

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. 12FE4M5

NJ11TH FOR CHANGE, INC.

ADDRESS (number and street) 51 GRANDVIEW PLACE

Check if different than previously reported. (ACC)

MONTCLAIR NJ 07043

2. **FEC IDENTIFICATION NUMBER ▼** C C00632810 **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:

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

(c) 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

(d) 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 01 / 01 / 2017 through M M / D D / Y Y Y Y Y Y 06 / 30 / 2017

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 Bellack, Jonathan, , ,

Signature of Treasurer Bellack, Jonathan, , , *[Electronically Filed]* Date M M / D D / Y Y Y Y Y Y 04 / 06 / 2018

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

NJ11TH FOR CHANGE, INC.

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="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="88982.78"/>	<input type="text" value="88982.78"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="88982.78"/>	<input type="text" value="88982.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="58799.96"/>	<input type="text" value="58799.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="30182.82"/>	<input type="text" value="30182.82"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="1846.59"/>	

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

NJ11TH FOR CHANGE, INC.

Report Covering the Period: From: 01 / 01 / 2017 To: 06 / 30 / 2017

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).....	51192.56	51192.56
(ii) Unitemized	37790.22	37790.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	88982.78	88982.78
(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)	88982.78	88982.78
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)).....▶	88982.78	88982.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	88982.78	88982.78

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	58799.96	58799.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	58799.96	58799.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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).....	0.00	0.00
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)) ..	58799.96	58799.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58799.96	58799.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	88982.78	88982.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	88982.78	88982.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	58799.96	58799.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	58799.96	58799.96

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
NJ11TH FOR CHANGE, INC.

A. Avelenda, Saily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Cascade Rd
 City West Caldwell State NJ Zip Code 07006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **03 / 24 / 2017**
Transaction ID : SA11AI.5804
 Amount of Each Receipt this Period 450.00
 Memo Item
 In-kind - Legal fees

B. Avelenda, Saily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Cascade Rd
 City West Caldwell State NJ Zip Code 07006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 561.00

Date of Receipt **06 / 22 / 2017**
Transaction ID : SA11AI.4144
 Amount of Each Receipt this Period 111.00
 Memo Item

C. Basralian, Joe, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Fairfax Ter
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Farmstead Capital Occupation (for Individual) Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 26 / 2017**
Transaction ID : SA11AI.4194
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	811.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Bellack, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 Park St
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2017
Transaction ID : SA11AI.4225
 Amount of Each Receipt this Period
 20000.00
 Memo Item

B. Bellack, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 Park St
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 21019.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2017
Transaction ID : SA11AI.5813
 Amount of Each Receipt this Period
 1019.56
 Memo Item
 In-kind - Event supplies

C. Bellack, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 Park St
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 22019.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2017
Transaction ID : SA11AI.4221
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	22019.56
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Bellack, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 Park St
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 22024.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 18 / 2017
Transaction ID : SA11AI.4222
 Amount of Each Receipt this Period
 5.00
 Memo Item

B. Bellack, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 Park St
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 22029.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2017
Transaction ID : SA11AI.4224
 Amount of Each Receipt this Period
 5.00
 Memo Item

C. Bigler, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Post House Rd
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Product Management
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 19 / 2017
Transaction ID : SA11AI.4258
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1010.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Bregman, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Hamilton Ter
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) New-York Historical Society Occupation (for Individual) Fundraiser
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 06 / 13 / 2017
Transaction ID : SA11AI.4312
 Amount of Each Receipt this Period 175.00
 Memo Item

B. Burstein, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Riverview Dr
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) EEOC Occupation (for Individual) attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 261.00

Date of Receipt 06 / 05 / 2017
Transaction ID : SA11AI.4338
 Amount of Each Receipt this Period 211.00
 Memo Item

C. Caplan, Debra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Argyle Rd
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Baruch College Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt 06 / 16 / 2017
Transaction ID : SA11AI.4360
 Amount of Each Receipt this Period 111.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	497.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Carrington, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 49 Macculloch Ave
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 06 / 05 / 2017
Transaction ID : SA11AI.4378
 Amount of Each Receipt this Period 211.00
 Memo Item

B. Christie-Matteson, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14 Carpenter Pl
 City Sparta State NJ Zip Code 07871
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Paralegal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 06 / 14 / 2017
Transaction ID : SA11AI.4399
 Amount of Each Receipt this Period 211.00
 Memo Item

C. Cockrum, Roy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 300 S GAY St Apt 401
 City Knoxville State TN Zip Code 37902
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Knight Blanc LLC Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 15 / 2017
Transaction ID : SA11AI.4418
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	2922.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Conger, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Lake End Rd
 City Newfoundland State NJ Zip Code 07435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Red Hook Management Occupation (for Individual) Financial Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 03 / 09 / 2017
Transaction ID : SA11AI.4423
 Amount of Each Receipt this Period 111.00
 Memo Item

