

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

PERTH AMBOY AND YOU

ADDRESS (number and street) PO BOX 409

Check if different than previously reported. (ACC) HARRISON NJ 07029

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00626085

3. IS THIS REPORT NEW OR AMENDED (N) (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) Mar 20 (M3) Apr 20 (M4) May 20 (M5) Jun 20 (M6) Jul 20 (M7) Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on in the State of

5. Covering Period 10 / 01 / 2016 through 12 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. DONATES, GIANNI, , , Type or Print Name of Treasurer

Signature of Treasurer DONATES, GIANNI, , , [Electronically Filed] Date 01 / 31 / 2017

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

PERTH AMBOY AND YOU

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="2016"/>		<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="95000.00"/>	<input type="text" value="95000.00"/>
(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="95000.00"/>	<input type="text" value="95000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="22075.00"/>	<input type="text" value="22075.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="72925.00"/>	<input type="text" value="72925.00"/>
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="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PERTH AMBOY AND YOU

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

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).....	95000.00	95000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	95000.00	95000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	95000.00	95000.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	95000.00	95000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	95000.00	95000.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	22075.00	22075.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	22075.00	22075.00
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)) ..	22075.00	22075.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22075.00	22075.00

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)	95000.00	95000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95000.00	95000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	22075.00	22075.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	22075.00	22075.00

**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 13
<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)
PERTH AMBOY AND YOU

A. Communities United National A NJ Nonprofit

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 400 Harrison Ave

City Harrison	State NJ	Zip Code 07029
------------------	-------------	-------------------

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 ▼
40000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2016

Transaction ID : SA11AI.4153

Amount of Each Receipt this Period
40000.00

Memo Item

B. Communities United National A NJ Nonprofit

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 400 Harrison Ave

City Harrison	State NJ	Zip Code 07029
------------------	-------------	-------------------

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 ▼
70000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2016

Transaction ID : SA11AI.4155

Amount of Each Receipt this Period
30000.00

Memo Item

C. Weiner, Paul, , ,

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 629 Parsippany Road

City Parsippany	State NJ	Zip Code 07054
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
Weiner Law Group Attorney

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2016

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period
25000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	95000.00
TOTAL This Period (last page this line number only).....	95000.00

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

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

FOR LINE NUMBER:
(check only one)

<input 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)
PERTH AMBOY AND YOU

Full Name (Last, First, Middle Initial) A. ARKADY		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 913 ELIZABETH AVE		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4149 Amount of Each Disbursement this Period 6000.00	
City ELIZABETH	State NJ	Zip Code 07201	Category/ Type
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) B. CAPITAL COMPLIANCE		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 3 Frank E Rodgers Blvd N		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4151 Amount of Each Disbursement this Period 1895.00	
City Harrison	State NJ	Zip Code 07029	Category/ Type
Purpose of Disbursement ACCOUNTING		Memo Item <input type="checkbox"/>	
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:			

Full Name (Last, First, Middle Initial) C. CASTILLO, GINA, , ,		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 892 Parker Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4105 Amount of Each Disbursement this Period 210.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type
Purpose of Disbursement		Memo Item <input type="checkbox"/>	
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	8105.00
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)
PERTH AMBOY AND YOU

Full Name (Last, First, Middle Initial) A. ERKANS, CARMEN, , ,		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016	
Mailing Address 1102 South Elmora Ave		FEC Identification Number C [] Transaction ID : SB21B.4110 Amount of Each Disbursement this Period [] 240.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type []
Purpose of Disbursement			
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. ERKANS, CARMEN, , ,		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016	
Mailing Address 1102 South Elmora Ave		FEC Identification Number C [] Transaction ID : SB21B.4109 Amount of Each Disbursement this Period [] 160.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type []
Purpose of Disbursement			
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. ERKANS, CARMEN, , ,		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 1102 South Elmora Ave		FEC Identification Number C [] Transaction ID : SB21B.4108 Amount of Each Disbursement this Period [] 160.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type []
Purpose of Disbursement			
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).....▶	[] 560.00
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)
PERTH AMBOY AND YOU

