

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 ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00632810 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 / / 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 / / through / /
07 01 2017 12 31 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 **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="30182.82"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="64485.08"/>	<input type="text" value="153467.86"/>
(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="94667.90"/>	<input type="text" value="153467.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="57523.51"/>	<input type="text" value="116323.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="37144.39"/>	<input type="text" value="37144.39"/>
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="3551.47"/>	

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)

Page 3

Write or Type Committee Name

NJ11TH FOR CHANGE, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2017 To: M M / D D / Y Y Y Y 12 / 31 / 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).....	47335.55	98528.11
(ii) Unitemized	17149.53	54939.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	64485.08	153467.86
(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)	64485.08	153467.86
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)).....▶	64485.08	153467.86
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	64485.08	153467.86

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	57523.51	116323.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	57523.51	116323.47
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)) ..	57523.51	116323.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57523.51	116323.47

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)	64485.08	153467.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64485.08	153467.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	57523.51	116323.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	57523.51	116323.47

**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 61
	<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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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. August, Bella, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 530 Valley Rd
 Apt 4A
 City Montclair State NJ Zip Code 07043
 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 ▼ 211.00

Date of Receipt 08 / 31 / 2017
Transaction ID : SA11AI.6087
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Ax, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Sherwood Dr
 City Hillsdale State NJ Zip Code 07642
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascia Capital Occupation (for Individual) Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 02 / 2017
Transaction ID : SA11AI.6089
 Amount of Each Receipt this Period 2500.00
 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 ▼ 275.00

Date of Receipt 09 / 19 / 2017
Transaction ID : SA11AI.6114
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2575.00
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 61
	<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 ▼ 57029.56

Date of Receipt 11 / 27 / 2017
Transaction ID : SA11AI.6129
 Amount of Each Receipt this Period 35000.00
 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 ▼ 57095.12

Date of Receipt 12 / 06 / 2017
Transaction ID : SA11AI.6130
 Amount of Each Receipt this Period 65.56
 Memo Item

C. Bowling, Mimi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Cliff St
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Archivist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 206.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.6154
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35090.56
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 61
	<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. Bowling, Mimi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Cliff St
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Archivist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 231.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2017
Transaction ID : SA11AI.6155
 Amount of Each Receipt this Period 25.00
 Memo Item

B. Bowling, Mimi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Cliff St
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Archivist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 256.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 03 / 2017
Transaction ID : SA11AI.6156
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Campbell, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Samson Ave
 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) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2017
Transaction ID : SA11AI.6173
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 61
	<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. Campbell, Judith, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Samson Ave
 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) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 27 / 2017
Transaction ID : SA11AI.6174
 Amount of Each Receipt this Period 50.00
 Memo Item

B. 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 ▼ 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2017
Transaction ID : SA11AI.6179
 Amount of Each Receipt this Period 25.00
 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 ▼ 272.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2017
Transaction ID : SA11AI.6176
 Amount of Each Receipt this Period 11.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	86.00
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 61
	<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. 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 ▼ 297.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2017
Transaction ID : SA11AI.6177
 Amount of Each Receipt this Period 25.00
 Memo Item

B. 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 ▼ 326.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2017
Transaction ID : SA11AI.6178
 Amount of Each Receipt this Period 29.03
 Memo Item

C. 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 ▼ 511.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 28 / 2017
Transaction ID : SA11AI.6184
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	254.03
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 61
	<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. De Haan, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Mountainside Dr

City Wayne	State NJ	Zip Code 07470
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Chemical Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2017

Transaction ID : SA11AI.6226

Amount of Each Receipt this Period
100.00

Memo Item

B. De Haan, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Mountainside Dr

City Wayne	State NJ	Zip Code 07470
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Chemical Engineer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	21	/	2017

Transaction ID : SA11AI.6227

Amount of Each Receipt this Period
100.00

Memo Item

C. De Haan, Stephen, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 41 Mountainside Dr

City Wayne	State NJ	Zip Code 07470
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Chemical Engineer
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
429.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2017