B. Cutler, Corey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33 Maple Ave
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) URJ Eisner Camp Occupation (for Individual) non profit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 24 / 2017
Transaction ID : SA11AI.4447
 Amount of Each Receipt this Period 250.00
 Memo Item

C. De Souter, Marc, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 64 Laauwe Ave
 City Wayne State NJ Zip Code 07470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dell EMC Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 04 / 2017
Transaction ID : SA11AI.4466
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	461.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Doucette, Kellie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Rolling Hill Dr
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2017
Transaction ID : SA11AI.4531
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. Doucette, Kellie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Rolling Hill Dr
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 922.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 12 / 2017
Transaction ID : SA11AI.4532
 Amount of Each Receipt this Period
 422.00
 Memo Item

C. Dwyer, Terence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 58 Lake Trl W
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2017
Transaction ID : SA11AI.4553
 Amount of Each Receipt this Period
 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1922.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Dziengiel, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Hoot Owl Ter
 City Kinnelon State NJ Zip Code 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : SA11AI.4557
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Evangelista, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 283 Chestnut St Apartment B5
 City Nutley State NJ Zip Code 07110
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AXA Equitable Occupation (for Individual) Senior Associate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt **06 / 06 / 2017**
Transaction ID : SA11AI.4591
 Amount of Each Receipt this Period 211.00
 Memo Item

C. Feldman, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Chelsea Dr
 City Livingston State NJ Zip Code 07039-3423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 40 North Services LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : SA11AI.4601
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	711.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Feldman, Louis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Chelsea Dr
 City Livingston State NJ Zip Code 07039-3423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 40 North Services LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 461.00

Date of Receipt 06 / 19 / 2017
Transaction ID : SA11AI.4602
 Amount of Each Receipt this Period 211.00
 Memo Item

B. Fernstrom, Katherine, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Red Oak Ln
 City Kinnelon State NJ Zip Code 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sappi North America Occupation (for Individual) Sales
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2017
Transaction ID : SA11AI.4608
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Fineman, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 532 Freeman St
 City Orange State NJ Zip Code 07050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Supreme Energy Inc Occupation (for Individual) Retail Energy Pres. /General Counsel
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 391.00

Date of Receipt 06 / 05 / 2017
Transaction ID : SA11AI.4615
 Amount of Each Receipt this Period 211.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	672.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Fluharty, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Springhouse Cir
 City Manalapan State NJ Zip Code 07726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rutgers Occupation (for Individual) Research
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt **06 / 18 / 2017**
Transaction ID : SA11AI.4632
 Amount of Each Receipt this Period 211.00
 Memo Item

B. Ford, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Mayhew Dive
 City Livingston State NJ Zip Code 07039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Saiber LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 21 / 2017**
Transaction ID : SA11AI.4640
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Gavin, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Ellis Rd
 City West Caldwell State NJ Zip Code 07006-8246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tech Mahindra Americas Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt **06 / 05 / 2017**
Transaction ID : SA11AI.4672
 Amount of Each Receipt this Period 422.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	883.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Gavin, Jack, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Ellis Rd
 City West Caldwell State NJ Zip Code 07006-8246
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Tech Mahindra Americas Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1522.00

Date of Receipt 06 / 26 / 2017
Transaction ID : SA11AI.4673
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Greenberg, Marilynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 Metzger Dr
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riker Danzig Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 18 / 2017
Transaction ID : SA11AI.4725
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Greenberg, Marilynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 306 Metzger Dr
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Riker Danzig Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.00

Date of Receipt 06 / 05 / 2017
Transaction ID : SA11AI.4726
 Amount of Each Receipt this Period 211.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1461.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 OF 56
(check only one)
11a 11b 11c 12
13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Halsey, Lynn, , ,
Mailing Address 53 Linden Ave
City Verona State NJ Zip Code 07044
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Perinatal Services of NNJ Occupation (for Individual) Patient Healthcare
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 211.00

Date of Receipt 06 / 27 / 2017
Transaction ID : SA11Al.4764
Amount of Each Receipt this Period 111.00
Memo Item

B. Heller, Pat, , ,
Mailing Address 3 Lenape Dr
City Montville State NJ Zip Code 07045
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Retired Occupation (for Individual) Retired
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 03 / 11 / 2017
Transaction ID : SA11Al.4791
Amount of Each Receipt this Period 500.00
Memo Item

C. Higgins, Tracy, , ,
Mailing Address 4 Stonebridge Rd
City Montclair State NJ Zip Code 07042
FEC ID number of contributing federal political committee. C
Name of Employer (for Individual) Fordham University Occupation (for Individual) law professor
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1000.00

Date of Receipt 05 / 15 / 2017
Transaction ID : SA11Al.4815
Amount of Each Receipt this Period 1000.00
Memo Item

