

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5
Donald M Payne, Jr. for Congress

ADDRESS (number and street) PO Box 2406
 Check if different than previously reported. (ACC) Newark NJ 07114

2. **FEC IDENTIFICATION NUMBER** C C00519355 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
Newark NJ 07114 NJ 10

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y through M M / D D / Y Y Y Y
11 / 25 / 2014 through 12 / 31 / 2014

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 Mr. H. O'Neil Williams

Signature of Treasurer Mr. H. O'Neil Williams *[Electronically Filed]* Date M M / D D / Y Y Y Y
01 / 26 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only											FEC FORM 3 (Revised 02/2003)
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Donald M Payne, Jr. for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1255.00	7755.00
(b) Total Contribution Refunds (from Line 20(d))	3000.00	3000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-1745.00	4755.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9143.96	13188.09
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	9143.96	13188.09
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30620.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 3 (Revised 12/2003)

Write or Type Committee Name

Donald M Payne, Jr. for Congress

Report Covering the Period: From: / To: /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	255.00	255.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	255.00	255.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	7500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1255.00	7755.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1255.00	7755.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9143.96	13188.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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).....	3000.00	3000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	3000.00	3000.00
21. OTHER DISBURSEMENTS	4000.00	4200.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16143.96	20388.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	45509.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1255.00
25. SUBTOTAL (add Line 23 and Line 24).....	46764.55
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16143.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30620.59

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13			
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15				

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)
Donald M Payne, Jr. for Congress

A. Full Name (Last, First, Middle Initial)
Ashraf Latif

Mailing Address 270 Highland Rd

City State Zip Code
South Orange NJ 07079-1514

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

Name of Employer Occupation
Sheefa Pharmacy & Wellness Pharmacist

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
255.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 19 / 2014

Transaction ID : VN8ZJDJE26

Amount of Each Receipt this Period
255.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

255.00

255.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : VN8ZJDJJE26

The Check was not received and deposited timely because of the holidays.

Form/Schedule:

Transaction ID:

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

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

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NAME OF COMMITTEE (In Full)
Donald M Payne, Jr. for Congress

A. Full Name (Last, First, Middle Initial)
American College of Gastroenterology (GIPAC)

Mailing Address 1020 N Fairfax St
FI 5

City Alexandria State VA Zip Code 22314-1537

FEC ID number of contributing federal political committee. **C** C00354571

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2014

Transaction ID : VN8ZJDMHN7

Amount of Each Receipt this Period
 1000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Donald M Payne, Jr. for Congress

Full Name (Last, First, Middle Initial) A. 1009-1011 Bergen Street LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 1786 E 49th St			Amount of Each Disbursement this Period 900.00 Transaction ID : VN80A9Y0B39
City Brooklyn	State NY	Zip Code 11234-3708	
Purpose of Disbursement Rent - Campaign Office December 2014		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) B. 1009-1011 Bergen Street LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2014
Mailing Address 1786 E 49th St			Amount of Each Disbursement this Period 900.00 Transaction ID : VN80A9Y9KX2
City Brooklyn	State NY	Zip Code 11234-3708	
Purpose of Disbursement Rent - Campaign Office - January 2015		Category/ Type 001	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

Full Name (Last, First, Middle Initial) c. Angerholzer Broz Consulting LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 499 S Capitol St SW Ste 422			Amount of Each Disbursement this Period 4061.52 Transaction ID : VN80A9Y0B21
City Washington	State DC	Zip Code 20003-4028	
Purpose of Disbursement Consulting Services - Fundraising		Category/ Type 003	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....	5861.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Donald M Payne, Jr. for Congress

Full Name (Last, First, Middle Initial) A. Dunton Consulting, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 10 N Ridgewood Rd Apt 103		Amount of Each Disbursement this Period -6000.00
City South Orange	State NJ	Zip Code 07079-1545
Purpose of Disbursement Refund of Campaign Expenses	Category/Type 007	
Candidate Name	Transaction ID : VN80A9YCK15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Marlos Cocktail Lounge		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2014
Mailing Address 702 Lyons Ave		Amount of Each Disbursement this Period 1134.00
City Irvington	State NJ	Zip Code 07111-3148
Purpose of Disbursement Meals for End of Year Party	Category/Type 001	
Candidate Name	Transaction ID : VN80A9Y8J39	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:	Meals - End of Year Party	

Full Name (Last, First, Middle Initial) c. Eric Payne		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 111 Mulbery Street #5C		Amount of Each Disbursement this Period 2000.00
City Newark	State NJ	Zip Code 07102
Purpose of Disbursement Consulting Services - Fundraising	Category/Type 003	
Candidate Name	Transaction ID : VN80A9Y0B05	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	-2866.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Donald M Payne, Jr. for Congress

Full Name (Last, First, Middle Initial) A. Eric Payne		Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2014
Mailing Address 111 Mulbery Street #5C		Amount of Each Disbursement this Period 2000.00 Transaction ID : VN80A9Y9KW4
City Newark	State NJ Zip Code 07102	
Purpose of Disbursement Consulting - Fundraising	Category/Type 001	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Eric Payne		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 111 Mulbery Street #5C		Amount of Each Disbursement this Period 2000.00 Transaction ID : VN80A9Y9KZ8
City Newark	State NJ Zip Code 07102	
Purpose of Disbursement Consulting Services - Fundraising	Category/Type 003	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. The Liaison Capitol Hill Washington DC		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 500 N Capitol St NW Ste 300		Amount of Each Disbursement this Period 250.00 Transaction ID : VN80A9Y8J22
City Washington	State DC Zip Code 20001-7407	
Purpose of Disbursement Meet & Greet Event Space	Category/Type 007	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	4250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Donald M Payne, Jr. for Congress

Full Name (Last, First, Middle Initial) A. TMH Catering LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2014
Mailing Address 4980 Wyaconda Rd		Amount of Each Disbursement this Period 955.57
City Rockville	State MD	
Zip Code 20852-2468	Purpose of Disbursement Meals & Drinks Reception	Transaction ID : VN80A9YAYD7
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
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).....	955.57
TOTAL This Period (last page this line number only).....	8201.09

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Donald M Payne, Jr. for Congress

Full Name (Last, First, Middle Initial) A. IBEW PAC VOLUNTARY FUND			Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2014
Mailing Address 900 SEVENTH STREET N.W.			Amount of Each Disbursement this Period 3000.00
City Washington	State DC	Zip Code 20001	
Purpose of Disbursement Refund of 2014 Contributions 2014 Primary		Category/ Type 010	Transaction ID : VN80A9Y9KY0
Candidate Name IBEW PAC VOLUNTARY FUND			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			Amount of Each Disbursement this Period
City	State	Zip Code	
Purpose of Disbursement		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____ District: _____			

SUBTOTAL of Disbursements This Page (optional)	3000.00
TOTAL This Period (last page this line number only)	3000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Donald M Payne, Jr. for Congress

Full Name (Last, First, Middle Initial) A. Chic Productions, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2014
Mailing Address 5614 Connecticut Ave NW # 176		Amount of Each Disbursement this Period 4000.00
City Washington State DC Zip Code 20015-2604	Purpose of Disbursement 2014 Congressional Black Caucus Legislative Conference- Reception Honoring Cedric Richmond D-LA	Transaction ID : VN80A9Y8J14
Candidate Name	Category/Type 004	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Event Sponsorship
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement	
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).....	4000.00
TOTAL This Period (last page this line number only).....	4000.00