

# 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  
**DR. ALIETA ECK FOR CONGRESS**

ADDRESS (number and street) 2062 AMWELL RD  
 Check if different than previously reported. (ACC) SOMERSET NJ 08873

2. **FEC IDENTIFICATION NUMBER** C C00554378 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
NJ 12

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  
12 / 06 / 2013 through 03 / 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 Michael Millner  
Signature of Treasurer Michael Millner *[Electronically Filed]* Date M M / D D / Y Y Y Y  
04 / 14 / 2014

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**DR. ALIETA ECK FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 12 / 06 / 2013 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	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))....	98505.00	98505.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	98505.00	98505.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	2946.52	2946.52
(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)).....	2946.52	2946.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	97158.48	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	1600.00	

**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

**DR. ALIETA ECK FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	66450.00	66450.00
(ii) Unitemized.....	13055.00	13055.00
(iii) TOTAL of contributions from individuals ▶	79505.00	79505.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	13750.00	13750.00
(d) The Candidate.....	5250.00	5250.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	98505.00	98505.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	1600.00	1600.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1600.00	1600.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	100105.00	100105.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2946.52	2946.52
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).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	2946.52	2946.52

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	100105.00
25. SUBTOTAL (add Line 23 and Line 24).....	100105.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2946.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	97158.48

**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 55
	<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)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 135 LAKE NANCY LANE

City State Zip Code  
west palm beach FL 33411

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

Name of Employer Occupation  
SELF EMPLOYED NUMISMATIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4590**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 135 LAKE NANCY LANE

City State Zip Code  
west palm beach FL 33411

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

Name of Employer Occupation  
SELF EMPLOYED NUMISMATIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4591**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 4741 Sadler Road  
23060

City State Zip Code  
Glen Allen VA 23060

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

Name of Employer Occupation  
Self Employed Self Employed

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11AI.4431**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1250.00

**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 6 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 31 Roebling Rd.

City: Bernardsville State: NJ Zip Code: 07924-1409

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : SA11AI.4679**

Amount of Each Receipt this Period: 2500.00

Contribution

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

Mailing Address 31 Roebling Rd.

City: Bernardsville State: NJ Zip Code: 07924-1409

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 5000.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : SA11AI.4680**

Amount of Each Receipt this Period: 2500.00

Contribution

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

Mailing Address 31 Roebling Rd.

City: Bernardsville State: NJ Zip Code: 07924-1409

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

Name of Employer: Retired Occupation: Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date: 2500.00

Date of Receipt: 03 / 28 / 2014

**Transaction ID : SA11AI.4675**

Amount of Each Receipt this Period: 2500.00

Contribution

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

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

7500.00

**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 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 31 Roebling Rd.

City State Zip Code  
Bernardsville NJ 07924-1409

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4677**

Amount of Each Receipt this Period

Contribution

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

Mailing Address 389 East Mount Pleasant Avenue,

City State Zip Code  
LIVINGSTON NJ 07039

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4440**

Amount of Each Receipt this Period

Contribution

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

Mailing Address 389 East Mount Pleasant Avenue,

City State Zip Code  
LIVINGSTON NJ 07039

FEC ID number of contributing federal political committee.

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4662**

Amount of Each Receipt this Period

Contribution

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

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

**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 8 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 22 Deputy Minister Drive

City State Zip Code  
Colts Neck NJ 07722

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

Name of Employer Occupation  
Cardio Internists of CJ Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 06 / 2014

**Transaction ID : SA11AI.4447**

Amount of Each Receipt this Period  
500.00  
Contribution

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

Mailing Address 10570 CR 2180

City State Zip Code  
Whitehouse TX 75791

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

Name of Employer Occupation  
Schumacher/ETMC ist Physicians Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 29 / 2014

**Transaction ID : SA11AI.4432**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address PO Box 832

City State Zip Code  
Far Hills NJ 07931

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

Name of Employer Occupation  
AT&T Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2014

