

# 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 M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2018 through 03 / 31 / 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 04 / 03 / 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)

Page 2

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"/>	<input type="text" value="41823.71"/>	<input type="text" value="41823.71"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41823.71"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10844.85"/>	<input type="text" value="10844.85"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="52668.56"/>	<input type="text" value="52668.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30276.70"/>	<input type="text" value="30276.70"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22391.86"/>	<input type="text" value="22391.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="12859.13"/>	

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)

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).....	5513.00	5513.00
(ii) Unitemized .....	5331.85	5331.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10844.85	10844.85
(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) .....	10844.85	10844.85
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)).....▶	10844.85	10844.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	10844.85	10844.85

**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 .....	30276.70	30276.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30276.70	30276.70
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)) ..	30276.70	30276.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30276.70	30276.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10844.85	10844.85
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10844.85	10844.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	30276.70	30276.70
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30276.70	30276.70

**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 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input 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. Ax, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Sherwood Dr  
 City Hillsdale State NJ Zip Code 07642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ascia Capital Occupation (for Individual) Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 01 / 24 / 2018  
**Transaction ID : SA11AI.7134**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Basralian, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Fairfax Ter  
 City Chatham State NJ Zip Code 07928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Farmstead Capital Occupation (for Individual) Analyst  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 01 / 30 / 2018  
**Transaction ID : SA11AI.7156**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Bonesteel, Sara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 57 Tuxedo Rd  
 City Montclair State NJ Zip Code 07042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Prudential, Inc. Occupation (for Individual) Banker  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 25 / 2018  
**Transaction ID : SA11AI.7224**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Couturie, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10013 Garden St  
 City Hoboken State NJ Zip Code 07030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.7188**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Ehrlich, Sarah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Quincy Ct.  
 City Bedminster State NJ Zip Code 07920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt **01 / 20 / 2018**  
**Transaction ID : SA11AI.7385**  
 Amount of Each Receipt this Period 440.00  
 Memo Item  
 In-kind - Merchandise

**C. Gavin, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Ellis Rd  
 City West Caldwell State NJ Zip Code 07006-8246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tech Mahindra Americas Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 648.00

Date of Receipt **01 / 19 / 2018**  
**Transaction ID : SA11AI.7416**  
 Amount of Each Receipt this Period 648.00  
 Memo Item  
 In-kind - Printed materials

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1338.00
<b>TOTAL</b> 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: (check only one)	PAGE 8 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gavin, Jack, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 44 Ellis Rd  
 City West Caldwell State NJ Zip Code 07006-8246  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Tech Mahindra Americas Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1648.00

Date of Receipt 03 / 05 / 2018  
**Transaction ID : SA11AI.7214**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Matteson, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Carpenter Pl  
 City Sparta State NJ Zip Code 07871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Paralegal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2018  
**Transaction ID : SA11AI.7199**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Potts, Gemma, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 222 Boulevard  
 City Pompton Plains State NJ Zip Code 07444  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 01 / 20 / 2018  
**Transaction ID : SA11AI.7391**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 In-kind - Merchandise

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1450.00
<b>TOTAL</b> 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: (check only one)	PAGE 9 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Shields, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 Evergreen Dr N  
 City Caldwell State NJ Zip Code 07006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Enteris Biopharma Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 07 / 2018  
**Transaction ID : SA11AI.7184**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Shivenar, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Argyle Road  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 06 / 2018  
**Transaction ID : SA11AI.7413**  
 Amount of Each Receipt this Period 225.00  
 Memo Item  
 In-kind - Non-IE Advertising in "May in Montclair" booklet

**C. Zowader, Ruth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Winding Way  
 City Madison State NJ Zip Code 07940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 30 / 2018  
**Transaction ID : SA11AI.7154**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	725.00
<b>TOTAL</b> This Period (last page this line number only).....	5513.00

**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. Avelenda, Saily, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 10 Cascade Rd

City West Caldwell State NJ Zip Code 07006

Purpose of Disbursement Sponsorship fee for Women's March - reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7330

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Avelenda, Saily, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 10 Cascade Rd

City West Caldwell State NJ Zip Code 07006

Purpose of Disbursement Salary

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7331

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Basecamp**

Full Name (Last, First, Middle Initial)

Mailing Address 30 North Racine Avenue, Suite 200 Suite 200

City Chicago State IL Zip Code 60607

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7296

Amount of Each Disbursement this Period: 1200.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6700.00

**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 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. BlueWaveNJ**

Full Name (Last, First, Middle Initial)

Mailing Address 41 Watchung Plaza #332

City Montclair State NJ Zip Code 07042

Purpose of Disbursement Sponsorship fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7356

