

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on  in the State of

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

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on  in the State of

5. Covering Period  07 / 01 / 2015 through  12 / 31 / 2015

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

Ferdinand, Robyn, A. D., Mrs.,

Type or Print Name of Treasurer

Signature of Treasurer Ferdinand, Robyn, A. D., Mrs. [Electronically Filed] Date  07 / 05 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		88791.21
(b) Cash on Hand at Beginning of Reporting Period.....	72221.51	
(c) Total Receipts (from Line 19) .....	0.00	0.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72221.51	88791.21
7. Total Disbursements (from Line 31).....	17459.01	34028.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	54762.50	54762.50
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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

Write or Type Committee Name

COMMITTEE TO STRENGTHEN AMERICA; THE

Report Covering the Period: From: 07 / 01 / 2015 To: 12 / 31 / 2015

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	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 Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	0.00	0.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	0.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	459.01	728.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	459.01	728.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	8000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	9000.00	25300.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17459.01	34028.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17459.01	34028.71

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	0.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	459.01	728.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	459.01	728.71

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee - merchant services fee

001

Candidate Name COMMITTEE TO STRENGTHEN AMERICA; THE

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

FEC Identification Number

C C00492165

Transaction ID : SB21B.4182

Amount of Each Disbursement this Period

19.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee

001

Candidate Name COMMITTEE TO STRENGTHEN AMERICA; THE

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2015

FEC Identification Number

C C00492165

Transaction ID : SB21B.4183

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee - merchant services fee

001

Candidate Name COMMITTEE TO STRENGTHEN AMERICA; THE

Category/Type

Office Sought:  House  Senate  President  
 Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

FEC Identification Number

C C00492165

Transaction ID : SB21B.4184

Amount of Each Disbursement this Period

19.95

Memo Item

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

64.90

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee

001

Candidate Name

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4185**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee - merchant services fee

001

Candidate Name

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4186**

Amount of Each Disbursement this Period

19.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee

001

Candidate Name

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4187**

Amount of Each Disbursement this Period

25.00

Memo Item

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

69.95

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO STRENGTHEN AMERICA; THE**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement  
bank fee - merchant services fee

001

Candidate Name  
**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4215**

Amount of Each Disbursement this Period

19.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement  
bank fee

001

Candidate Name  
**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4216**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement  
bank fee - merchant services fee

001

Candidate Name  
**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4217**

Amount of Each Disbursement this Period

19.95

Memo Item

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

64.90

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



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Full Name (Last, First, Middle Initial)

**A. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee

001

Candidate Name

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4218**

Amount of Each Disbursement this Period

25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee - merchant services fee

001

Candidate Name

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4226**

Amount of Each Disbursement this Period

19.95

Memo Item

Full Name (Last, First, Middle Initial)

**C. TD Bank**

Mailing Address P.O.Box 5094

City Mount LAurel State NJ Zip Code 08054

Purpose of Disbursement bank fee

001

Candidate Name

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 03 / 2015

FEC Identification Number

C C00492165

**Transaction ID : SB21B.4227**

Amount of Each Disbursement this Period

25.00

Memo Item

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

69.95

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

269.70

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Full Name (Last, First, Middle Initial)

**A. Committee For Fiscal Responsibility**

Mailing Address PO Box 135

City  
Langhorne

State  
PA

Zip Code  
19047

Purpose of Disbursement  
Contribution

011

Candidate Name

**COMMITTEE TO STRENGTHEN AMERICA; THE**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	5

FEC Identification Number

C C00492165

**Transaction ID : SB23.4196**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. DONALD NORCROSS FOR CONGRESS**

Mailing Address PO BOX 160

City  
COLLINGSWOOD

State  
NJ

Zip Code  
08108

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**NORCROSS, DONALD W, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NJ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	1	5

FEC Identification Number

C C00558320

**Transaction ID : SB23.4206**

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Dwight Evans for Congress**

Mailing Address PO Box 6578

City  
Philadelphia

State  
PA

Zip Code  
19138

Purpose of Disbursement  
campaign contribution

011

Candidate Name

**Evans, Dwight, , ,**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	1	5

FEC Identification Number

C C00591065

**Transaction ID : SB23.4228**

Amount of Each Disbursement this Period

2500.00

Memo Item

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

6500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO STRENGTHEN AMERICA; THE**

**A. Katie McGinty for Senate**

Full Name (Last, First, Middle Initial)  
Katie McGinty for Senate

Date of Disbursement  
MM / DD / YYYY  
11 / 29 / 2015

Mailing Address PO Box 22447

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement campaign contribution

Candidate Name MCGINTY, KATHLEEN ALANA, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 00

FEC Identification Number C00582809  
Transaction ID : SB23.4205  
Amount of Each Disbursement this Period 1500.00

Category/Type 011

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number C

Amount of Each Disbursement this Period

Category/Type

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number C

Amount of Each Disbursement this Period

Category/Type

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**COMMITTEE TO STRENGTHEN AMERICA; THE**

**A. Community Planning and Advocacy Council**

Full Name (Last, First, Middle Initial)

Mailing Address 2500 McClellan Avenue

City Pennsauken State NJ Zip Code 08109

Purpose of Disbursement donation to 2015 Covenant Event

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 30 / 2015

FEC Identification Number: C

Transaction ID : SB29.4209

Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. EFO Belgard and Schwartz for Freeholder**

Full Name (Last, First, Middle Initial)

Mailing Address 313 Colonial Road

City Edgewater Park State NJ Zip Code 08010

Purpose of Disbursement non federal campaign contribution for county freeholder election

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 30 / 2015

FEC Identification Number: C

Transaction ID : SB29.4222

Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Greg Cirillo for Judge**

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Market Street 3500E

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement campaign contribution for non federal judicial campaign

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 16 / 2015

FEC Identification Number: C

Transaction ID : SB29.4220

Amount of Each Disbursement this Period: 5000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9000.00