**Transaction ID : SA11AI.4683**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

1000.00

**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 9 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Deb Bhaskar</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 8028 Pheasant Run		<b>Transaction ID : SA11AI.4599</b>	
City Fogelsville	State PA	Zip Code 18051	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Reading Anesthesia Associates	Occupation Staff Anesthesiologist		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Lucy Buckner</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2014	
Mailing Address 37 Mayfield Lane		<b>Transaction ID : SA11AI.4616</b>	
City Piscataway	State NJ	Zip Code 08854	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Collaborative Support Programs of NJ	Occupation RN, WC, CRSP, Manager		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Renee Cabaleiro Arias</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 213 Douglas rd		<b>Transaction ID : SA11AI.4651</b>	
City Far hills	State NJ	Zip Code 07931	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Lafayette medical center llc	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 10 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Daniel Carlson</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014
Mailing Address 33 Traci Lane		<b>Transaction ID : SA11AI.4585</b>
City Edison	State NJ Zip Code 08817	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 2000.00
Name of Employer All Aces Construction	Occupation Owner	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00	

Full Name (Last, First, Middle Initial) <b>B. robert j cole</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 22 normandy parkway		<b>Transaction ID : SA11AI.4646</b>
City morristown	State NJ Zip Code 07960	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 250.00
Name of Employer self	Occupation physician	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Margaret Cowan</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 85 Helen Street		<b>Transaction ID : SA11AI.4389</b>
City Fanwood Street	State NJ Zip Code 07023	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Contribution 500.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2750.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 865 Lower Ferry Road

City State Zip Code  
Ewing NJ 08628

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

Name of Employer Occupation  
Self Financial Services

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 05 2014

**Transaction ID : SA11AI.4475**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

Mailing Address PO Box 1485

City State Zip Code  
Shawnee OK 74802-1485

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 10 2014

**Transaction ID : SA11AI.4165**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address 989 Long Meadow Lane

City State Zip Code  
Melbourne FL 32940-7825

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

Name of Employer Occupation  
Met Life Financial Planner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 12 2014

**Transaction ID : SA11AI.4157**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

1500.00

**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 12 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 60 Eastbrook Lane

City Willingboro State NJ Zip Code 06046

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

Name of Employer NJ State House Occupation Administrative

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 20 / 2014

**Transaction ID : SA11AI.4111**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 559 Mantua Avenue

City Paulsboro State NJ Zip Code 08066

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

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4763**

Amount of Each Receipt this Period  
 Contribution 300.00

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

Mailing Address 113 Westwood Hill

City Woodbury State NJ Zip Code 08096

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4763.0**

Amount of Each Receipt this Period  
 Contribution 300.00

**[MEMO ITEM]**

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

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

550.00

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

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

FOR LINE NUMBER: PAGE 13 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 317 160th Ave NE

City State Zip Code  
Bellevue WA 98008

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.4657**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 801 S. Garner Street

City State Zip Code  
State College PA 16801

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

Name of Employer Occupation  
UPMC Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 13 / 2014

**Transaction ID : SA11AI.4488**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 6630 Still Point Dr.

City State Zip Code  
Melbourne FL 32940

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

Name of Employer Occupation  
Self Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : SA11AI.4161**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1750.00

**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 14 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 38 Harrison Avenue

City East Brunswick State NJ Zip Code 08816

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

Name of Employer Township of East Brunswick Occupation Council President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.4197**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 3 Blanchet Court

City Florham Park State NJ Zip Code 07932

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11AI.4213**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 999 Clifton Ave.

City Clifton State NJ Zip Code 07013

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.4632**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

2000.00

**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 15 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address **PO Box 356**

City **Belle Mead** State **NJ** Zip Code **08502**

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

Name of Employer **St. Philip & St. James Church** Occupation **Clergy**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11AI.4702**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

Mailing Address **929 Sherwood Rd**

City **Bridgewater** State **NJ** Zip Code **08807**

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

Name of Employer **Medicor Cardiology** Occupation **MD**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11AI.4581**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

Mailing Address **34 Cranbury Neck Road**

City **Cranbury** State **NJ** Zip Code **08512**

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

Name of Employer **Homemaker** Occupation **Homemaker**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 26 / 2014**

**Transaction ID : SA11AI.4385**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

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

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

**1250.00**

**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 16 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 332 Fieldcrest Dr.

City State Zip Code  
New Egypt NJ 08533-2533

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

Name of Employer Occupation  
Gellman Image Photographer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4688**

Amount of Each Receipt this Period  
 250.00

Contribution

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

Mailing Address 418 Schoolhouse Rd

City State Zip Code  
Monroe Township NJ 08831

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

Name of Employer Occupation  
Self-Employed (Gibbons Rest Home, INC) Owner/Operator Boarding Care Facility

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4652**

Amount of Each Receipt this Period  
 250.00

Contribution

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

Mailing Address 160 Hacienda Dr.