Transaction ID : SA11AI.6228

Amount of Each Receipt this Period
29.03

Memo Item

SUBTOTAL of Receipts This Page (optional).....	229.03
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 61
	<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. 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) Occupation (for Individual)
 Dell EMC Software Engineer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2017
Transaction ID : SA11AI.6230
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. Douglass, Patti, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3 Glendale Ter
 City Kinnelon State NJ Zip Code 07405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Financial Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2017
Transaction ID : SA11AI.6245
 Amount of Each Receipt this Period
 25.00
 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) Occupation (for Individual)
 Retired Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 07 / 2017
Transaction ID : SA11AI.6249
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	175.00
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 61
	<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. Ehrlich, Sarah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Quincy Ct.
 City Bedminster State NJ Zip Code 07920
 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 ▼ 960.00

Date of Receipt **12 / 17 / 2017**
Transaction ID : SA11AI.7046
 Amount of Each Receipt this Period 960.00
 Memo Item
 In-kind - Merchandise

B. Fey, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Canterbury Ct
 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 ▼ 225.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : SA11AI.6287
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Flanagan, Steven, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 Pepperidge Rd
 City Boonton State NJ Zip Code 07005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NYU School of Medicine Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **08 / 28 / 2017**
Transaction ID : SA11AI.6295
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1085.00
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 61
	<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. Foster, Janet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Maple Ave
 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 08 / 31 / 2017
Transaction ID : SA11AI.6297
 Amount of Each Receipt this Period 250.00
 Memo Item

B. 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 ▼ 1572.00

Date of Receipt 09 / 13 / 2017
Transaction ID : SA11AI.6313
 Amount of Each Receipt this Period 50.00
 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 ▼ 1622.00

Date of Receipt 09 / 18 / 2017
Transaction ID : SA11AI.6314
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
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 61
	<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. 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 ▼ 1724.24

Date of Receipt **09 / 30 / 2017**
Transaction ID : SA11AI.7016
 Amount of Each Receipt this Period 102.24
 Memo Item
 In-kind - Printed materials

B. 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 ▼ 2624.24

Date of Receipt **10 / 05 / 2017**
Transaction ID : SA11AI.7017
 Amount of Each Receipt this Period 900.00
 Memo Item
 In-kind - Printed materials

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 ▼ 2649.24

Date of Receipt **10 / 10 / 2017**
Transaction ID : SA11AI.6315
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1027.24
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 61
	<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. 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 ▼
2674.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2017

Transaction ID : SA11AI.6316

Amount of Each Receipt this Period
25.00

Memo Item

B. 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 ▼
2714.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	29	/	2017

Transaction ID : SA11AI.6317

Amount of Each Receipt this Period
40.00

Memo Item

C. Girdali, Marilyn, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2467 Route 10
Apt 13-4A

City Morris Plains	State NJ	Zip Code 07950
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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
12	/	30	/	2017

Transaction ID : SA11AI.6327

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.00
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 17 OF 61
	<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. 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 ▼ 561.00

Date of Receipt **07 / 27 / 2017**
Transaction ID : SA11AI.6347
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Hartinger, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Ardsley Rd
 City Montclair State NJ Zip Code 07042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brave Dog, LLC Occupation (for Individual) Award Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.6362
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hartinger, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 47 Ardsley Rd
 City Montclair State NJ Zip Code 07042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Brave Dog, LLC Occupation (for Individual) Award Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.6363
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 61
	<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. Heller, Pat, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 ▼ 1500.00

Date of Receipt 08 / 29 / 2017
Transaction ID : SA11AI.6372
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. 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 ▼ 275.00

Date of Receipt 10 / 10 / 2017
Transaction ID : SA11AI.6410
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 300.00

Date of Receipt 11 / 07 / 2017
Transaction ID : SA11AI.6411
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 61
	<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. Juviler, Adam, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1128 E 26th Ave
 City Spokane State WA Zip Code 99203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Columbia Surgical Specialists Occupation (for Individual) Surgeon
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **09 / 24 / 2017**
Transaction ID : SA11AI.6439
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. Juviler, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Grandview PI
 City Montclair State NJ Zip Code 07043
 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 ▼ 221.00

Date of Receipt **10 / 02 / 2017**
Transaction ID : SA11AI.6441
 Amount of Each Receipt this Period 150.00
 Memo Item