SUBTOTAL of Receipts This Page (optional) 1611.00
TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Hubbard, S.W., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Windward Dr
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) County College of Morris Occupation (for Individual) Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2017
Transaction ID : SA11AI.4845
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Izeogu, Chi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 912 Hudson Park
 City Edgewater State NJ Zip Code 07020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2017
Transaction ID : SA11AI.4866
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Kazmark, Keith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 160 Highview Dr
 City Woodland Park State NJ Zip Code 07424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Boro of Elmwood Park Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2017
Transaction ID : SA11AI.4925
 Amount of Each Receipt this Period
 211.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1461.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Kennedy, Kat, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 255 Beech St
 City Roslindale State MA Zip Code 02131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ropes & Gray Occupation (for Individual) Legal Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 05 / 2017
Transaction ID : SA11AI.4957
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Lacey, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 445 Park St
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Lazard Asset Management Occupation (for Individual) Investment Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 23 / 2017
Transaction ID : SA11AI.5029
 Amount of Each Receipt this Period
 1000.00
 Memo Item

C. Lynch, Liz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Haddon Pl
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Writer/editor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : SA11AI.5084
 Amount of Each Receipt this Period
 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3750.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Lynch, Liz, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 Haddon Pl
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Writer/editor
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2711.00**

Date of Receipt **06 / 19 / 2017**
Transaction ID : SA11AI.5085
 Amount of Each Receipt this Period **211.00**
 Memo Item

B. MacKay, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Elmwood Ter
 City West Caldwell State NJ Zip Code 07006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **06 / 15 / 2017**
Transaction ID : SA11AI.5090
 Amount of Each Receipt this Period **175.00**
 Memo Item

C. Mallon, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Hawthorne Rd
 City Caldwell State NJ Zip Code 07006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Scientist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt **06 / 22 / 2017**
Transaction ID : SA11AI.5109
 Amount of Each Receipt this Period **175.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	561.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Mangravite, Terri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Janeway Pl
 City Morris Plains State NJ Zip Code 07950
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 422.00

Date of Receipt 06 / 09 / 2017
Transaction ID : SA11AI.5113
 Amount of Each Receipt this Period 422.00
 Memo Item

B. Mathiasen, Jocelyn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 86 Fairmount Ave
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self employed Occupation (for Individual) Consulting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2017
Transaction ID : SA11AI.5130
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Murphy, Stacey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22 Dogwood Dr
 City Denville State NJ Zip Code 07834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Beacon Consulting Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 261.00

Date of Receipt 06 / 14 / 2017
Transaction ID : SA11AI.5216
 Amount of Each Receipt this Period 211.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	883.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Norwick, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Heritage Way
 City Rockaway State NJ Zip Code 07866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Media Law Resource Center Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **02 / 17 / 2017**
Transaction ID : SA11AI.5234
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Norwick, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Heritage Way
 City Rockaway State NJ Zip Code 07866
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Media Law Resource Center Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 05 / 2017**
Transaction ID : SA11AI.5235
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Novak, Mara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Gordonhurst Ave
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Montclair Cooperative School Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt **06 / 14 / 2017**
Transaction ID : SA11AI.5237
 Amount of Each Receipt this Period 422.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1422.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Olivieri, Maria, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 B Magnolia Ct
 City Madison State NJ Zip Code 07940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Live Fit Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **03 / 09 / 2017**
Transaction ID : SA11AI.5260
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Olivo-Moore, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 Armstrong Rd
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St. Joseph's Regional Med. Ctr Occupation (for Individual) Registered Nurse
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt **06 / 13 / 2017**
Transaction ID : SA11AI.5263
 Amount of Each Receipt this Period 211.00
 Memo Item

C. Parker, Margaret, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Indian Hollow Rd
 City Mendham State NJ Zip Code 07945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 08 / 2017**
Transaction ID : SA11AI.5277
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	911.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Perlmutter, Lynn, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28 Lincoln Park Rd
 City Pequanock State NJ Zip Code 07440
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bayer Occupation (for Individual) Medical education
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 06 / 21 / 2017
Transaction ID : SA11AI.5294
 Amount of Each Receipt this Period 211.00
 Memo Item

B. Powers, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Quail run
 City Randolph State NJ Zip Code 07869
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Deloitte Occupation (for Individual) Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 15 / 2017
Transaction ID : SA11AI.5321
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Redwine, Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Cobane Ter
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Intercontinental Exchange Group Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 15 / 2017
Transaction ID : SA11AI.5358
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1461.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Rooke, Cynthia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 39
 City New Vernon State NJ Zip Code 07976
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 17 / 2017
Transaction ID : SA11AI.5418
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Schaler-Haynes, Magda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 94 Cooper Ave
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed/ Columbia University Occupation (for Individual) Consultant/ Professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 06 / 18 / 2017
Transaction ID : SA11AI.5460
 Amount of Each Receipt this Period 211.00
 Memo Item