Full Name (Last, First, Middle Initial) A. ERKANS, CARMEN, , ,		Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 15 / 2016	
Mailing Address 1102 South Elmora Ave		FEC Identification Number C [] Transaction ID : SB21B.4107 Amount of Each Disbursement this Period [] 160.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type
Purpose of Disbursement		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. ERKANS, CARMEN, , ,		Date of Disbursement M M / D D / Y Y Y Y Y Y 11 / 21 / 2016	
Mailing Address 1102 South Elmora Ave		FEC Identification Number C [] Transaction ID : SB21B.4160 Amount of Each Disbursement this Period [] 160.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type
Purpose of Disbursement		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. GARCIA, ALEXANDRE, , ,		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 31 / 2016	
Mailing Address 433 Linden Ave		FEC Identification Number C [] Transaction ID : SB21B.4114 Amount of Each Disbursement this Period [] 280.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type
Purpose of Disbursement		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)..... ▶		[] 600.00	
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)
PERTH AMBOY AND YOU

Full Name (Last, First, Middle Initial) A. GARCIA, ALEXANDRE, , ,		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 433 Linden Ave		FEC Identification Number C [] Transaction ID : SB21B.4113 Amount of Each Disbursement this Period [] 160.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type []
Purpose of Disbursement		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. GARCIA, ALEXANDRE, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address 433 Linden Ave		FEC Identification Number C [] Transaction ID : SB21B.4112 Amount of Each Disbursement this Period [] 150.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type []
Purpose of Disbursement		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. JAVIER, MARIA, , ,		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016	
Mailing Address 159 Virginia Ave		FEC Identification Number C [] Transaction ID : SB21B.4116 Amount of Each Disbursement this Period [] 600.00	
City Jersey City	State NJ	Zip Code 07304	Category/ Type []
Purpose of Disbursement		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)..... ▶

[] 910.00

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)
PERTH AMBOY AND YOU

Full Name (Last, First, Middle Initial) A. LAWAND, DOMINIQUE, , ,		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016	
Mailing Address 123 Elizabeth Ave		FEC Identification Number C [] Transaction ID : SB21B.4120 Amount of Each Disbursement this Period [] 150.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type []
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. MUSA, MOHAMMAD, , ,		Date of Disbursement MM / DD / YYYY 11 / 08 / 2016	
Mailing Address 824 Van Buren Ave		FEC Identification Number C [] Transaction ID : SB21B.4127 Amount of Each Disbursement this Period [] 160.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type []
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. MUSA, MOHAMMAD, , ,		Date of Disbursement MM / DD / YYYY 11 / 16 / 2016	
Mailing Address 824 Van Buren Ave		FEC Identification Number C [] Transaction ID : SB21B.4126 Amount of Each Disbursement this Period [] 120.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type []
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

[] 430.00

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)
PERTH AMBOY AND YOU

A. OSPINA, STEPHANIE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 54 Elmora Ave

City Elizabeth State NJ Zip Code 07201

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 08 / 2016

FEC Identification Number: **C**

Transaction ID : **SB21B.4132**

Amount of Each Disbursement this Period: 160.00

Memo Item

B. OSPINA, STEPHANIE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 54 Elmora Ave

City Elizabeth State NJ Zip Code 07201

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 15 / 2016

FEC Identification Number: **C**

Transaction ID : **SB21B.4131**

Amount of Each Disbursement this Period: 160.00

Memo Item

C. OSPINA, STEPHANIE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 54 Elmora Ave

City Elizabeth State NJ Zip Code 07201

Purpose of Disbursement Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 18 / 2016

FEC Identification Number: **C**

Transaction ID : **SB21B.4130**

Amount of Each Disbursement this Period: 160.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 480.00

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)
PERTH AMBOY AND YOU

Full Name (Last, First, Middle Initial) A. OSPINA, STEPHANIE, , ,		Date of Disbursement MM / DD / YYYY 11 / 21 / 2016	
Mailing Address 54 Elmora Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4161 Amount of Each Disbursement this Period [REDACTED] 240.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type [REDACTED]
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) B. PAIZ, TANYA, , ,		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016	
Mailing Address 313 Elmwood Terrace		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4135 Amount of Each Disbursement this Period [REDACTED] 525.00	
City Linden	State NJ	Zip Code 07036	Category/ Type [REDACTED]
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial) C. VRABELY, SARAH, , ,		Date of Disbursement MM / DD / YYYY 11 / 28 / 2016	
Mailing Address 913 Elizabeth Ave		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4144 Amount of Each Disbursement this Period [REDACTED] 8825.00	
City Elizabeth	State NJ	Zip Code 07201	Category/ Type [REDACTED]
Purpose of Disbursement		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Candidate Name			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 9590.00
TOTAL This Period (last page this line number only).....▶	[REDACTED] 20675.00