C. Juviler, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Grandview PI
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rice & Associates Occupation (for Individual) Associate Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.02

Date of Receipt **12 / 07 / 2017**
Transaction ID : SA11AI.6442
 Amount of Each Receipt this Period 150.02
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1300.02
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 61
	<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. Juviler, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Grandview Pl
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rice & Associates Occupation (for Individual) Associate Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.84

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11Al.6443
 Amount of Each Receipt this Period 116.82
 Memo Item

B. Juviler, Elizabeth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 51 Grandview Pl
 City Montclair State NJ Zip Code 07043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rice & Associates Occupation (for Individual) Associate Broker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 496.24

Date of Receipt 12 / 07 / 2017
Transaction ID : SA11Al.6444
 Amount of Each Receipt this Period 79.40
 Memo Item

C. Keyles, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 Clarken Dr
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Lawyer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 219.95

Date of Receipt 12 / 25 / 2017
Transaction ID : SA11Al.6458
 Amount of Each Receipt this Period 44.95
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	241.17
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 61
	<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. Keyles, Claire, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 169 Clarken Dr
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.95

Date of Receipt **12 / 27 / 2017**
Transaction ID : SA11AI.6457
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Knox, Bill, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Mountain Rd
 City Basking Ridge State NJ Zip Code 07920
 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 ▼ 300.00

Date of Receipt **08 / 15 / 2017**
Transaction ID : SA11AI.6467
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Kramer, Laura I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Edgewood Ave
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Composer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **11 / 07 / 2017**
Transaction ID : SA11AI.6473
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 61
	<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. 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 ▼ 3211.00

Date of Receipt **11 / 06 / 2017**
Transaction ID : SA11AI.6530
 Amount of Each Receipt this Period 500.00
 Memo Item

B. 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 ▼ 3251.00

Date of Receipt **12 / 31 / 2017**
Transaction ID : SA11AI.6531
 Amount of Each Receipt this Period 40.00
 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 ▼ 286.00

Date of Receipt **10 / 27 / 2017**
Transaction ID : SA11AI.6586
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	565.00
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 61
	<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.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Norwick, Michael, , ,		Date of Receipt MM / DD / YYYY 11 / 26 / 2017
Mailing Address 16 Heritage Way		Transaction ID : SA11AI.6608
City Rockaway	State NJ	Zip Code 07866
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) Media Law Resource Center	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Novak, Mara, , ,		Date of Receipt MM / DD / YYYY 08 / 30 / 2017
Mailing Address 47 Gordonhurst Ave		Transaction ID : SA11AI.6250
City Montclair	State NJ	Zip Code 07043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) Montclair Cooperative School	Occupation (for Individual) Teacher	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 622.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Novak, Mara, , ,		Date of Receipt MM / DD / YYYY 12 / 23 / 2017
Mailing Address 47 Gordonhurst Ave		Transaction ID : SA11AI.6611
City Montclair	State NJ	Zip Code 07043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.95
Name of Employer (for Individual) Montclair Cooperative School	Occupation (for Individual) Teacher	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 691.95	

SUBTOTAL of Receipts This Page (optional).....▶	669.95
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 61
	<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. Peters, Edward, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Bogert St

City Totowa	State NJ	Zip Code 07512
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		28		2017

Transaction ID : SA11AI.6640

Amount of Each Receipt this Period
25.00

Memo Item

B. Peters, Edward, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Bogert St

City Totowa	State NJ	Zip Code 07512
----------------	-------------	-------------------

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
11		28		2017

Transaction ID : SA11AI.6641

Amount of Each Receipt this Period
25.00

Memo Item

C. Peters, Edward, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 53 Bogert St

City Totowa	State NJ	Zip Code 07512
----------------	-------------	-------------------

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 ▼
275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		18		2017

Transaction ID : SA11AI.6642

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	75.00
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 61
	<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. 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 ▼ 527.99

Date of Receipt **12 / 06 / 2017**
Transaction ID : SA11AI.6674
 Amount of Each Receipt this Period 277.99
 Memo Item

