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**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

Bergen Together II Inc

ADDRESS (number and street) ▼ PO Box 1117

☐ Check if different than previously reported. (ACC)

Englewood Cliffs | NJ | 07632-

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00441675

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 MM/DD/YYYY In the State of

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM/DD/YYYY In the State of

5. Covering Period 07/01/2009 through 09/30/2009

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 Nancy Sorrentino

Signature of Treasurer Nancy Sorrentino Date 10/05/2009

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 3X**
Rev. 12/2004

FE8AN026

29030171394

# SUMMARY PAGE
## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)



Write or Type Committee Name

Bergen Together II Inc.

Report Covering the Period: From: 07 01 2009 To: 09 30 2009

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 6. (a) Cash on Hand January 1, 2009 | | 24,610.00 |
| (b) Cash on Hand at Beginning of Reporting Period | 6,110.00 | |
| (c) Total Receipts (from Line 19) | 0 | 0 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 6,110.00 | 24,610.00 |
| 7. Total Disbursements (from Line 31) | 2,050.00 | 20,550.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 4,060.00 | 4,060.00 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0 | |

X 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



29030171595

# DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)



Write or Type Committee Name

Bergen Together II Inc.

Report Covering the Period: From: 07 01 2009 To: 09 30 2009

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A) | 0 | 0 |
| (ii) Unitemized | 0 | 0 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶ | 0 | 0 |
| (b) Political Party Committees | 0 | 0 |
| (c) Other Political Committees (such as PACs) | 0 | 0 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶ | 0 | 0 |
| 12. Transfers From Affiliated/Other Party Committees | 0 | 0 |
| 13. All Loans Received | 0 | 0 |
| 14. Loan Repayments Received | 0 | 0 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0 | 0 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0 | 0 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0 | 0 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0 | 0 |
| (b) Levin Funds (from Schedule H5) | 0 | 0 |
| (c) Total Transfers (add 18(a) and 18(b)) | 0 | 0 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶ | 0 | 0 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶ | 0 | 0 |

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FE8AN026

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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 | 0 |
| (ii) Non-Federal Share | 0 | 0 |
| (b) Other Federal Operating Expenditures | 50.00 | 50.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶ | 50.00 | 50.00 |
| 22. Transfers to Affiliated/Other Party Committees | 0 | 0 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 2,000.00 | 20,500.00 |
| 24. Independent Expenditures (use Schedule E) | 0 | 0 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) | 0 | 0 |
| 26. Loan Repayments Made | 0 | |
| 27. Loans Made | 0 | |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0 | |
| (b) Political Party Committees | 0 | |
| (c) Other Political Committees (such as PACs) | 0 | |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶ | 0 | 20,500.00 |
| 29. Other Disbursements | 0 | 0 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0 | 0 |
| (ii) "Levin" Share | 0 | 0 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0 | 0 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶ | 0 | 0 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 2,050.00 | 20,550.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶ | 2,050.00 | 20,550.00 |



29030171397

# DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)



| 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) | 0 | 0 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0 | 0 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 0 | 0 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶ | 50 00 | 50 00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0 | 0 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶ | 50 00 | 50 00 |

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FE8AN026

# 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 1 OF 1

☐ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

**A.**
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) ▼
Aggregate Year-to-Date ▼
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period

**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) ▼
Aggregate Year-to-Date ▼
Date of Receipt M M / D D / 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) ▼
Aggregate Year-to-Date ▼
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶ 0

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

29020171399

# 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)
[x] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

**A.**
Full Name (Last, First, Middle Initial): State of NJ Dept. of Treasury
Mailing Address: P.O. Box 302
City: Trenton, NJ 08646 State: NJ Zip Code: 08646
Purpose of Disbursement: NJ Corp. Annual Filing Fee
Candidate Name: —
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [x] Other (specify) ▼ annual fee
Date of Disbursement: M M 08 / D D 12 / Y Y Y Y 2004
Amount of Each Disbursement this Period: 50.00

**B.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

**C.**
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 50.00

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

29030171400

# 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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 1 OF 1

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)
Bergen Together II Inc.

