

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
NJ11TH FOR CHANGE, INC.

ADDRESS (number and street) **51 GRANDVIEW PLACE**
Check if different than previously reported. (ACC) **MONTCLAIR NJ 07043**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00632810 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2018 through / / 2018

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

Signature of Treasurer **Bellack, Jonathan, , ,** [Electronically Filed] Date / / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NJ11TH FOR CHANGE, INC.

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		37144.39
(b) Cash on Hand at Beginning of Reporting Period.....	17712.54	
(c) Total Receipts (from Line 19)	249.45	11094.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	17961.99	48238.69
7. Total Disbursements (from Line 31).....	17961.99	48238.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	0.00	0.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

NJ11TH FOR CHANGE, INC.

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	5513.00
(ii) Unitemized	13.87	5345.72
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	13.87	10858.72
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13.87	10858.72
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	235.58	235.58
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	249.45	11094.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	249.45	11094.30

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	16645.35	46922.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	16645.35	46922.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	1316.64	1316.64
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17961.99	48238.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17961.99	48238.69

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13.87	10858.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13.87	10858.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	16645.35	46922.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	235.58	235.58
38. Net Operating Expenditures (subtract Line 37 from Line 36)	16409.77	46686.47

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NJ11TH FOR CHANGE, INC.

Mailing Address 51 GRANDVIEW PLACE

City MONTCLAIR	State NJ	Zip Code 07043
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00632810

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
235.58

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		06		2018

Transaction ID : SA15.7520

Amount of Each Receipt this Period
235.58

Memo Item
Cash on hand adjustment (as per FEC advice)

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	235.58
TOTAL This Period (last page this line number only).....	235.58

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. CMT Sound Systems		Date of Disbursement MM / DD / YYYY 04 / 05 / 2018
Mailing Address 310 Colfax Ave, Building E		FEC Identification Number C [] Transaction ID : SB21B.7502 Amount of Each Disbursement this Period [] 341.47
City Clifton	State NJ	Zip Code 07013
Purpose of Disbursement Equipment rental - Reimbursement		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Foley, Lizzie, , ,		Date of Disbursement MM / DD / YYYY 04 / 05 / 2018
Mailing Address 127 Haddon Place		FEC Identification Number C [] Transaction ID : SB21B.7499 Amount of Each Disbursement this Period [] 258.89
City Montclair	State NJ	Zip Code 07043
Purpose of Disbursement Printing - reimbursement		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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Genova Burns LLC		Date of Disbursement MM / DD / YYYY 04 / 05 / 2018
Mailing Address 494 Broad St., Fl 6		FEC Identification Number C [] Transaction ID : SB21B.7491 Amount of Each Disbursement this Period [] 6987.50
City Newark	State NJ	Zip Code 07102
Purpose of Disbursement Legal fees		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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 7587.86
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Genova Burns LLC		Date of Disbursement MM / DD / YYYY 04 / 05 / 2018	
Mailing Address 494 Broad St., Fl 6		FEC Identification Number C [] Transaction ID : SB21B.7492 Amount of Each Disbursement this Period [] 2350.00	
City Newark	State NJ	Zip Code 07102	Category/Type []
Purpose of Disbursement Legal fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Google Apps		Date of Disbursement MM / DD / YYYY 04 / 02 / 2018	
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C [] Transaction ID : SB21B.7476 Amount of Each Disbursement this Period [] 529.34	
City Mountain View	State CA	Zip Code 94043	Category/Type []
Purpose of Disbursement Software		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Heninger, Lori, , ,		Date of Disbursement MM / DD / YYYY 04 / 03 / 2018	
Mailing Address 7 Glen Rd		FEC Identification Number C [] Transaction ID : SB21B.7479 Amount of Each Disbursement this Period [] 1000.00	
City West Orange	State NJ	Zip Code 07052	Category/Type []
Purpose of Disbursement Salary		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 3879.34
TOTAL This Period (last page this line number only).....▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Juviler, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 51 Grandview Pl

City Montclair State NJ Zip Code 07043

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7478

Amount of Each Disbursement this Period: 2000.00

Memo Item

B. Juviler, Elizabeth, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 51 Grandview Pl

City Montclair State NJ Zip Code 07043

Purpose of Disbursement Printing - reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7493

Amount of Each Disbursement this Period: 368.82

Memo Item

C. Murphy, Stacey, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 22 Dogwood Dr

City Denville State NJ Zip Code 07834

Purpose of Disbursement Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 04 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7507

Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3368.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Step 2 Promotions

Mailing Address 20 Mandon Dr.