City State Zip Code  
Merritt Island FL 32952-6406

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 12 / 2014

**Transaction ID : SA11AI.4159**

Amount of Each Receipt this Period  
 250.00

Contribution

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

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

750.00

**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 17 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Chris Gribbin</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 163 Brookstone Dr		<b>Transaction ID : SA11AI.4422</b>
City Princeton	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer University Radiology Group	Occupation Physician	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>B. Vijay K Gupta</b>		Date of Receipt M M / D D / Y Y Y Y 01 / 26 / 2014
Mailing Address 33 Club Way		<b>Transaction ID : SA11AI.4421</b>
City Cedar Grove	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Vijay K. Gupta, M.D.	Occupation President	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) <b>C. Vijay K Gupta</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 33 Club Way		<b>Transaction ID : SA11AI.4694</b>
City Cedar Grove	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Vijay K. Gupta, M.D.	Occupation President	Contribution
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 18 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 1814 Fawn Bluff

City San Antonio State TX Zip Code 78248

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 06 / 2014

**Transaction ID : SA11AI.4445**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 19940 CR 1542

City Ada State OK Zip Code 74820

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.4453**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 11 Kean Ct.

City Princeton State NJ Zip Code 08540-9511

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

Name of Employer Self Occupation Real Estate

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period  
 Contribution 500.00

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

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

1000.00

**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 19 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Bernhard Heersink</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 05 / 2014	
Mailing Address 281 High St.		<b>Transaction ID : SA11AI.4309</b>	
City Newburyport	State MA	Zip Code 01950	Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee.		C	
Name of Employer self	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		

Full Name (Last, First, Middle Initial) <b>B. Freda Heyman</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 1880 Swamp Road		<b>Transaction ID : SA11AI.4739</b>	
City Furlong	State PA	Zip Code 18925	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self	Occupation Physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

Full Name (Last, First, Middle Initial) <b>C. Susan Hildebrant</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2014	
Mailing Address 519 Dukes Parkway East		<b>Transaction ID : SA11AI.4767</b>	
City Manville	State NJ	Zip Code 08835	Amount of Each Receipt this Period Contribution 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Zarephath Health Center	Occupation Administrative Assistant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 270.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	[ ]

**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 20 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 24156 YACHT CLUB BLVD

City PUNTA GORDA State FL Zip Code 33955

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

Name of Employer cgm Occupation admin

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4593**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address 521 Deer Point Dr.

City Gulf Breeze State FL Zip Code 32561

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11AI.4167**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

Mailing Address 1050 George Street Apt. 6E

City New Brunswick State NJ Zip Code 08901

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

Name of Employer NCNJ Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 11 / 2014

**Transaction ID : SA11AI.4484**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

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

1750.00

**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 21 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 67 Mc Guffy Rd.

City Somerset State NJ Zip Code 08873

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

Name of Employer Self Occupation Landscaper

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4697**

Amount of Each Receipt this Period  
 1000.00

Contribution

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

Mailing Address 19 Partridge St.

City Flemington State NJ Zip Code 08822

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

Name of Employer Somerset Orthopaedic Assoc. Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 19 Partridge St.

City Flemington State NJ Zip Code 08822

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

Name of Employer Somerset Orthopaedic Assoc. Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4743**

Amount of Each Receipt this Period  
 1000.00

Contribution

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

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

2500.00

**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 22 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 2802 Highcrest Dr

City State Zip Code  
Grapevine TX 75039

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4615**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 934 Southeast Court

City State Zip Code  
Zanesville OH 43701

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

Name of Employer Genesis Healthcare System Occupation surgeon

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11AI.4394**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 1020 Stevens Rd

City State Zip Code  
York Haven PA 17370

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.4634**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

750.00

**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 23 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 255 Rutgers Place

City Nutley State NJ Zip Code 07110

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.4631**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 13 Sycamore Lane

City Morristown State NJ Zip Code 07960-6729

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

Name of Employer Not Employed Occupation Non-profit development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4681**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 80 Riverside Blvd.