B. Schifano, Sal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Normandy Dr
 City Wayne State NJ Zip Code 07470
 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 ▼ 360.00

Date of Receipt **10 / 18 / 2017**
Transaction ID : SA11AI.6723
 Amount of Each Receipt this Period 288.00
 Memo Item

C. Schifano, Sal, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 46 Normandy Dr
 City Wayne State NJ Zip Code 07470
 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 ▼ 441.56

Date of Receipt **12 / 08 / 2017**
Transaction ID : SA11AI.6724
 Amount of Each Receipt this Period 81.56
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	647.55
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 61
	<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. 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 ▼ 261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2017
Transaction ID : SA11AI.6737
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Travers, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8 Rainbow Ter
 City West Orange State NJ Zip Code 07052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Anne Travers Consulting Occupation (for Individual) Consultant
 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
 08 / 28 / 2017
Transaction ID : SA11AI.6805
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. Wintz, Royce, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9 Molly Stark Dr
 City Morristown State NJ Zip Code 07960
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) DMW MediaWorks Occupation (for Individual) Admin Assistant
 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
 11 / 14 / 2017
Transaction ID : SA11AI.6857
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
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 61
	<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. Wolkin, Fern, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Gristmill Rd
 City Cedar Knolls State NJ Zip Code 07927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berkeley Heights BOE Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 08 / 29 / 2017
Transaction ID : SA11AI.6858
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Wolkin, Fern, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 16 Gristmill Rd
 City Cedar Knolls State NJ Zip Code 07927
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Berkeley Heights BOE Occupation (for Individual) Teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2017
Transaction ID : SA11AI.6859
 Amount of Each Receipt this Period 25.00
 Memo Item

C. 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 ▼ 750.00

Date of Receipt 08 / 28 / 2017
Transaction ID : SA11AI.6866
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	575.00
TOTAL This Period (last page this line number only).....▶	47335.55

**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. AuthNet Gateway		Date of Disbursement MM / DD / YYYY 10 / 03 / 2017
Mailing Address PO Box 8999		FEC Identification Number C [] Transaction ID : SB21B.6880
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/ Type []
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. AuthNet Gateway		Date of Disbursement MM / DD / YYYY 11 / 02 / 2017
Mailing Address PO Box 8999		FEC Identification Number C [] Transaction ID : SB21B.6881
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/ Type []
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. AuthNet Gateway		Date of Disbursement MM / DD / YYYY 12 / 04 / 2017
Mailing Address PO Box 8999		FEC Identification Number C [] Transaction ID : SB21B.6882
City San Francisco	State CA	Zip Code 94128-8999
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 25.00
Candidate Name		Category/ Type []
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)..... ▶

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

[] 75.00
[]

**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)
NJ11TH FOR CHANGE, INC.

A. Clarke, Christine, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 20 Florida Ave

City Lake Hopatcong State NJ Zip Code 07849

Purpose of Disbursement Printing - reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 23 / 2017

FEC Identification Number C

Transaction ID : **SB21B.7023**

Amount of Each Disbursement this Period 102.56

Memo Item

B. CMT Sound Systems

Full Name (Last, First, Middle Initial)

Mailing Address 310 Colfax Ave, Building E

City Clifton State NJ Zip Code 07013

Purpose of Disbursement Equipment rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 10 / 05 / 2017

FEC Identification Number C

Transaction ID : **SB21B.6888**

Amount of Each Disbursement this Period 399.18

Memo Item

C. CMT Sound Systems

Full Name (Last, First, Middle Initial)

Mailing Address 310 Colfax Ave, Building E

City Clifton State NJ Zip Code 07013

Purpose of Disbursement Equipment rental

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 11 / 29 / 2017

FEC Identification Number C

Transaction ID : **SB21B.6889**

Amount of Each Disbursement this Period 1015.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1516.74

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 07 / 06 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.6990
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 57.12
Candidate Name		Category/Type []
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 07 / 13 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.6991
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 9.22
Candidate Name		Category/Type []
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 07 / 20 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.6992
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 9.96
Candidate Name		Category/Type []
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)..... ▶

[] 76.30

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6993

Amount of Each Disbursement this Period: 6.21

Memo Item

B. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 03 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6994