C. Senthier, Chris, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 508 knollwood Ct
 City Denville State NJ Zip Code 07834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Benefits Counselor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 05 / 2017
Transaction ID : SA11AI.5510
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1211.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Sharpe, Ellen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 29 Chilhowie Dr
 City Kinnelon State NJ Zip Code 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 06 / 18 / 2017
Transaction ID : SA11AI.5520
 Amount of Each Receipt this Period 111.00
 Memo Item

B. Shinevar, Karen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 Argyle Rd
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) none
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 06 / 12 / 2017
Transaction ID : SA11AI.5529
 Amount of Each Receipt this Period 211.00
 Memo Item

C. Somers, Stephen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 40 W Park Pl Apt 205
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Vigon International, Inc. Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2017
Transaction ID : SA11AI.5567
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	572.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 56
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. St. Romain, Claudette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 39 Rose Ter
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Seton Hall Law School Occupation (for Individual) professor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 15 / 2017
Transaction ID : SA11AI.5586
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Stanford, Kate, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 386 Upper Mountain Ave
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Occupation (for Individual) Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 01 / 2017
Transaction ID : SA11AI.5590
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Staples, Noreen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 356
 City Brookside State NJ Zip Code 07926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Mom activist citizen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 06 / 05 / 2017
Transaction ID : SA11AI.5593
 Amount of Each Receipt this Period 211.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1211.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 56
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Staples, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 356

City Brookside	State NJ	Zip Code 07926
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Bank of Tokyo MUFJ	Occupation (for Individual) Managing Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 05 / 2017
Transaction ID : SA11AI.5595

Amount of Each Receipt this Period
 211.00

Memo Item

B. Tang-Loncar, Tiffany, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 136 Haddon Pl

City Montclair	State NJ	Zip Code 07043
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WRD Consulting Group	Occupation (for Individual) Consultant
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 17 / 2017
Transaction ID : SA11AI.5639

Amount of Each Receipt this Period
 1000.00

Memo Item

C. Tinkelman, Joshua, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 315 Tillou Rd

City South Orange	State NJ	Zip Code 07079
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Latham & Watkins LLP	Occupation (for Individual) lawyer
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 17 / 2017
Transaction ID : SA11AI.5657

Amount of Each Receipt this Period
 250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1461.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Truppo, Colleen, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10 Overlook Rd
 City Chatham State NJ Zip Code 07928
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cotiviti Occupation (for Individual) VP, Product Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 25 / 2017
Transaction ID : SA11AI.5674
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. Van Order, Tanya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1 Hillview Ter
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Housing Authority Occupation (for Individual) Housing Authority Deputy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 16 / 2017
Transaction ID : SA11AI.5691
 Amount of Each Receipt this Period
 175.00
 Memo Item

C. Young, Sue, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 35 Lloyd Rd
 City Montclair State NJ Zip Code 07042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self Occupation (for Individual) Web Developer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 09 / 2017
Transaction ID : SA11AI.5785
 Amount of Each Receipt this Period
 211.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	636.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 56
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Zimmerman, June, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 446 Park St
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) writer/editor Occupation (for Individual) self
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 422.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 19 / 2017
Transaction ID : SA11AI.5797
 Amount of Each Receipt this Period
 422.00
 Memo Item

B. Zowader, Ruth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Winding Way
 City Madison State NJ Zip Code 07940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 02 / 2017
Transaction ID : SA11AI.5799
 Amount of Each Receipt this Period
 250.00
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	672.00
TOTAL This Period (last page this line number only).....▶	51192.56

**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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial)

A. Apple Store

Mailing Address 1 Infinite Loop
0

City Cupertino State CA Zip Code 95014

Purpose of Disbursement
Equipment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5909
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Avelenda, Saily, , ,

Mailing Address 10 Cascade Rd

City West Caldwell State NJ Zip Code 07006

Purpose of Disbursement
In-kind - Legal fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5805
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. B'Nai Abraham

Mailing Address 300 E Northfield Road
0

City Livingston State NJ Zip Code 07039

Purpose of Disbursement
Venue fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB21B.5914
Amount of Each Disbursement this Period

Memo Item

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

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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Bahoy, Eleanor, , ,		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017
Mailing Address 40 B Traphagen Rd		FEC Identification Number C [] Transaction ID : SB21B.7442 Amount of Each Disbursement this Period [] 293.95
City Wayne	State NJ	Zip Code 07470
Purpose of Disbursement Event supplies - Reimbursement		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Basecamp		Date of Disbursement MM / DD / YYYY 02 / 14 / 2017
Mailing Address 30 North Racine Avenue, Suite 200 Suite 200		FEC Identification Number C [] Transaction ID : SB21B.5916 Amount of Each Disbursement this Period [] 1200.00
City Chicago	State IL	Zip Code 60607
Purpose of Disbursement Software		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Bellack, Jonathan, , ,		Date of Disbursement MM / DD / YYYY 02 / 13 / 2017
Mailing Address 362 Park St		FEC Identification Number C [] Transaction ID : SB21B.5814 Amount of Each Disbursement this Period [] 1019.56
City Montclair	State NJ	Zip Code 07043
Purpose of Disbursement In-kind - Event supplies		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