City New York State NY Zip Code 10069

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

Name of Employer Garden State Pain Management Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 19 / 2014

**Transaction ID : SA11AI.4504**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 24 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 131 Kosciusko Road

City State Zip Code  
Whitehouse NJ 08889

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

Name of Employer self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 27 2014

**Transaction ID : SA11AI.4179**

Amount of Each Receipt this Period  
 750.00  
 Contribution

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

Mailing Address 350 Sparta Ave Bldg A

City State Zip Code  
Sparta NJ 07871

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

Name of Employer Eye Care Northwest Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 05 2014

**Transaction ID : SA11AI.4407**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

Mailing Address 350 Sparta Ave Bldg A

City State Zip Code  
Sparta NJ 07871

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

Name of Employer Eye Care Northwest Occupation Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 29 2014

**Transaction ID : SA11AI.4598**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

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

2000.00

**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 25 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address **77 e. Water St #24**

City **Toms River** State **NJ** Zip Code **08753**

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

Name of Employer **Retired** Occupation **Retired**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 31 / 2014**

**Transaction ID : SA11AI.4650**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

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

Mailing Address **21 Corrigan Lane**

City **Greenwich** State **CT** Zip Code **06831**

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

Name of Employer **self** Occupation **physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 14 / 2014**

**Transaction ID : SA11AI.4413**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

Mailing Address **21 Corrigan Lane**

City **Greenwich** State **CT** Zip Code **06831**

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

Name of Employer **self** Occupation **physician**

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 14 / 2014**

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

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

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

**1000.00**

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

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

FOR LINE NUMBER: PAGE 26 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 1815 JFK Blvd  
Apt 1515

City Philadelphia State PA Zip Code 19103

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

Name of Employer Hospital of PENN Occupation radiologist

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
01 / 13 / 2014

**Transaction ID : SA11AI.4411**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 14 Elmwood Drive

City Warren State NJ Zip Code 07059

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

Name of Employer CardioMD Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 19 / 2014

**Transaction ID : SA11AI.4502**

Amount of Each Receipt this Period  
500.00  
Contribution

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

Mailing Address 26 Metzger Drive

City Orchard Park State NY Zip Code 14127

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

Name of Employer Moog Inc. Occupation Engineer

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.4636**

Amount of Each Receipt this Period  
200.00  
Contribution

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

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

950.00

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

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

FOR LINE NUMBER: PAGE 27 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 1 Great Heron Lane

City State Zip Code  
Brookfield CT 06804

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2014

**Transaction ID : SA11AI.4121**

Amount of Each Receipt this Period  
 1000.00  
 Contribution

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

Mailing Address 1 Great Heron Lane

City State Zip Code  
Brookfield CT 06804

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4685**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

Mailing Address 570 Morningside Drive

City State Zip Code  
Bridgewater NJ 08807

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

Name of Employer Occupation  
Values Instrument Express, LLC Senior Partner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4641**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

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

2000.00

**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 28 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 10 Freeman St

City Edison State NJ Zip Code 08820

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4606**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 119 Tindall Road

City Middletown State NJ Zip Code 07748

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 14 / 2013

**Transaction ID : SA11AI.4396**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 119 Tindall Road

City Middletown State NJ Zip Code 07748

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4578**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

1350.00

**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 29 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 119 Tindall Road

City Middletown State NJ Zip Code 07748

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4734**

Amount of Each Receipt this Period  
 2000.00  
 Contribution

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

Mailing Address 2005 N Tillotson Ave

City Muncie State IN Zip Code 47304

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

Name of Employer self Occupation innkeeper

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 23 / 2014

**Transaction ID : SA11AI.4418**

Amount of Each Receipt this Period  
 250.00  
 Contribution

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

Mailing Address 2005 N Tillotson Ave

City Muncie State IN Zip Code 47304

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

Name of Employer self Occupation innkeeper

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1750.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.4219**

Amount of Each Receipt this Period  
 1500.00  
 Contribution

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

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

3750.00

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

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

FOR LINE NUMBER: PAGE 30 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 1450 Main St.