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7430

Amount of Each Disbursement this Period: 47.50

Memo Item

**C. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7431

Amount of Each Disbursement this Period: 43.21

Memo Item

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

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

590.71

**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) <b>A. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 02 / 07 / 2018	
Mailing Address 2125 14th St NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7432</b> Amount of Each Disbursement this Period [ ] 4.07	
City Washington	State DC	Zip Code 20009	Category/ Type [ ]
Purpose of Disbursement Financial 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>B. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2018	
Mailing Address 2125 14th St NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7433</b> Amount of Each Disbursement this Period [ ] 40.03	
City Washington	State DC	Zip Code 20009	Category/ Type [ ]
Purpose of Disbursement Financial 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>C. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2018	
Mailing Address 2125 14th St NW		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7439</b> Amount of Each Disbursement this Period [ ] 15.97	
City Washington	State DC	Zip Code 20009	Category/ Type [ ]
Purpose of Disbursement Financial 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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 60.07
<b>TOTAL</b> 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. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7434

Amount of Each Disbursement this Period: 11.47

Memo Item

**B. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 07 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7435

Amount of Each Disbursement this Period: 1.70

Memo Item

**C. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7436

Amount of Each Disbursement this Period: 37.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 50.87

**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. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 21 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7437

Amount of Each Disbursement this Period: 6.02

Memo Item

**B. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7438

Amount of Each Disbursement this Period: 5.27

Memo Item

**C. Ehrlich, Sarah, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4 Quincy Ct.

City Bedminster State NJ Zip Code 07920

Purpose of Disbursement In-kind - Merchandise

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 20 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7386

Amount of Each Disbursement this Period: 440.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 451.29

**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. Gavin, Jack, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 44 Ellis Rd

City West Caldwell State NJ Zip Code 07006-8246

Purpose of Disbursement In-kind - Printed materials

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 19 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7417

Amount of Each Disbursement this Period: 648.00

Memo Item

**B. Genova Burns LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 494 Broad St., Fl 6

City Newark State NJ Zip Code 07102

Purpose of Disbursement Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7300

Amount of Each Disbursement this Period: 1912.50

Memo Item

**C. Genova Burns LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 494 Broad St., Fl 6

City Newark State NJ Zip Code 07102

Purpose of Disbursement Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7366

Amount of Each Disbursement this Period: 1352.50

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3913.00

**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 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. Google Adwords**

Date of Disbursement: MM / DD / YYYY  
01 / 16 / 2018

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Non-IE Advertising

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.7301  
Amount of Each Disbursement this Period: 293.67

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
02 / 13 / 2018

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Non-IE Advertising

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.7302  
Amount of Each Disbursement this Period: 294.97

Memo Item

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

Date of Disbursement: MM / DD / YYYY  
03 / 15 / 2018

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Non-IE Advertising

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C  
Transaction ID : SB21B.7303  
Amount of Each Disbursement this Period: 305.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 894.42

**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. Google Apps**

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 02 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.7304**  
Amount of Each Disbursement this Period  
460.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Google Apps**

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.7305**  
Amount of Each Disbursement this Period  
492.24

Memo Item

Full Name (Last, First, Middle Initial)

**C. Google Apps**

Mailing Address 1600 Amphitheatre Parkway

City Mountain View State CA Zip Code 94043

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 02 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.7306**  
Amount of Each Disbursement this Period  
530.00

Memo Item

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

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

1482.24

**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. Gusto Payroll**

Mailing Address 500 Third St, Suite 405

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Employer Payroll Tax Liability

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B.7311  
Amount of Each Disbursement this Period

382.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gusto Payroll**

Mailing Address 500 Third St, Suite 405

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Employer Payroll Tax Liability

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B.7312  
Amount of Each Disbursement this Period

30.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Gusto Payroll**

Mailing Address 500 Third St, Suite 405

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Employer Payroll Tax Liability

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 27 / 2018

FEC Identification Number

C

Transaction ID : SB21B.7313  
Amount of Each Disbursement this Period

5.88

Memo Item

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

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

418.38

**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. Gusto Payroll**

Mailing Address 500 Third St, Suite 405

City San Francisco State CA Zip Code 94107

Purpose of Disbursement Employer Payroll Tax Liability

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 27 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7314

Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Heninger, Lori, , ,**

Mailing Address 7 Glen Rd

City West Orange State NJ Zip Code 07052

Purpose of Disbursement Event supplies - reimbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 02 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7364

Amount of Each Disbursement this Period: 281.96

Memo Item

Full Name (Last, First, Middle Initial)

**C. Holy Cross Church**

Mailing Address 220 Browerton Road

City Woodland Park State NJ Zip Code 07424

Purpose of Disbursement Venue fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7316

Amount of Each Disbursement this Period: 440.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 746.96

**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. Iron Bar**

Mailing Address 5 South Street

City: Morristown State: NJ Zip Code: 07960

Purpose of Disbursement: Venue fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7317  
Amount of Each Disbursement this Period  
263.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. Jafri Strategies LLC**

Mailing Address 25 Snyder Road

City: Englewood Cliffs State: NJ Zip Code: 07632

Purpose of Disbursement: Fundraising consultant

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7319  
Amount of Each Disbursement this Period  
5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Kreinberg, Lynn, , ,**

Mailing Address 20 S Baums Ct

City: Livingston State: NJ Zip Code: 07039

Purpose of Disbursement: Event supplies - reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7321  
Amount of Each Disbursement this Period  
223.06

