

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

Aimee Belgard for Congress

ADDRESS (number and street)

PO Box 35

Check if different than previously reported. (ACC)

Willingboro

NJ

08046

2. **FEC IDENTIFICATION NUMBER**

C00550103

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

03

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

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 Sander Friedman

Signature of Treasurer Sander Friedman

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Aimee Belgard for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 25 / 2014 To: M M / D D / Y Y Y Y 12 / 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))	180.00	180.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	125.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	180.00	55.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	27066.21	40846.04
(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))	27066.21	40846.04
8. Cash on Hand at Close of Reporting Period (from Line 27)	11315.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Aimee Belgard for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	180.00	180.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	180.00	180.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	180.00	180.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	180.00	180.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27066.21	40846.04
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	125.00
(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	125.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	27066.21	40971.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	38201.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	180.00
25. SUBTOTAL (add Line 23 and Line 24).....	38381.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27066.21
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11315.25

**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 9
	<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)
Aimee Belgard for Congress

A. Full Name (Last, First, Middle Initial)
Greg Heizler

Mailing Address 224 Summit Ave

City State Zip Code
Island Hgts NJ 08732-7898

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

Name of Employer Occupation
Heizler Pentony, PC Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 06 / 2014

Transaction ID : VN911DA9DT4

Amount of Each Receipt this Period
50.00

Unsolicited Contrib. Processed in Error - Refunded on Next Report

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

Mailing Address 524 Otto Ave

City State Zip Code
Edgewater Park NJ 08010-2012

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

Name of Employer Occupation
Deborah Lynch, CPA Certified Public Accountant

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
130.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 28 / 2014

Transaction ID : VN911DA9DS6

Amount of Each Receipt this Period
130.00

Unsolicited Contrib. Processed in Error - Refunded on Next Report

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).....

180.00

180.00

**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 6 OF 9
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Aimee Belgard for Congress

Full Name (Last, First, Middle Initial) A. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 168.35
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Processing Fee	Transaction ID : VN81S9TMAB0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 800.00
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Software	Transaction ID : VN81S9TMBR1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 6771.28
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll Taxes	Transaction ID : VN81S9TMAA2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7739.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 9	
	<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)
Aimee Belgard for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2014
Mailing Address 1101 15th St NW Ste 500		Amount of Each Disbursement this Period 700.00 Transaction ID : VN81S9TMBQ3
City Washington	State DC	
Zip Code 20005-5006	Purpose of Disbursement Software	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Paychex		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 911 Panorama Trl S		Amount of Each Disbursement this Period 16180.78 Transaction ID : VN81S9TMA94
City Rochester	State NY	
Zip Code 14625-2311	Purpose of Disbursement Payroll	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Hannah Ledford		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 413 Locust Ave Apt 2		Amount of Each Disbursement this Period 6048.73 Transaction ID : VN81S9TMAR2
City Burlington	State NJ	
Zip Code 08016-4517	Purpose of Disbursement Salary	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	16880.73
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
Aimee Belgard for Congress

Full Name (Last, First, Middle Initial) A. Julia Fahl		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 1919 Creek Rd		Amount of Each Disbursement this Period 5078.18
City Hainesport	State NJ	
Zip Code 08036-2771	Purpose of Disbursement Salary	Transaction ID : VN81S9TMAQ4
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) B. Amanda Davila		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 126 Wilson Rd		Amount of Each Disbursement this Period 2564.15
City Maple Shade	State NJ	
Zip Code 08052-1461	Purpose of Disbursement Salary	Transaction ID : VN81S9TMAP7
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

Full Name (Last, First, Middle Initial) c. Jean Cornell		Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2014
Mailing Address 4201 Massachusetts Ave NW Apt 5053C		Amount of Each Disbursement this Period 2489.72
City Washington	State DC	
Zip Code 20016-4740	Purpose of Disbursement Salary	Transaction ID : VN81S9TMAN9
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM] *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 9	
	<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)
Aimee Belgard for Congress

Full Name (Last, First, Middle Initial) A. Capitol Compliance Associates, Inc.		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2014
Mailing Address 600 Pennsylvania Ave SE Ste 210		Amount of Each Disbursement this Period 1560.58 Transaction ID : VN81S9TNJK6
City Washington State DC Zip Code 20003-4344	Purpose of Disbursement Compliance Services & Expense Reimb. - Below if Itemized	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Blue State Digital		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 406 7th St NW Fl 3		Amount of Each Disbursement this Period 325.00 Transaction ID : VN81S9TMBN7
City Washington State DC Zip Code 20004-2260	Purpose of Disbursement Website and Email Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Zenfolio		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2014
Mailing Address 3515A Edison Way		Amount of Each Disbursement this Period 200.25 Transaction ID : VN81S9TNJJ8
City Menlo Park State CA Zip Code 94025-1815	Purpose of Disbursement Website Services	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	2085.83
TOTAL This Period (last page this line number only).....	26706.24