City Clifton State NJ Zip Code 07011

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 30 / 2014

**Transaction ID : SA11AI.4692**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 210 Lansing Island Drive

City Indian Harbor State FL Zip Code 32937

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

Name of Employer Christian Care Ministry Occupation President

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4635**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 154 School House Road

City Somerset State NJ Zip Code 08873

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4668**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1000.00

**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 31 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. David Millner</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2014	
Mailing Address 726 Hibiscus Lane		<b>Transaction ID : SA11AI.4458</b>	
City Vero Beach	State FL	Zip Code 32963	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer David Millner Group, LLC	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

Full Name (Last, First, Middle Initial) <b>B. David Millner</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2014	
Mailing Address 726 Hibiscus Lane		<b>Transaction ID : SA11AI.4643</b>	
City Vero Beach	State FL	Zip Code 32963	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer David Millner Group, LLC	Occupation Consultant		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2000.00		

Full Name (Last, First, Middle Initial) <b>C. Robert H Odell</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2014	
Mailing Address 9632 Grand Isle Ln		<b>Transaction ID : SA11AI.4454</b>	
City Las Vegas	State NV	Zip Code 89144	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Odell Medical Enterprises	Occupation physician		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	2500.00

**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 32 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 3615 E. 5th St.

City Tucson State AZ Zip Code 85716

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.4127**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 431 Walnut Avenue North

City Ketchum State ID Zip Code 83340-2359

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 09 / 2014

**Transaction ID : SA11AI.4143**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 76 treetops circle

City princeton State NJ Zip Code 08540

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

Name of Employer self Occupation physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 11 / 2013

**Transaction ID : SA11AI.4393**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

1750.00

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

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

FOR LINE NUMBER: PAGE 33 OF 55  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Tom G. Peponis Jr.**

Mailing Address 126 Price Ave.

City Columbus State OH Zip Code 43201-5406

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 08 / 2014

**Transaction ID : SA11AI.4225**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 405 sims way

City merritt island State FL Zip Code 32952

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

Name of Employer self Occupation financial planner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : SA11AI.4438**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 3764 Turtle Mound Rd.

City Melbourne State FL Zip Code 32934-8448

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 08 / 2014

**Transaction ID : SA11AI.4163**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

750.00

**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 34 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 1506 Mahogany Run Drive

City Lagrange State KY Zip Code 40031

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 02 / 2014

**Transaction ID : SA11AI.4123**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 6 Nordling Avenue

City Madison State NJ Zip Code 07940

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 28 / 2014

**Transaction ID : SA11AI.4465**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 2708 Legacy Ct

City Bartlesville State OK Zip Code 74006

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

Name of Employer RSI Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2014

**Transaction ID : SA11AI.4437**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1750.00

**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 35 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 2604 Knox Cove Drive

City State Zip Code  
McKinleyville CA 95519

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 04 / 2014

**Transaction ID : SA11AI.4133**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 2815 Wassergass Road

City State Zip Code  
Hellertown PA 18055

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

Name of Employer self Occupation Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 14 / 2013

**Transaction ID : SA11AI.4399**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 2815 Wassergass Road

City State Zip Code  
Hellertown PA 18055

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

Name of Employer self Occupation Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 27 / 2014

**Transaction ID : SA11AI.4463**

Amount of Each Receipt this Period  
100.00  
Contribution

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

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

600.00

**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 36 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 2815 Wassergass Road

City Hellertown State PA Zip Code 18055

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

Name of Employer self Occupation Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 25 / 2014**

**Transaction ID : SA11AI.4577**

Amount of Each Receipt this Period  
**200.00**

Contribution

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

Mailing Address 2815 Wassergass Road

City Hellertown State PA Zip Code 18055

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

Name of Employer self Occupation Psychiatrist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **650.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : SA11AI.4607**

Amount of Each Receipt this Period  
**100.00**

Contribution

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

Mailing Address 39 Fells Dr  
PO Box 674

City Manalapan State NJ Zip Code 07726

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

Name of Employer AXA Occupation retiree consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 24 / 2014**

**Transaction ID : SA11AI.4419**

Amount of Each Receipt this Period  
**500.00**

Contribution

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

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

**800.00**

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

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

FOR LINE NUMBER: PAGE 37 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 39 Fells Dr  
PO Box 674

City Manalapan State NJ Zip Code 07726

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

Name of Employer AXA Occupation retiree consultant

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4595**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 1 Waldron Drive

City Martinsville State NJ Zip Code 08836

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

Name of Employer Ruta Soulios & Stratis LLP Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4741**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 939 Old Chester Rd.