Amount of Each Disbursement this Period: 15.05

Memo Item

C. 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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 10 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6995

Amount of Each Disbursement this Period: 12.05

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 33.31

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 08 / 17 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.6996
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 4.52
Candidate Name		Category/Type []
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 08 / 24 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.6997
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 43.87
Candidate Name		Category/Type []
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 08 / 31 / 2017
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.6998
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Amount of Each Disbursement this Period [] 9.41
Candidate Name		Category/Type []
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).....▶	[] 57.80
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 09 / 07 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.6999 Amount of Each Disbursement this Period [] 202.03	
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 09 / 14 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.7000 Amount of Each Disbursement this Period [] 21.07	
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 09 / 21 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.7001 Amount of Each Disbursement this Period [] 46.86	
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).....▶	[] 269.96
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.

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: 09 / 28 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7002

Amount of Each Disbursement this Period: 56.45

Memo Item

B. 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: 10 / 05 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7003

Amount of Each Disbursement this Period: 7.72

Memo Item

C. 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: 10 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7004

Amount of Each Disbursement this Period: 22.95

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 87.12

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 10 / 19 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.7005 Amount of Each Disbursement this Period [] 36.50	
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		

Full Name (Last, First, Middle Initial) B. Democracy Engine		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.7006 Amount of Each Disbursement this Period [] 31.14	
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 11 / 02 / 2017	
Mailing Address 2125 14th St NW		FEC Identification Number C [] Transaction ID : SB21B.7007 Amount of Each Disbursement this Period [] 16.38	
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).....▶	[] 84.02
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: 11 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7008

Amount of Each Disbursement this Period: 39.17

Memo Item

B. 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: 11 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7009

Amount of Each Disbursement this Period: 59.20

Memo Item

C. 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: 11 / 24 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7010

Amount of Each Disbursement this Period: 12.61

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 110.98

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.

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.7011**
Amount of Each Disbursement this Period
26.30

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 07 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.7012**
Amount of Each Disbursement this Period
116.72

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.7013**
Amount of Each Disbursement this Period
10.25

Memo Item

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

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

153.27

**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. Facebook

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Non-IE Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 03 / 2017

FEC Identification Number

C []

Transaction ID : SB21B.6894

Amount of Each Disbursement this Period

[] 80.79

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Non-IE Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2017

FEC Identification Number

C []

Transaction ID : SB21B.6895

Amount of Each Disbursement this Period

[] 116.49

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Non-IE Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2017

FEC Identification Number

C []

Transaction ID : SB21B.6896

Amount of Each Disbursement this Period

[] 31.29

Memo Item

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

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

[] 228.57

[]

**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. Facebook

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Non-IE Advertising

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.6897

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Facebook

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Non-IE Advertising

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.6898

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook

Mailing Address 1 Hacker Way

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement
Non-IE Advertising

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.6899

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. Gavin, Jack, , ,		Date of Disbursement MM / DD / YYYY 10 / 05 / 2017
Mailing Address 44 Ellis Rd		FEC Identification Number C Transaction ID : SB21B.7018 Amount of Each Disbursement this Period 900.00
City West Caldwell	State NJ	
Zip Code 07006-8246	Purpose of Disbursement In-kind - Printed materials	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Genova Burns LLC		Date of Disbursement MM / DD / YYYY 07 / 31 / 2017
Mailing Address 494 Broad St., Fl 6		FEC Identification Number C Transaction ID : SB21B.6900 Amount of Each Disbursement this Period 242.50
City Newark	State NJ	
Zip Code 07102	Purpose of Disbursement Legal fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Genova Burns LLC		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017
Mailing Address 494 Broad St., Fl 6		FEC Identification Number C Transaction ID : SB21B.6901 Amount of Each Disbursement this Period 8462.50
City Newark	State NJ	
Zip Code 07102	Purpose of Disbursement Legal fees	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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).....▶	9605.00
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. Google Adwords

Date of Disbursement
MM / DD / YYYY
08 / 15 / 2017

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Non-IE Advertising

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.6903**
Amount of Each Disbursement this Period
200.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Google Adwords