**A.**
Full Name (Last, First, Middle Initial): Kirsten Gillibrand for Senate
Mailing Address: P.O. Box 1279
City: Hudson, NY State: NY Zip Code: 12534
Purpose of Disbursement: Contribution
Candidate Name: Kirsten Gillibrand
Office Sought: ☐ House ☒ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Category/Type:
Date of Disbursement: 09 24 2000
Amount of Each Disbursement this Period: 2,000.00

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

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

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 2050.00

29030171401

# SCHEDULE C (FEC Form 3X)
# LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Berger Together II Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify) ▼

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y | Date Due M M / D D / Y Y Y Y | Interest Rate % (apr) | Secured: [ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City State ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

**SUBTOTALS** This Period This Page (optional) ▶

**TOTALS** This Period (last page in this line only) ▶

**Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.**

29030171402

# SCHEDULE C-1 (FEC Form 3X)
## LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for information found on Page 1 of Schedule C

NAME OF COMMITTEE (In Full): Bergen Together II Dem

FEC IDENTIFICATION NUMBER: C00441675

LENDING INSTITUTION (LENDER)
Full Name

Amount of Loan

Interest Rate (APR) %

Mailing Address

City State Zip Code

Date Incurred or Established M M / D D / Y Y Y Y

Date Due M M / D D / Y Y Y Y

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit,
Amount of this Draw:
Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: M M / D D / Y Y Y Y

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE M M / D D / Y Y Y Y

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title

DATE M M / D D / Y Y Y Y

29030171403

# SCHEDULE D (FEC Form 3X)
## DEBTS AND OBLIGATIONS
**Excluding Loans**

(Use separate schedule(s) for each numbered line)

PAGE / OF /

FOR LINE NUMBER: (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)
Bergen Together II Inc

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

0

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

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) ▶

29030171404

# SCHEDULE E (FEC Form 3X)
## ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): Bergen Together II Inc.

FEC IDENTIFICATION NUMBER ▼: C00441675

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee

Date: MM / DD / YYYY

Mailing Address

Amount

City | State | Zip Code

Purpose of Expenditure | Category/Type

Office Sought: ☐ House ☐ Senate ☐ President | State: | District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date: MM / DD / YYYY

Mailing Address

Amount

City | State | Zip Code

Purpose of Expenditure | Category/Type

Office Sought: ☐ House ☐ Senate ☐ President | State: | District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy Sowerton
Signature

Date: MM / DD / YYYY 10 / 05 / 2009

29030171405

FE6AN026

FEC Schedule E (Form 3X) Rev. 02/2003

# SCHEDULE F (FEC Form 3X)

## ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1

FOR LINE 25 OF FORM 3X

☐ Check if 24-hour notice

NAME OF COMMITTEE (In Full): Bergen Together II Inc

Has your committee been designated to make coordinated expenditures by a political party committee? ☐ YES ☐ NO

If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

---

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

---

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

---

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported | Office Sought: ☐ House ☐ Senate ☐ Presidential | State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure | Category/Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)

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SUBTOTAL of Expenditures This Page (optional) ▶

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

29030171406

## SCHEDULE H1 (FEC Form 3X)

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

### A. State and Local Party Committees

**Fixed Percentage (select one)**

_____ Presidential-Only Election Year (28% Federal)

_____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

### B. Separate Segregated Funds and Nonconnected Committees

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... ____ %

Nonfederal..... ____ %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

29030171407

# SCHEDULE H2 (FEC Form 3X)
## ALLOCATION RATIOS

PAGE 1 OF 1

NAME OF COMMITTEE (In Full)
Bergen Together II Inc

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only**: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
|---|---|---|
| ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support<br>CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported | % | % |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
| ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support<br>CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported | % | % |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
| ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support<br>CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported | % | % |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
| ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support<br>CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported | % | % |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
| ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support<br>CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported | % | % |
| ACTIVITY OR EVENT IDENTIFIER | FEDERAL % | NONFEDERAL % |
| ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support<br>CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported | % | % |

29030171408

# SCHEDULE H3 (FEC Form 3X)
## TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 1 OF 1

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Bergen Together II Inc.

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|---|---|---|
| | M M / D D / Y Y Y Y | |

BREAKDOWN OF TRANSFER RECEIVED

I) Total Administrative .....

II) Generic Voter Drive .....

III) Exempt Activities .....

IV) Direct Fundraising (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Fundraising .....

V) Direct Candidate Support (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Candidate Support .....