City Far Hills State NJ Zip Code 07931

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

Name of Employer Self-employed Occupation Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 28 / 2013

**Transaction ID : SA11AI.4405**

Amount of Each Receipt this Period  
 Contribution 750.00

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 38 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 939 Old Chester Rd.

City State Zip Code  
Far Hills NJ 07931

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11Al.4460**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 939 Old Chester Rd.

City State Zip Code  
Far Hills NJ 07931

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11Al.4673**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 939 Old Chester Rd.

City State Zip Code  
Far Hills NJ 07931

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11Al.4644**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

750.00

**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 39 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 9 Vincent Ave.

City Kendall Park State NJ Zip Code 08824

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

Name of Employer Retired Occupation Retired

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 / 26 / 2013

**Transaction ID : SA11AI.4099**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

Mailing Address 1451 Martine Ave.

City Scotch Plains State NJ Zip Code 07076-2501

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

Name of Employer AMS Solutions, Inc. Occupation Software Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 18 / 2014

**Transaction ID : SA11AI.4230**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 1451 Martine Ave.

City Scotch Plains State NJ Zip Code 07076-2501

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

Name of Employer AMS Solutions, Inc. Occupation Software Developer

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2014

**Transaction ID : SA11AI.4588**

Amount of Each Receipt this Period  
 Contribution 100.00

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

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

1600.00

**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 40 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 4 Roney Rd.

City Edison State NJ Zip Code 08820-3208

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

Name of Employer Rutgers Occupation Professor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4706**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 245 Union Ave.

City Bridgewater State NJ Zip Code 08807

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

Name of Employer self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4584**

Amount of Each Receipt this Period  
 Contribution 300.00

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

Mailing Address 2091 Arbor Way

City Martinsville State NJ Zip Code 08836

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

Name of Employer Ruta, Soulios, & Stratis, LLP Occupation Attorney

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4686**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

800.00

**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 41 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 314 Woodland Avenue

City Avon State NJ Zip Code 07717

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

Name of Employer Shapiro Financial Security Group, Inc. Occupation Investment Advisor/Financial Planner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 07 / 2014

**Transaction ID : SA11AI.4408**

Amount of Each Receipt this Period  
 500.00

Contribution

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

Mailing Address 314 Woodland Avenue

City Avon State NJ Zip Code 07717

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

Name of Employer Shapiro Financial Security Group, Inc. Occupation Investment Advisor/Financial Planner

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4586**

Amount of Each Receipt this Period  
 250.00

Contribution

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

Mailing Address 17 Buffalo Run

City East Brunswick State NJ Zip Code 08816

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

Name of Employer State of NJ Occupation Chief of Staff

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4236**

Amount of Each Receipt this Period  
 500.00

Contribution

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

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

1250.00

**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 42 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 604 S. Parkway Dr.

City State Zip Code  
El Dorado AZ 71730-3761

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

Name of Employer Occupation  
Self CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 14 / 2014

**Transaction ID : SA11AI.4155**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 55 Ocean Ave.  
Unit 9G

City State Zip Code  
Monmouth Beach NJ 07750-1370

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 01 / 2014

**Transaction ID : SA11AI.4125**

Amount of Each Receipt this Period  
500.00  
Contribution

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

Mailing Address 55 Ocean Ave.  
Unit 9G

City State Zip Code  
Monmouth Beach NJ 07750-1370

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 28 / 2014

**Transaction ID : SA11AI.4661**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

1000.00

**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 43 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 21 Woodhollow Road

City State Zip Code  
Princeton Junction NJ 08550

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 03 / 2014

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
250.00  
Contribution

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

Mailing Address 2209 Timbercreek Circle

City State Zip Code  
Wichita KS 67204

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

Name of Employer Occupation  
self Osteopathic Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.4637**

Amount of Each Receipt this Period  
1000.00  
Contribution

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

Mailing Address 270 Knollcrest Road

City State Zip Code  
Mountainside NJ 07092

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

Name of Employer Occupation  
Hackensack UMC Urologist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 09 / 2014

**Transaction ID : SA11AI.4482**

Amount of Each Receipt this Period  
250.00  
Contribution

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

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

1500.00

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

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

FOR LINE NUMBER: PAGE 44 OF 55  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 365 Newport Drive

City State Zip Code  
Indialantic FL 32903

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

Name of Employer Occupation  
Health First physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 13 / 2014

**Transaction ID : SA11AI.4410**

Amount of Each Receipt this Period  
 Contribution 500.00

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

Mailing Address 3 South Magnolia St.

