

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

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

ADDRESS (number and street)

100 CANAL POINTE BLVD.

SUITE 208



Check if different than previously reported. (ACC)

PRINCETON

NJ

08540

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00690297

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

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

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

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

in the
State of

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

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

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

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

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

in the
State of

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

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 01 2019

through

M M / D D / Y Y Y Y Y Y
06 30 2019M M / D D / Y Y Y Y Y Y
06 30 2019M M / D D / Y Y Y Y Y Y
06 30 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Wojciechowski, Walter, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Wojciechowski, Walter, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
07 08 2019M M / D D / Y Y Y Y Y Y
07 08 2019M M / D D / Y Y Y Y Y Y
07 08 2019

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

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2019

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|--|--|
| 6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2019 | | 41.50 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 41.50 | |
| (c) Total Receipts (from Line 19) | 10772.50 | 10772.50 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 10814.00 | 10814.00 |
| 7. Total Disbursements (from Line 31)..... | 9777.83 | 9777.83 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 1036.17 | 1036.17 |
| 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) | 100.00 | |



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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

Report Covering the Period:

From:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | 0 | 1 | | 2 | 0 | 1 | 9 | | |

To:

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 6 | | 3 | 0 | | 2 | 0 | 1 | 9 | | |

| 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)..... | 10772.50 | 10772.50 |
| (ii) Unitemized | 0.00 | 0.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 10772.50 | 10772.50 |
| (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) | 10772.50 | 10772.50 |
| 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)..... | 0.00 | 0.00 |
| 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)) | 10772.50 | 10772.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 10772.50 | 10772.50 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| 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 | 9777.83 | 9777.83 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 9777.83 | 9777.83 |
| 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)..... | 0.00 | 0.00 |
| 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)) .. | 9777.83 | 9777.83 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9777.83 | 9777.83 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) | 10772.50 | 10772.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10772.50 | 10772.50 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 9777.83 | 9777.83 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 9777.83 | 9777.83 |

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

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

FOR LINE NUMBER: PAGE 6 OF 14

(check only one)

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

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

NAME OF COMMITTEE (In Full)

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

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

A. Microbilt Corp.

Mailing Address 100 Canal Pointe Blvd.
Suite 208

City
Princeton

State
NJ

Zip Code
08540

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 ▼

5272.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 17 / 2019

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period

5272.50

☐ Memo Item

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

B. Microbilt Corp.

Mailing Address 100 Canal Pointe Blvd.
Suite 208

City
Princeton

State
NJ

Zip Code
08540

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 ▼

5772.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 18 / 2019

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

C. Microbilt Corp.

Mailing Address 100 Canal Pointe Blvd.
Suite 208

City
Princeton

State
NJ

Zip Code
08540

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 ▼

7772.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 05 / 2019

Transaction ID : SA11AI.4139

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

7772.50

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

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

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

FOR LINE NUMBER: PAGE 7 OF 14
(check only one)

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

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NAME OF COMMITTEE (In Full)

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

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

A. Microbilt Corp.

Mailing Address 100 Canal Pointe Blvd.
Suite 208

City
Princeton

State
NJ

Zip Code
08540

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 ▼

10772.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 26 / 2019

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

3000.00

☐ Memo Item

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

B.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

C.

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

3000.00

10772.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

Full Name (Last, First, Middle Initial)

A. Delaware Business Incorporators, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 10 | | 2019 |

Mailing Address 3422 Old Capitol Trail
Suite 700City
WilmingtonState
DEZip Code
19808Purpose of Disbursement
Corporate Services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.4145**

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Delaware Business Incorporators, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 04 | | 25 | | 2019 |

Mailing Address 3422 Old Capitol Trail
Suite 700City
WilmingtonState
DEZip Code
19808Purpose of Disbursement
Corporate Services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.4146**

Amount of Each Disbursement this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Delaware Business Incorporators, Inc.