VI) Public Communications Referring Only to Party (Made by PAC) .....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

29030171409

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 1

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

**A.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

29030171410

# SCHEDULE H5 (FEC Form 3X)

## TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

**(To be used by State, District and Local Party Committees Only)**

PAGE / OF /
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

| NAME OF ACCOUNT | DATE OF RECEIPT M M / D D / Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|---|---|---|
| | | |

BREAKDOWN OF THIS TRANSFER

| | | VOTER REGISTRATION |
|---|---|---|
| I) Voter Registration | Total Amount Transferred for Voter Registration..... | |
| II) Voter ID | Total Amount Transferred for Voter ID..... | |
| III) GOTV | Total Amount Transferred for GOTV..... | |
| IV) Generic Campaign Activity | Total Amount Transferred for Generic Campaign Activity..... | |

| NAME OF ACCOUNT | DATE OF RECEIPT M M / D D / Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|---|---|---|
| | | |

BREAKDOWN OF THIS TRANSFER

| | | VOTER REGISTRATION |
|---|---|---|
| I) Voter Registration | Total Amount Transferred for Voter Registration..... | |
| II) Voter ID | Total Amount Transferred for Voter ID..... | |
| III) GOTV | Total Amount Transferred for GOTV..... | |
| IV) Generic Campaign Activity | Total Amount Transferred for Generic Campaign Activity..... | |

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

TOTAL This Period (Voter Registration).....

TOTAL This Period (Voter ID).....

TOTAL This Period (GOTV).....

TOTAL This Period (Generic Campaign Activity).....

TOTAL This Period (Total Amount of Transfers Received).....

29030171411

# SCHEDULE H6 (FEC Form 3X)
## DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY
**(To be used by State, District and Local Party Committees Only)**

PAGE 1 OF 1

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)
Berger Together II Inc.

**A.** Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
- [ ] Voter Registration
- [ ] Voter ID
- [ ] GOTV
- [ ] Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**B.** Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
- [ ] Voter Registration
- [ ] Voter ID
- [ ] GOTV
- [ ] Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**C.** Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
- [ ] Voter Registration
- [ ] Voter ID
- [ ] GOTV
- [ ] Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**SUBTOTAL** of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE TOTAL AMOUNT

LEVIN SHARE

**TOTAL** This Period for the Levin Share

29030171412

# SCHEDULE L (FEC Form 3X)
## AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
Bergen Together II Inc

NAME OF ACCOUNT

| | COLUMN A TOTAL THIS PERIOD | COLUMN B YEAR-TO-DATE |
|---|---|---|
| 1. RECEIPTS FROM PERSONS | | |
| (a) Itemized (Use Schedule L-A) | | |
| (b) Unitemized | | |
| (c) Total | | |
| 2. OTHER RECEIPTS | | |
| 3. TOTAL RECEIPTS (Add Lines 1c and 2) | | |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B) | | |
| (a) Voter Registration | | |
| (b) Voter ID | | |
| (c) GOTV | | |
| (d) Generic Campaign | | |
| (e) Total | | |
| 5. OTHER DISBURSEMENTS | | |
| 6. TOTAL DISBURSEMENTS (Add Lines 4e and 5) | | |
| 7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st) | | |
| 8. RECEIPTS (from Line 3) | | |
| 9. SUBTOTAL (Add Lines 7 and 8) | | |
| 10. DISBURSEMENTS (From Line 6) | | |
| 11. ENDING CASH ON HAND (Subtract Line 10 From Line 9) | | |

29030171413

# SCHEDULE L–A (FEC Form 3X)
# ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE / OF

FOR LINE NUMBER: (check only one) ☐ 1a ☐ 2

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NAME OF COMMITTEE (In Full)
Bergen Together II Inc

**A.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

**B.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

**C.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

**D.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) ▶

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

29030171414

# SCHEDULE L–B (FEC Form 3X)
# ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER: (check only one) ☐ 4a ☐ 4b ☐ 4c ☐ 4d ☐ 5

PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)
Bergen Together II Inc

**A.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

**B.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

**C.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

**D.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

**E.**
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

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

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



29030171415

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

| | |
|---|---|
| ☐ Hand Delivered | Date of Receipt |
| ☑ USPS First Class Mail | Postmarked 10/7/09 |
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| ☐ USPS Priority Mail | Postmarked |
| Delivery Confirmation™ or Signature Confirmation™ Label ☐ | |
| ☐ USPS Express Mail | Postmarked |
| ☐ Postmark Illegible | |
| ☐ No Postmark | |
| ☐ Overnight Delivery Service (Specify): | Shipping Date |
| Next Business Day Delivery ☐ | |
| ☐ Received from House Records & Registration Office | Date of Receipt |
| ☐ Received from Senate Public Records Office | Date of Receipt |
| ☐ Received from Electronic Filing Office | Date of Receipt |
| ☐ Other (Specify): | Date of Receipt or Postmarked |
| ED | 10/14/09 |
| PREPARER | DATE PREPARED |

(3/2005)

29030171416