Date of Disbursement
MM / DD / YYYY
09 / 14 / 2017

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Non-IE Advertising

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.6904**
Amount of Each Disbursement this Period
275.96

Memo Item

Full Name (Last, First, Middle Initial)
C. Google Adwords

Date of Disbursement
MM / DD / YYYY
10 / 16 / 2017

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Non-IE Advertising

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : **SB21B.6905**
Amount of Each Disbursement this Period
252.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 728.95

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Google Adwords

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Non-IE Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 14 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.6906**
Amount of Each Disbursement this Period
302.87

Memo Item

Full Name (Last, First, Middle Initial)

B. Google Adwords

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement
Non-IE Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.6907**
Amount of Each Disbursement this Period
314.73

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
07 / 03 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.6908**
Amount of Each Disbursement this Period
354.31

Memo Item

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

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

971.91

**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
08 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6910
Amount of Each Disbursement this Period
414.83

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
09 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6911
Amount of Each Disbursement this Period
439.02

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
10 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6912
Amount of Each Disbursement this Period
446.33

Memo Item

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

1300.18

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
11 / 02 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6913
Amount of Each Disbursement this Period
456.44

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
12 / 04 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6914
Amount of Each Disbursement this Period
460.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Gran Fondoni LLC

Mailing Address 564 Lathrop Avenue

City Boonton State NJ Zip Code 07005

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

MM / DD / YYYY
09 / 19 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6916
Amount of Each Disbursement this Period
250.00

Memo Item

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

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

1166.44

**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. Grytics		Date of Disbursement MM / DD / YYYY 11 / 16 / 2017	
Mailing Address 50 Milk Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6921 Amount of Each Disbursement this Period 25.00	
City Boston	State MA	Zip Code 02109	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) B. Grytics		Date of Disbursement MM / DD / YYYY 12 / 18 / 2017	
Mailing Address 50 Milk Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6922 Amount of Each Disbursement this Period 25.00	
City Boston	State MA	Zip Code 02109	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. Heninger, Lori, , ,		Date of Disbursement MM / DD / YYYY 07 / 23 / 2017	
Mailing Address 7 Glen Rd		FEC Identification Number C [REDACTED] Transaction ID : SB21B.7035 Amount of Each Disbursement this Period 288.91	
City West Orange	State NJ	Zip Code 07052	Category/ Type
Purpose of Disbursement Event supplies - reimbursement			
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).....▶	338.91
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. Iron Bar

Mailing Address 5 South Street

City: Morristown State: NJ Zip Code: 07960

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

MM / DD / YYYY
09 / 28 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6925
Amount of Each Disbursement this Period
250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Iron Bar

Mailing Address 5 South Street

City: Morristown State: NJ Zip Code: 07960

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

MM / DD / YYYY
11 / 07 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6926
Amount of Each Disbursement this Period
890.82

Memo Item

Full Name (Last, First, Middle Initial)

C. Jacobson, Marion, , ,

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) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
07 / 23 / 2017

FEC Identification Number

C
Transaction ID : SB21B.7032
Amount of Each Disbursement this Period
80.12

Memo Item

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

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

1220.94

**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. Jacobson, Marion, , ,

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.7033

Amount of Each Disbursement this Period: 60.00

Memo Item

B. Jacobson, Marion, , ,

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 22 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6935

Amount of Each Disbursement this Period: 296.48

Memo Item

C. Juviler, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 51 Grandview Pl

City Montclair State NJ Zip Code 07043

Purpose of Disbursement Printing - reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6893

Amount of Each Disbursement this Period: 51.10

Memo Item

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

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

407.58

**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. Kelly, Judy, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 21 Pine Rd

City Roseland State NJ Zip Code 07068

Purpose of Disbursement Venue fee - reimbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 07 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6929**

Amount of Each Disbursement this Period: 200.00

Memo Item

B. Morristown Partnership

Full Name (Last, First, Middle Initial)

Mailing Address 14 Maple Avenue

City Morristown State NJ Zip Code 07960

Purpose of Disbursement Venue fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 16 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6938**