2513.51

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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Caramanna, Ray, , ,		Date of Disbursement MM / DD / YYYY 05 / 21 / 2017	
Mailing Address 52 Memory Ln		FEC Identification Number C [] Transaction ID : SB21B.7447 Amount of Each Disbursement this Period [] 210.42	
City Denville	State NJ	Zip Code 07834	Category/ Type []
Purpose of Disbursement Printing - Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Memo Item <input type="checkbox"/>		
Full Name (Last, First, Middle Initial) B. Caramanna, Ray, , ,		Date of Disbursement MM / DD / YYYY 05 / 21 / 2017	
Mailing Address 52 Memory Ln		FEC Identification Number C [] Transaction ID : SB21B.7448 Amount of Each Disbursement this Period [] 40.86	
City Denville	State NJ	Zip Code 07834	Category/ Type []
Purpose of Disbursement Printing - Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Memo Item <input type="checkbox"/>		
Full Name (Last, First, Middle Initial) C. Caramanna, Ray, , ,		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017	
Mailing Address 52 Memory Ln		FEC Identification Number C [] Transaction ID : SB21B.7474 Amount of Each Disbursement this Period [] 237.43	
City Denville	State NJ	Zip Code 07834	Category/ Type []
Purpose of Disbursement Printing - Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	Memo Item <input type="checkbox"/>		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 488.71	
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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Clarke, Christine, , ,		Date of Disbursement MM / DD / YYYY 05 / 03 / 2017	
Mailing Address 20 Florida Ave		FEC Identification Number C [] Transaction ID : SB21B.7452 Amount of Each Disbursement this Period [] 223.76	
City Lake Hopatcong	State NJ	Zip Code 07849	Category/ Type []
Purpose of Disbursement Event supplies - Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Clarke, Christine, , ,		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 20 Florida Ave		FEC Identification Number C [] Transaction ID : SB21B.7453 Amount of Each Disbursement this Period [] 113.46	
City Lake Hopatcong	State NJ	Zip Code 07849	Category/ Type []
Purpose of Disbursement Event supplies - Reimbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. CMT Sound Systems		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017	
Mailing Address 310 Colfax Ave, Building E		FEC Identification Number C [] Transaction ID : SB21B.5922 Amount of Each Disbursement this Period [] 3596.12	
City Clifton	State NJ	Zip Code 07013	Category/ Type []
Purpose of Disbursement Equipment rental		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3933.34
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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. CMT Sound Systems		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017
Mailing Address 310 Colfax Ave, Building E		FEC Identification Number C [] Transaction ID : SB21B.5923 Amount of Each Disbursement this Period [] 187.03
City Clifton	State NJ	Zip Code 07013
Purpose of Disbursement Equipment rental		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CMT Sound Systems		Date of Disbursement MM / DD / YYYY 04 / 16 / 2017
Mailing Address 310 Colfax Ave, Building E		FEC Identification Number C [] Transaction ID : SB21B.5924 Amount of Each Disbursement this Period [] 1041.00
City Clifton	State NJ	Zip Code 07013
Purpose of Disbursement Equipment rental		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CMT Sound Systems		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address 310 Colfax Ave, Building E		FEC Identification Number C [] Transaction ID : SB21B.5925 Amount of Each Disbursement this Period [] 128.25
City Clifton	State NJ	Zip Code 07013
Purpose of Disbursement Equipment rental		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1356.28
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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Commonwealth Club		Date of Disbursement MM / DD / YYYY 06 / 02 / 2017
Mailing Address 26 Northview Ave 0		FEC Identification Number C [] Transaction ID : SB21B.5927 Amount of Each Disbursement this Period [] 250.00
City Montclair	State NJ	Zip Code 07043
Purpose of Disbursement Venue fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Commonwealth Club		Date of Disbursement MM / DD / YYYY 06 / 07 / 2017
Mailing Address 26 Northview Ave 0		FEC Identification Number C [] Transaction ID : SB21B.5928 Amount of Each Disbursement this Period [] 950.00
City Montclair	State NJ	Zip Code 07043
Purpose of Disbursement Venue fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Deluccia, Ralph, , ,		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017
Mailing Address UFCW Hall 245 Paterson Ave.		FEC Identification Number C [] Transaction ID : SB21B.6000 Amount of Each Disbursement this Period [] 300.00
City Little Falls	State NJ	Zip Code 07424
Purpose of Disbursement Venue fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

1500.00

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 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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Deluccia, Ralph, , ,		Date of Disbursement MM / DD / YYYY 03 / 26 / 2017	
Mailing Address UFCW Hall 245 Paterson Ave.		FEC Identification Number C [] Transaction ID : SB21B.6001 Amount of Each Disbursement this Period [] 300.00	
City Little Falls	State NJ	Zip Code 07424	Category/ Type []
Purpose of Disbursement Venue fee		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement MM / DD / YYYY 02 / 23 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5931 Amount of Each Disbursement this Period [] 537.90	
City Washington	State DC	Zip Code 20009	Category/ Type []
Purpose of Disbursement Financial fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