City Wayne State NJ Zip Code 07470

Purpose of Disbursement
Printing

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 05 / 2018

FEC Identification Number

C []

Transaction ID : SB21B.7506

Amount of Each Disbursement this Period

[] 1044.31

Memo Item

Full Name (Last, First, Middle Initial)

B. TD Bank

Mailing Address 1701 Route 70

City Cherry Hill State NJ Zip Code 08034

Purpose of Disbursement
Financial fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2018

FEC Identification Number

C []

Transaction ID : SB21B.7480

Amount of Each Disbursement this Period

[] 25.09

Memo Item

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address 1701 Route 70

City Cherry Hill State NJ Zip Code 08034

Purpose of Disbursement
Financial fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2018

FEC Identification Number

C []

Transaction ID : SB21B.7482

Amount of Each Disbursement this Period

[] 21.15

Memo Item

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

[] 1090.55

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. TD Bank

Full Name (Last, First, Middle Initial)

Mailing Address 1701 Route 70

City Cherry Hill State NJ Zip Code 08034

Purpose of Disbursement Financial fees

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7485

Amount of Each Disbursement this Period: 1.58

Memo Item

B. TigerEye Promotions LLC

Full Name (Last, First, Middle Initial)

Mailing Address 66 Industry Ct Ste A

City Troy State OH Zip Code 45373-2560

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7488

Amount of Each Disbursement this Period: 143.21

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	144.79
TOTAL This Period (last page this line number only).....▶	16071.36

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. NJ 11th for Change [new 501(c)(4) social welfare entity]

Full Name (Last, First, Middle Initial)

Mailing Address 51 GRANDVIEW PLACE

City MONTCLAIR State NJ Zip Code 07043

Purpose of Disbursement Donation to 501(c)(4) social welfare entity

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY
04 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB29.7517

Amount of Each Disbursement this Period: 1316.64

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1316.64
TOTAL This Period (last page this line number only).....▶	1316.64

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Arad, Aviva, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 480 Valley Rd #B3			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period <input type="text" value="27.72"/>	Transaction ID : SD10.7375	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="27.72"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Caramanna, Ray, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 52 Memory Ln			
City Denville	State NJ	Zip Code 07834	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor CMT Sound Systems			Nature of Debt (Purpose): Event rental - reimbursable
Mailing Address 310 Colfax Ave, Building E			
City Clifton	State NJ	Zip Code 07013	

Outstanding Balance Beginning This Period <input type="text" value="341.47"/>	Transaction ID : SD10.7495	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="341.47"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Foley, Lizzie, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 127 Haddon Place			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period <input type="text" value="258.89"/>	Transaction ID : SD10.5894	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="258.89"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

Outstanding Balance Beginning This Period <input type="text" value="6987.50"/>	Transaction ID : SD10.7378	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="6987.50"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Heninger, Lori, , ,			Nature of Debt (Purpose): Salary
Mailing Address 7 Glen Rd			
City West Orange	State NJ	Zip Code 07052	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.7381	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor J.P. West Inc.			Nature of Debt (Purpose): Insurance
Mailing Address 44 Wall St. 0			
City New York	State NY	Zip Code 10005	

Outstanding Balance Beginning This Period 89.00	Transaction ID : SD10.7376	
Amount Incurred This Period 0.00	Payment This Period 89.00	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Juviler, Elizabeth, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 51 Grandview Pl			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period 368.82	Transaction ID : SD10.5902	
Amount Incurred This Period 0.00	Payment This Period 368.82	Outstanding Balance at Close of This Period 0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Juviler, Elizabeth, , ,			Nature of Debt (Purpose): Salary
Mailing Address 51 Grandview Pl			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period 2000.00	Transaction ID : SD10.7379	
Amount Incurred This Period 0.00	Payment This Period 2000.00	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional).....▶	0.00
2) TOTALS This Period (last page this line number only).....▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Kelly, Judy, , ,			Nature of Debt (Purpose): Insurance - reimbursable
Mailing Address 21 Pine Rd			
City Roseland	State NJ	Zip Code 07068	

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

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Lynch, Liz, , ,			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 101 Haddon Pl			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period <input type="text" value="83.00"/>	Transaction ID : SD10.7496	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="83.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Murphy, Stacey, , ,			Nature of Debt (Purpose): Salary
Mailing Address 22 Dogwood Dr			
City Denville	State NJ	Zip Code 07834	

Outstanding Balance Beginning This Period <input type="text" value="1000.00"/>	Transaction ID : SD10.7380	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
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SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 17 OF 17
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Step 2 Promotions			Nature of Debt (Purpose): Printing
Mailing Address 20 Mandon Dr.			
City Wayne	State NJ	Zip Code 07470	

Outstanding Balance Beginning This Period 1044.31		Transaction ID : SD10.7377	
Amount Incurred This Period 0.00	Payment This Period 1044.31	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

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

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

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

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	