Amount of Each Disbursement this Period: 600.00

Memo Item

C. Morristown Unitarian Fellowship

Full Name (Last, First, Middle Initial)

Mailing Address 21 Normandy Heights Road

City Morristown State NJ Zip Code 07960

Purpose of Disbursement Venue fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6940**

Amount of Each Disbursement this Period: 250.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1050.00

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. NGP VAN

Mailing Address 1445 New York Avenue, NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Research

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
12 / 28 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.6942**
Amount of Each Disbursement this Period
6800.04

Memo Item

Full Name (Last, First, Middle Initial)

B. Nickel Artistic Services

Mailing Address 39 US 46

City Rockaway State NJ Zip Code 07866

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 18 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.6944**
Amount of Each Disbursement this Period
420.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Nickel Artistic Services

Mailing Address 39 US 46

City Rockaway State NJ Zip Code 07866

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 22 / 2017

FEC Identification Number

C
Transaction ID : **SB21B.6945**
Amount of Each Disbursement this Period
280.00

Memo Item

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

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

7500.04

**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. Nickel Artistic Services		Date of Disbursement MM / DD / YYYY 10 / 10 / 2017	
Mailing Address 39 US 46		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6947 Amount of Each Disbursement this Period [REDACTED] 144.50	
City Rockaway	State NJ	Zip Code 07866	Category/ Type [REDACTED]
Purpose of Disbursement Printing		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. Nickel Artistic Services		Date of Disbursement MM / DD / YYYY 11 / 08 / 2017	
Mailing Address 39 US 46		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6948 Amount of Each Disbursement this Period [REDACTED] 41.90	
City Rockaway	State NJ	Zip Code 07866	Category/ Type [REDACTED]
Purpose of Disbursement Printing		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. North Jersey Media Group		Date of Disbursement MM / DD / YYYY 10 / 26 / 2017	
Mailing Address 1 Garrett Mountain Place		FEC Identification Number C [REDACTED] Transaction ID : SB21B.6950 Amount of Each Disbursement this Period [REDACTED] 1152.00	
City Woodland Park	State NJ	Zip Code 07424	Category/ Type [REDACTED]
Purpose of Disbursement Non-IE Advertising		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).....▶	[REDACTED] 1338.40
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**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. Patterson, Elaine, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 10 Atno Ave. - Apt. 1

City Morristown State NJ Zip Code 07960

Purpose of Disbursement Event supplies - reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6892

Amount of Each Disbursement this Period: 39.85

Memo Item

B. Reconnaissance Marketing Research

Full Name (Last, First, Middle Initial)

Mailing Address 135 S. Guadalupe

City San Marcos State TX Zip Code 78666

Purpose of Disbursement Research

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6956

Amount of Each Disbursement this Period: 7110.32

Memo Item

C. Reconnaissance Marketing Research

Full Name (Last, First, Middle Initial)

Mailing Address 135 S. Guadalupe

City San Marcos State TX Zip Code 78666

Purpose of Disbursement Research

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 01 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6957

Amount of Each Disbursement this Period: 11255.92

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 18406.09

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. Right Networks

Mailing Address 14 Hampshire Dr

City Hudson State NH Zip Code 03051

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6958
Amount of Each Disbursement this Period
213.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Right Networks

Mailing Address 14 Hampshire Dr

City Hudson State NH Zip Code 03051

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6959
Amount of Each Disbursement this Period
213.75

Memo Item

Full Name (Last, First, Middle Initial)

C. Right Networks

Mailing Address 14 Hampshire Dr

City Hudson State NH Zip Code 03051

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2017

FEC Identification Number

C
Transaction ID : SB21B.6960
Amount of Each Disbursement this Period
213.75

Memo Item

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

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

641.25

**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. Right Networks

Full Name (Last, First, Middle Initial)

Mailing Address 14 Hampshire Dr

City Hudson State NH Zip Code 03051

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 13 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6961

Amount of Each Disbursement this Period: 213.75

Memo Item

B. Right Networks

Full Name (Last, First, Middle Initial)

Mailing Address 14 Hampshire Dr

City Hudson State NH Zip Code 03051

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 14 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6962