Full Name (Last, First, Middle Initial) C. Democracy Engine		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5932 Amount of Each Disbursement this Period [] 322.27	
City Washington	State DC	Zip Code 20009	Category/ Type []
Purpose of Disbursement Financial fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1160.17
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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Democracy Engine		Date of Disbursement MM / DD / YYYY 03 / 09 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5933 Amount of Each Disbursement this Period [] 98.16
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement MM / DD / YYYY 03 / 16 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5934 Amount of Each Disbursement this Period [] 258.03
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Democracy Engine		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5935 Amount of Each Disbursement this Period [] 44.51
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

400.70

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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Democracy Engine		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5936 Amount of Each Disbursement this Period [] 25.23	
City Washington	State DC	Zip Code 20009	Category/ Type []
Purpose of Disbursement Financial fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement MM / DD / YYYY 04 / 06 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5937 Amount of Each Disbursement this Period [] 37.92	
City Washington	State DC	Zip Code 20009	Category/ Type []
Purpose of Disbursement Financial fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Democracy Engine		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5938 Amount of Each Disbursement this Period [] 30.58	
City Washington	State DC	Zip Code 20009	Category/ Type []
Purpose of Disbursement Financial fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 93.73
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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial)

A. Democracy Engine

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Financial fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2017

FEC Identification Number

C
Transaction ID : SB21B.5939
Amount of Each Disbursement this Period
50.88

Memo Item

Full Name (Last, First, Middle Initial)

B. Democracy Engine

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Financial fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.5940
Amount of Each Disbursement this Period
12.44

Memo Item

Full Name (Last, First, Middle Initial)

C. Democracy Engine

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement
Financial fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.5941
Amount of Each Disbursement this Period
32.00

Memo Item

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

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

95.32

**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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Democracy Engine		Date of Disbursement MM / DD / YYYY 05 / 11 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5942 Amount of Each Disbursement this Period [] 252.28	
City Washington	State DC	Zip Code 20009	Category/ Type []
Purpose of Disbursement Financial fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		
Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5943 Amount of Each Disbursement this Period [] 35.18	
City Washington	State DC	Zip Code 20009	Category/ Type []
Purpose of Disbursement Financial fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		
Full Name (Last, First, Middle Initial) C. Democracy Engine		Date of Disbursement MM / DD / YYYY 05 / 25 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5944 Amount of Each Disbursement this Period [] 347.50	
City Washington	State DC	Zip Code 20009	Category/ Type []
Purpose of Disbursement Financial fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		
SUBTOTAL of Disbursements This Page (optional)..... ▶		[] 634.96	
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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Democracy Engine		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5945 Amount of Each Disbursement this Period [] 37.70
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement MM / DD / YYYY 06 / 15 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5946 Amount of Each Disbursement this Period [] 257.36
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Democracy Engine		Date of Disbursement MM / DD / YYYY 06 / 22 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.5947 Amount of Each Disbursement this Period [] 161.92
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 456.98
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)
NJ11TH FOR CHANGE, INC.

A. Democracy Engine

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 29 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5948

Amount of Each Disbursement this Period: 109.24

Memo Item

B. Facebook

Full Name (Last, First, Middle Initial)

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5958

Amount of Each Disbursement this Period: 113.73

Memo Item

C. Fedex Office

Full Name (Last, First, Middle Initial)

Mailing Address 790 Rte 3 W 0

City Clifton State NJ Zip Code 07012

Purpose of Disbursement Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5960

Amount of Each Disbursement this Period: 224.44

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 447.41

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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Genova Burns LLC		Date of Disbursement MM / DD / YYYY 03 / 07 / 2017
Mailing Address 494 Broad St., Fl 6		FEC Identification Number C [] Transaction ID : SB21B.5962 Amount of Each Disbursement this Period [] 1410.00
City Newark	State NJ	Zip Code 07102
Purpose of Disbursement Legal fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Genova Burns LLC		Date of Disbursement MM / DD / YYYY 04 / 07 / 2017
Mailing Address 494 Broad St., Fl 6		FEC Identification Number C [] Transaction ID : SB21B.5963 Amount of Each Disbursement this Period [] 5250.50
City Newark	State NJ	Zip Code 07102
Purpose of Disbursement Legal fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Genova Burns LLC		Date of Disbursement MM / DD / YYYY 05 / 25 / 2017
Mailing Address 494 Broad St., Fl 6		FEC Identification Number C [] Transaction ID : SB21B.5964 Amount of Each Disbursement this Period [] 4259.40
City Newark	State NJ	Zip Code 07102
Purpose of Disbursement Legal fees		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