City State Zip Code  
Pearl River NY 10965

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.4237**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 3 South Magnolia St.

City State Zip Code  
Pearl River NY 10965

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

Name of Employer Occupation  
Retired Retired

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.4656**

Amount of Each Receipt this Period  
 Contribution 250.00

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

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

1000.00

**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 45 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 3 South Magnolia St.

City Pearl River State NY Zip Code 10965

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

Name of Employer Retired Occupation Retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 28 / 2014**

**Transaction ID : SA11AI.4738**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

Mailing Address 4405 1st PL NE Unit B1

City Washington State DC Zip Code 20011

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

Name of Employer NCPPR Occupation Pointy Head

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**02 / 16 / 2014**

**Transaction ID : SA11AI.4448**

Amount of Each Receipt this Period  
**250.00**  
 Contribution

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

Mailing Address 37 Mayfield Lane

City Piscataway State NJ Zip Code 08854

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

Name of Employer Bristol Myers-Squibb Occupation Director of Regulatory Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 29 / 2014**

**Transaction ID : SA11AI.4617**

Amount of Each Receipt this Period  
**500.00**  
 Contribution

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

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

**1250.00**

**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 46 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 97 S. Main St.

City Cranbury State NJ Zip Code 08512

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

Name of Employer PSE & G Occupation Research & Development

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2014

**Transaction ID : SA11AI.4768**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 25 Phillips Glen

City Granville State OH Zip Code 43023-8700

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 18 / 2014

**Transaction ID : SA11AI.4171**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 20 George Davison Road

City Cranbury State NJ Zip Code 08512-2001

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

Name of Employer self Occupation Health Policy Consultant

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1100.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4387**

Amount of Each Receipt this Period  
 Contribution 1000.00

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

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

1500.00

**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 47 OF 55
	<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	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 8 Rory Court

City Edison State NJ Zip Code 08820

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

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 27 / 2014

**Transaction ID : SA11AI.4115**

Amount of Each Receipt this Period  
 Contribution 250.00

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

Mailing Address 1771 Todd Road

City Toms River State NJ Zip Code 08755

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

Name of Employer retired Occupation retired

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11AI.4649**

Amount of Each Receipt this Period  
 Contribution 500.00

**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  
 Contribution

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

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

750.00

66450.00

**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 48 OF 55
	<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)  
**DR. ALIETA ECK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**AMERICANS FOR REPUBLICAN LEADERSHIP PAC**

Mailing Address **PO BOX 225**

City **COLONIA** State **NJ** Zip Code **07067**

FEC ID number of contributing federal political committee. **C C00383422**

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  
**03 / 31 / 2014**

**Transaction ID : SA11C.4731**

Amount of Each Receipt this Period  
 Contribution **2000.00**

**B.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)**

Mailing Address **1601 N TUCSON BLVD  
SUITE 9**

City **TUCSON** State **AZ** Zip Code **85716**

FEC ID number of contributing federal political committee. **C C00041590**

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  
**01 / 12 / 2014**

**Transaction ID : SA11C.4721**

Amount of Each Receipt this Period  
 Contribution **5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**ASSOCIATION OF AMERICAN PHYSICIANS AND SURGEONS POLITICAL ACTION COMMITTEE (AAPS-PAC)**

Mailing Address **1601 N TUCSON BLVD  
SUITE 9**

City **TUCSON** State **AZ** Zip Code **85716**

FEC ID number of contributing federal political committee. **C C00041590**

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  
**03 / 31 / 2014**

**Transaction ID : SA11C.4722**

Amount of Each Receipt this Period  
 Contribution **5000.00**

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

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

**12000.00**

**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 49 OF 55
	<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)  
**DR. ALIETA ECK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**INDEPENDENCE HALL TEA PARTY PAC**

Mailing Address PO BOX 301

City BLACKWOOD State NJ Zip Code 08012

FEC ID number of contributing federal political committee. **C** C00476218

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.4753**

Amount of Each Receipt this Period  
 250.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
**LIBERTY & PROSPERITY PAC**