Amount of Each Disbursement this Period: 213.75

Memo Item

C. Right Networks

Full Name (Last, First, Middle Initial)

Mailing Address 14 Hampshire Dr

City Hudson State NH Zip Code 03051

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 12 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6963

Amount of Each Disbursement this Period: 213.75

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 641.25

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. Schifano, Sal, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 46 Normandy Dr

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
Event supplies - reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 17 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.7034**

Amount of Each Disbursement this Period: 361.39

Memo Item

B. Schifano, Sal, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 46 Normandy Dr

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
Event supplies - reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 31 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6965**

Amount of Each Disbursement this Period: 75.00

Memo Item

C. Step 2 Promotions

Full Name (Last, First, Middle Initial)

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: 08 / 29 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6968**

Amount of Each Disbursement this Period: 1561.66

Memo Item

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

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

1998.05

**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. TigerEye Promotions LLC		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017	
Mailing Address 66 Industry Ct Ste A		FEC Identification Number C [] Transaction ID : SB21B.6975 Amount of Each Disbursement this Period 2234.04	
City Troy	State OH	Zip Code 45373-2560	Category/ Type []
Purpose of Disbursement Merchandise		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. TigerEye Promotions LLC		Date of Disbursement MM / DD / YYYY 12 / 15 / 2017	
Mailing Address 66 Industry Ct Ste A		FEC Identification Number C [] Transaction ID : SB21B.6976 Amount of Each Disbursement this Period 2000.00	
City Troy	State OH	Zip Code 45373-2560	Category/ Type []
Purpose of Disbursement Software		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.		Date of Disbursement MM / DD / YYYY [] / [] / []	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	4234.04
TOTAL This Period (last page this line number only).....▶	55468.46

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 57 OF 61
	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 <input type="text" value="23.51"/>	Transaction ID : SD10.5900	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="23.51"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text" value="121.78"/>	Transaction ID : SD10.5895	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="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 <input type="text" value="102.56"/>	Transaction ID : SD10.5896	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="102.56"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="121.78"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 58 OF 61
	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 CMT Sound Systems			Nature of Debt (Purpose): Event rental - reimbursable
Mailing Address 310 Colfax Ave, Building E			
City Clifton	State NJ	Zip Code 07013	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7495	
Amount Incurred This Period 341.47	Payment This Period 0.00	Outstanding Balance at Close of This Period 341.47

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Genova Burns LLC			Nature of Debt (Purpose): Legal fees
Mailing Address 494 Broad St., Fl 6			
City Newark	State NJ	Zip Code 07102	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7022	
Amount Incurred This Period 1352.50	Payment This Period 0.00	Outstanding Balance at Close of This Period 1352.50

1) SUBTOTALS This Period This Page (optional)..... ▶	1952.86
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 59 OF 61
	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 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 <input type="text" value="288.91"/>	Transaction ID : SD10.5890	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="288.91"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. 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 <input type="text" value="80.12"/>	Transaction ID : SD10.5897	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="80.12"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. 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 <input type="text" value="60.00"/>	Transaction ID : SD10.5898	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="60.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 60 OF 61
	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 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 <input type="text" value="368.82"/>	Transaction ID : SD10.5902	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="368.82"/>

B. 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 <input type="text" value="135.00"/>	Transaction ID : SD10.5903	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="135.00"/>

C. 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 <input type="text" value="45.61"/>	Transaction ID : SD10.5899	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="45.61"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="503.82"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 61 OF 61
	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 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 <input type="text" value="361.39"/>	Transaction ID : SD10.5889	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="361.39"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor TigerEye Promotions LLC			Nature of Debt (Purpose): Merchandise
Mailing Address 66 Industry Ct Ste A			
City Troy	State OH	Zip Code 45373-2560	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.7020	
Amount Incurred This Period <input type="text" value="419.62"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="419.62"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor TigerEye Promotions LLC			Nature of Debt (Purpose): Merchandise
Mailing Address 66 Industry Ct Ste A			
City Troy	State OH	Zip Code 45373-2560	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.7021	
Amount Incurred This Period <input type="text" value="553.39"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="553.39"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="973.01"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="3551.47"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="3551.47"/>