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 05 | | 23 | | 2019 |

Mailing Address 3422 Old Capitol Trail
Suite 700City
WilmingtonState
DEZip Code
19808Purpose of Disbursement
Corporate Services

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C**Transaction ID : SB21B.4149**

Amount of Each Disbursement this Period

234.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

1234.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

Full Name (Last, First, Middle Initial)

A. Genova Burns LLC

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 8 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C**Transaction ID : SB21B.4144**

Amount of Each Disbursement this Period

1170.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Genova Burns LLC

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 8 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C**Transaction ID : SB21B.4151**

Amount of Each Disbursement this Period

1485.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Genova Burns LLC

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 1 | | 1 | 8 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C**Transaction ID : SB21B.4152**

Amount of Each Disbursement this Period

77.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2732.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

Full Name (Last, First, Middle Initial)

A. Genova Burns LLC

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | | 1 | 8 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.4153**

Amount of Each Disbursement this Period

242.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Genova Burns LLC

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | | 1 | 8 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.4154**

Amount of Each Disbursement this Period

2192.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Genova Burns LLC

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Purpose of Disbursement

Candidate Name

 Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 1 | | | 1 | 8 | | | 2 | 0 | 1 | 9 | | |

FEC Identification Number

C**Transaction ID : SB21B.4155**

Amount of Each Disbursement this Period

105.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2540.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

Full Name (Last, First, Middle Initial)

A. Genova Burns LLC

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | | 25 | | 2019 |

FEC Identification Number

C**Transaction ID : SB21B.4147**

Amount of Each Disbursement this Period

2827.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Genova Burns LLC

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | | 10 | | 2019 |

FEC Identification Number

C**Transaction ID : SB21B.4150**

Amount of Each Disbursement this Period

187.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3015.00

9521.50

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 14

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4121

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)
Burgess, Philip, , ,N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 100 Canal Pointe Blvd.
Suite 208

City

Princeton

State

NJ

ZIP Code

08540

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

M M / D D / Y Y Y Y
08 / 03 / 2018

Date Due

M M / D D / Y Y Y Y
8/3/2019

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ 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:**SUBTOTALS** This Period This Page (optional)..... ►

100.00

TOTALS This Period (last page in this line only)..... ►

100.00

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

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 14

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

NAME OF COMMITTEE (In Full)

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

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

Genova Burns LLC

Nature of Debt (Purpose):

Outstanding Bill for Legal Services

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Outstanding Balance Beginning This Period

1485.00

Transaction ID : SD10.4124

Amount Incurred This Period

0.00

Payment This Period

1485.00

Outstanding Balance at Close of This Period

0.00

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

Genova Burns LLC

Nature of Debt (Purpose):

Outstanding Bill for Legal Services

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Outstanding Balance Beginning This Period

77.50

Transaction ID : SD10.4125

Amount Incurred This Period

0.00

Payment This Period

77.50

Outstanding Balance at Close of This Period

0.00

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

Genova Burns LLC

Nature of Debt (Purpose):

Outstanding Bill for Legal Services

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Outstanding Balance Beginning This Period

242.50

Transaction ID : SD10.4127

Amount Incurred This Period

0.00

Payment This Period

242.50

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 14 OF 14

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

NAME OF COMMITTEE (In Full)

NATIONAL CONSUMER CREDIT ACCESS SUPER PAC, INC.

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

Genova Burns LLC

Nature of Debt (Purpose):

Outstanding Bill for Legal Services

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Outstanding Balance Beginning This Period

2192.50

Transaction ID : SD10.4128

Amount Incurred This Period

0.00

Payment This Period

2192.50

Outstanding Balance at Close of This Period

0.00

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

Genova Burns LLC

Nature of Debt (Purpose):

Outstanding Bill for Legal Services

Mailing Address 494 Broad Street

City
NewarkState
NJZip Code
07102

Outstanding Balance Beginning This Period

105.00

Transaction ID : SD10.4129

Amount Incurred This Period

0.00

Payment This Period

105.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

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) ►