Mailing Address 19 CATTANO AVENUE

City MORRISTOWN State NJ Zip Code 07960

FEC ID number of contributing federal political committee. **C** C00492538

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11C.4729**

Amount of Each Receipt this Period  
 500.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
**NEW JERSEY RIGHT TO LIFE COMMITTEE FEDERAL PAC**

Mailing Address 242 OLD NEW BRUNSWICK SUITE 340

City PISCATAWAY State NJ Zip Code 08854

FEC ID number of contributing federal political committee. **C** C00260331

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 12 / 2014

**Transaction ID : SA11C.4303**

Amount of Each Receipt this Period  
 500.00  
 Contribution

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

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

1250.00

**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 50 OF 55
	<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)  
**DR. ALIETA ECK FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)  
**SUPPORTING CONSERVATIVES OF TODAY AND TOMORROW (SCOTT PAC)**

Mailing Address **PO BOX 905**

City State Zip Code  
**NEWTON NJ 07860**

FEC ID number of contributing federal political committee. **C C00453324**

Name of Employer Occupation

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**03 31 2014**

**Transaction ID : SA11C.4775**

Amount of Each Receipt this Period  
 Contribution **500.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>13750.00</b>

**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 51 OF 55
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DR. ALIETA ECK FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. ALIETA DR ECK**

Mailing Address 2062 AMWELL ROAD

City SOMERSET State NJ Zip Code 08873

FEC ID number of contributing federal political committee. **C H4NJ12123**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11D.4725**

Amount of Each Receipt this Period  
 5000.00

Contribution from Candidate

**B.** Full Name (Last, First, Middle Initial)  
**Dr. ALIETA DR ECK**

Mailing Address 2062 AMWELL ROAD

City SOMERSET State NJ Zip Code 08873

FEC ID number of contributing federal political committee. **C H4NJ12123**

Name of Employer Self Occupation Physician

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA11D.4780**

Amount of Each Receipt this Period  
 250.00

Contribution

**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).....

5250.00

5250.00

**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 52 OF 55
	<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)  
**DR. ALIETA ECK FOR CONGRESS**

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

Mailing Address 37 Mayfield Lane

City State Zip Code  
Piscataway NJ 08854

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

Name of Employer Occupation  
Collaborative Support Programs of NJ RN, WC, CRSP, Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
1850.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2014

**Transaction ID : SA13B.4713**

Amount of Each Receipt this Period  
1600.00

Loan to Candidate

**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).....

1600.00

1600.00

**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 53 OF 55	
	<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)  
**DR. ALIETA ECK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Au Bon Pain</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 406 10th St. NW		Amount of Each Disbursement this Period 239.74 <b>Transaction ID : SB17.4715</b>
City Washington State DC Zip Code 20004	Purpose of Disbursement Food for Event 003 Category/Type	
Candidate Name <b>DR. ALIETA ECK FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 12		

Full Name (Last, First, Middle Initial) <b>B. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 328.12 <b>Transaction ID : SB17.4516</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing Fees 003 Category/Type	
Candidate Name <b>DR. ALIETA ECK FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 12		

Full Name (Last, First, Middle Initial) <b>C. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 316.01 <b>Transaction ID : SB17.4517</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing Fees 003 Category/Type	
Candidate Name <b>DR. ALIETA ECK FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 12		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	883.87
<b>TOTAL</b> 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 54 OF 55			
	<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)  
**DR. ALIETA ECK FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Piryx</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 144 2nd St. 1st Floor		Amount of Each Disbursement this Period 1332.90 <b>Transaction ID : SB17.4653</b>
City San Francisco State CA Zip Code 94105	Purpose of Disbursement Credit Card Processing Fees 003 Category/Type	
Candidate Name <b>DR. ALIETA ECK FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 12		

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1332.90
<b>TOTAL</b> This Period (last page this line number only).....	2216.77

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **DR. ALIETA ECK FOR CONGRESS** Transaction ID : **SC/10.4713**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Lucy Buckner</b>	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 37 Mayfield Lane	

City	State	ZIP Code
Piscataway	NJ	08854

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1600.00	0.00	1600.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
03 / 31 / 2014	12/31/2014	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

<b>SUBTOTALS</b> This Period This Page (optional).....	▶	1600.00
<b>TOTALS</b> This Period (last page in this line only).....	▶	1600.00

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