10919.90

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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Genova Burns LLC		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017	
Mailing Address 494 Broad St., Fl 6		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5965 Amount of Each Disbursement this Period 2730.00	
City Newark	State NJ	Zip Code 07102	Category/ Type
Purpose of Disbursement Legal fees			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Google Apps		Date of Disbursement MM / DD / YYYY 04 / 03 / 2017	
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5968 Amount of Each Disbursement this Period 274.49	
City Mountain View	State CA	Zip Code 94043	Category/ Type
Purpose of Disbursement Software			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Google Apps		Date of Disbursement MM / DD / YYYY 05 / 02 / 2017	
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5969 Amount of Each Disbursement this Period 315.33	
City Mountain View	State CA	Zip Code 94043	Category/ Type
Purpose of Disbursement Software			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	3319.82
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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial)

A. Google Apps

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.5970
Amount of Each Disbursement this Period
309.03

Memo Item

Full Name (Last, First, Middle Initial)

B. Hartinger, John, , ,

Mailing Address 47 Ardsley Rd

City Montclair State NJ Zip Code 07042

Purpose of Disbursement Printing - Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7454
Amount of Each Disbursement this Period
628.25

Memo Item

Full Name (Last, First, Middle Initial)

C. J.P. West Inc.

Mailing Address 44 Wall St.
0

City New York State NY Zip Code 10005

Purpose of Disbursement Insurance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2017

FEC Identification Number

C
Transaction ID : SB21B.5982
Amount of Each Disbursement this Period
6816.00

Memo Item

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

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

7753.28

**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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial)
A. J.P. West Inc.

Date of Disbursement: MM / DD / YYYY
05 / 23 / 2017

Mailing Address: 44 Wall St.
0

City: New York State: NY Zip Code: 10005

Purpose of Disbursement: Insurance

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : **SB21B.5983**
Amount of Each Disbursement this Period: 1500.95

Memo Item

Full Name (Last, First, Middle Initial)
B. Jacobson, Marion, , ,

Date of Disbursement: MM / DD / YYYY
03 / 30 / 2017

Mailing Address: 13 Colony Dr W

City: West Orange State: NJ Zip Code: 07052

Purpose of Disbursement: Printing - Reimbursement

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : **SB21B.7458**
Amount of Each Disbursement this Period: 428.98

Memo Item

Full Name (Last, First, Middle Initial)
C. Jacobson, Marion, , ,

Date of Disbursement: MM / DD / YYYY
05 / 03 / 2017

Mailing Address: 13 Colony Dr W

City: West Orange State: NJ Zip Code: 07052

Purpose of Disbursement: Event supplies - Reimbursement

Candidate Name:

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: C
Transaction ID : **SB21B.7459**
Amount of Each Disbursement this Period: 205.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2134.98

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)
NJ11TH FOR CHANGE, INC.

A. Livingston Police Dept.

Full Name (Last, First, Middle Initial)

Mailing Address 333 S Livingston Ave
0

City Livingston State NJ Zip Code 07039

Purpose of Disbursement Security

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5987

Amount of Each Disbursement this Period: 450.00

Memo Item

B. Maxwell, Scott, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 44 Smull Ave

City Caldwell State NJ Zip Code 07006

Purpose of Disbursement Event supplies - Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7463

Amount of Each Disbursement this Period: 1275.96

Memo Item

C. NationBuilder

Full Name (Last, First, Middle Initial)

Mailing Address 520 S. Grand Ave, 2nd Flr

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5992

Amount of Each Disbursement this Period: 1708.20

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3434.16

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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial) A. Passaic County Parks		Date of Disbursement MM / DD / YYYY 04 / 16 / 2017
Mailing Address 209 Totowa Road 0		FEC Identification Number C [] Transaction ID : SB21B.5995 Amount of Each Disbursement this Period [] 46.50
City Wayne	State NJ	Zip Code 07470
Purpose of Disbursement Venue fee		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Philadelphia Insurance Co.		Date of Disbursement MM / DD / YYYY 06 / 27 / 2017
Mailing Address One Bala Plaza, Suite 100 0		FEC Identification Number C [] Transaction ID : SB21B.5998 Amount of Each Disbursement this Period [] 300.00
City Bala Cynwyd	State PA	Zip Code 19004
Purpose of Disbursement Insurance		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Right Networks		Date of Disbursement MM / DD / YYYY 06 / 14 / 2017
Mailing Address 14 Hampshire Dr		FEC Identification Number C [] Transaction ID : SB21B.6008 Amount of Each Disbursement this Period [] 213.75
City Hudson	State NH	Zip Code 03051
Purpose of Disbursement Software		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

[] 560.25

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)
NJ11TH FOR CHANGE, INC.

