ent This Period	in the state of the state of	Outstandi	ng Balance at Close of This Period
0.00		<u>(</u>)	0.00		570.83
B. Full Name (Last, First, Middle Initial) of Debtor of Capital One, N.A.	or Creditor			Nature of D Credit Card	ebt (Purpose): d Debt
Mailing Address PO Box 71083				•	
City State Charlotte	Zip Code NC	28272			
Outstanding Balance Beginning This Period 605.18 Amount Incurred This Period		ent This Period	· · · · · · · · · · · · · · · · · · ·	Outstandi	on ID : SD10.4587
0.00		57	7.00	ı	548.18
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Capital One, N.A.				Nature of D Credit Car	lebt (Purpose): d Debt
Mailing Address PO Box 71083					
City	State	Zip Code			
Charlotte	NC	28272			
Outstanding Balance Beginning This Period 54.18 Amount Incurred This Period	Paym	ent This Period			ion ID : SD10.4740 ng Balance at Close of This Period
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2) TOTALS This Period (last page this line number of	only)		>		
3) TOTAL OUTSTANDING LOANS from Schedule C	(last page only	/)	▶	<u> </u>	

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

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SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

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PAGE 33 OF NUMBER: y one)

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cluding Loans		numbered line)	X 10
ME OF COMMITTEE (In Full)			
Citizens for Mike Assad, Inc.			
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt	
VoterTrove Inc.		Software Expe	ense
Mailing Address 921 Cavalry Ride Trail			
City State Zip Coo			
Austin TX	78732		
Outstanding Balance Beginning This Period 599.52		Transaction	ID : SD10.4707
Amount Incurred This Period F	Payment This Period	Outstanding	Balance at Close of This Period
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B. Full Name (Last, First, Middle Initial) of Debtor or Creditor		Nature of Debt	t (Purpose):
M. T			
Mailing Address			
City State Zip Coc	le		
Outstanding Balance Beginning This Period			
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	Payment This Period : 프랑크라		Balance at Close of This Period
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C. Full Name (Last, First, Middle Initial) of Debtor or Credito	r	Nature of Deb	t (Purpose):
Mailing Address		 	
Mailing Address			
City State	Zip Code		
Outstanding Balance Beginning This Period			
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Amount Incurred This Period	Payment This Period		Balance at Close of This Period
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TOTAL OUTSTANDING LOANS from Schedule C (last page	only)		0.00
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No Postmark			
Overnight Delivery Service (Specify):	Shipping Date		
	Next Business Day Delivery		
Received from House Records & Registration	Date of Receipt on Office		
Received from Senate Public Records Office	Date of Receipt e		
Received from Electronic Filing Office	Date of Receipt		
Other (Specify):	Date of Receipt or Postmarked		
HALD PREPARER	7/21/14 DATE PREPARED		
(8/2013)			