A. Sarrett-Cooper, Abby, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4 Edgar Rd

City West Orange State NJ Zip Code 07052

Purpose of Disbursement Printing - Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 17 / 2017

FEC Identification Number C

Transaction ID : SB21B.7468

Amount of Each Disbursement this Period 439.15

Memo Item

B. Simon, Pat, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4 Stockton Ct

City Morris Plains State NJ Zip Code 07950

Purpose of Disbursement Equipment - Reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 03 / 20 / 2017

FEC Identification Number C

Transaction ID : SB21B.7469

Amount of Each Disbursement this Period 266.60

Memo Item

C. Sparta VFW

Full Name (Last, First, Middle Initial)

Mailing Address 66 Main St 0

City Sparta Township State NJ Zip Code 07871

Purpose of Disbursement Venue fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 02 / 27 / 2017

FEC Identification Number C

Transaction ID : SB21B.6013

Amount of Each Disbursement this Period 250.00

Memo Item

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

955.75

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)
NJ11TH FOR CHANGE, INC.

Full Name (Last, First, Middle Initial)

A. Step 2 Promotions

Mailing Address 20 Mandon Dr.

City Wayne State NJ Zip Code 07470

Purpose of Disbursement Merchandise

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6020
Amount of Each Disbursement this Period
4029.10

Memo Item

Full Name (Last, First, Middle Initial)

B. Step 2 Promotions

Mailing Address 20 Mandon Dr.

City Wayne State NJ Zip Code 07470

Purpose of Disbursement Merchandise

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 03 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6021
Amount of Each Disbursement this Period
4122.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Step 2 Promotions

Mailing Address 20 Mandon Dr.

City Wayne State NJ Zip Code 07470

Purpose of Disbursement Merchandise

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6022
Amount of Each Disbursement this Period
4476.73

Memo Item

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

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

12627.83

**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)
NJ11TH FOR CHANGE, INC.

A. Town of Boonton Police Dept.

Full Name (Last, First, Middle Initial)

Mailing Address 100 Washington St
0

City Boonton State NJ Zip Code 07005

Purpose of Disbursement Security

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6030

Amount of Each Disbursement this Period: 436.40

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	436.40
TOTAL This Period (last page this line number only).....▶	56791.23

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 53 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Brown, Susan, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 7 Maple Ave Unit 6			
City Morristown	State NJ	Zip Code 07960	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5900	
Amount Incurred This Period 23.51	Payment This Period 0.00	Outstanding Balance at Close of This Period 23.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caramanna, Ray, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 52 Memory Ln			
City Denville	State NJ	Zip Code 07834	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5895	
Amount Incurred This Period 121.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 121.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Clarke, Christine, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 20 Florida Ave			
City Lake Hopatcong	State NJ	Zip Code 07849	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5896	
Amount Incurred This Period 102.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 102.56

1) SUBTOTALS This Period This Page (optional)..... ▶	247.85
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 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 54 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Foley, Lizzie, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 127 Haddon Place			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5894	
Amount Incurred This Period 258.89	Payment This Period 0.00	Outstanding Balance at Close of This Period 258.89

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Heninger, Lori, , ,			Nature of Debt (Purpose): Event supplies - reimbursable
Mailing Address 7 Glen Rd			
City West Orange	State NJ	Zip Code 07052	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5890	
Amount Incurred This Period 288.91	Payment This Period 0.00	Outstanding Balance at Close of This Period 288.91

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jacobson, Marion, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 13 Colony Dr W			
City West Orange	State NJ	Zip Code 07052	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5897	
Amount Incurred This Period 80.12	Payment This Period 0.00	Outstanding Balance at Close of This Period 80.12

1) SUBTOTALS This Period This Page (optional)..... ▶	627.92
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 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 55 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Jacobson, Marion, , ,			Nature of Debt (Purpose): Food - reimbursable
Mailing Address 13 Colony Dr W			
City West Orange	State NJ	Zip Code 07052	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5898	
Amount Incurred This Period 60.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Juviler, Elizabeth, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 51 Grandview Pl			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5902	
Amount Incurred This Period 368.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 368.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kelly, Judy, , ,			Nature of Debt (Purpose): Insurance - reimbursable
Mailing Address 21 Pine Rd			
City Roseland	State NJ	Zip Code 07068	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5903	
Amount Incurred This Period 135.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.00

1) SUBTOTALS This Period This Page (optional)..... ▶	563.82
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 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 56 OF 56
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
NJ11TH FOR CHANGE, INC.

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Patterson, Elaine, , ,			Nature of Debt (Purpose): Event supplies - reimbursable
Mailing Address 10 Atno Ave. - Apt. 1			
City Morristown	State NJ	Zip Code 07960	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5899	
Amount Incurred This Period 45.61	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Schifano, Sal, , ,			Nature of Debt (Purpose): Event supplies - reimbursable
Mailing Address 46 Normandy Dr			
City Wayne	State NJ	Zip Code 07470	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5889	
Amount Incurred This Period 361.39	Payment This Period 0.00	Outstanding Balance at Close of This Period 361.39

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	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶	407.00
2) TOTALS This Period (last page this line number only)..... ▶	1846.59
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1846.59