Memo Item

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

5486.84

**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. NationBuilder**

Mailing Address 520 S. Grand Ave, 2nd Flr

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 14 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7322  
Amount of Each Disbursement this Period  
308.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Nickel Artistic Services**

Mailing Address 39 US 46

City Rockaway State NJ Zip Code 07866

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  
01 / 19 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7323  
Amount of Each Disbursement this Period  
960.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Nickel Artistic Services**

Mailing Address 39 US 46

City Rockaway State NJ Zip Code 07866

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  
03 / 07 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.7324  
Amount of Each Disbursement this Period  
517.00

Memo Item

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

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

1785.00

**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) <b>A. Right Networks</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2018	
Mailing Address 14 Hampshire Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7327</b> Amount of Each Disbursement this Period [ ] 213.75	
City Hudson	State NH	Zip Code 03051	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) <b>B. Right Networks</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2018	
Mailing Address 14 Hampshire Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7328</b> Amount of Each Disbursement this Period [ ] 213.75	
City Hudson	State NH	Zip Code 03051	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) <b>C. Right Networks</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2018	
Mailing Address 14 Hampshire Dr		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7329</b> Amount of Each Disbursement this Period [ ] 213.75	
City Hudson	State NH	Zip Code 03051	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		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 641.25
<b>TOTAL</b> 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. Shivenar, Karen, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 7 Argyle Road

City Montclair State NJ Zip Code 07043

Purpose of Disbursement In-kind - Non-IE Advertising in "May in Montclair" booklet

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 06 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7415

Amount of Each Disbursement this Period: 225.00

Memo Item

**B. Step 2 Promotions**

Full Name (Last, First, Middle Initial)

Mailing Address 20 Mandon Dr.

City Wayne State NJ Zip Code 07470

Purpose of Disbursement Merchandise

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7365

Amount of Each Disbursement this Period: 1486.09

Memo Item

**C. 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: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7341

Amount of Each Disbursement this Period: 29.91

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1741.00

**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 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. 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) ▼

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7342

Amount of Each Disbursement this Period: 3.66

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) ▼

Date of Disbursement: 03 / 05 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7343

Amount of Each Disbursement this Period: 2.08

Memo Item

Full Name (Last, First, Middle Initial)

**C. TigerEye Promotions LLC**

Mailing Address 66 Industry Ct Ste A

City Troy State OH Zip Code 45373-2560

Purpose of Disbursement Merchandise

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 02 / 15 / 2018

FEC Identification Number: C

Transaction ID : SB21B.7344

Amount of Each Disbursement this Period: 765.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 771.69

**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. TigerEye Promotions LLC**

Date of Disbursement  
MM / DD / YYYY  
02 / 15 / 2018

Mailing Address 66 Industry Ct  
Ste A

City Troy State OH Zip Code 45373-2560

Purpose of Disbursement Merchandise

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C**

**Transaction ID : SB21B.7368**

Amount of Each Disbursement this Period  
419.62

Memo Item

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

Date of Disbursement  
MM / DD / YYYY  
02 / 15 / 2018

Mailing Address 66 Industry Ct  
Ste A

City Troy State OH Zip Code 45373-2560

Purpose of Disbursement Merchandise

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C**

**Transaction ID : SB21B.7370**

Amount of Each Disbursement this Period  
553.39

Memo Item

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

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2018

Mailing Address 66 Industry Ct  
Ste A

City Troy State OH Zip Code 45373-2560

Purpose of Disbursement Merchandise

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number  
**C**

**Transaction ID : SB21B.7345**

Amount of Each Disbursement this Period  
518.39

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1491.40

**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) <b>A. TigerEye Promotions LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 20 / 2018	
Mailing Address 66 Industry Ct Ste A		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7346</b> Amount of Each Disbursement this Period [ ] 1091.76	
City Troy	State OH	Zip Code 45373-2560	Category/ Type [ ]
Purpose of Disbursement Merchandise		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. TigerEye Promotions LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 05 / 2018	
Mailing Address 66 Industry Ct Ste A		FEC Identification Number C [ ] <b>Transaction ID : SB21B.7347</b> Amount of Each Disbursement this Period [ ] 287.03	
City Troy	State OH	Zip Code 45373-2560	Category/ Type [ ]
Purpose of Disbursement Merchandise		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1378.79
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 28603.91

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 27 OF 31
	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 <b>Arad, Aviva, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 480 Valley Rd #B3			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.7375	
Amount Incurred This Period 27.72	Payment This Period 0.00	Outstanding Balance at Close of This Period 27.72

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

Outstanding Balance Beginning This Period 121.78	Transaction ID : SD10.5895	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 121.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Genova Burns LLC</b>			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 1352.50	Transaction ID : SD10.7022	
Amount Incurred This Period 0.00	Payment This Period 1352.50	Outstanding Balance at Close of This Period 0.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	149.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 28 OF 31
	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 <b>Genova Burns LLC</b>			Nature of Debt (Purpose): Legal fees
Mailing Address 494 Broad St., FI 6			
City Newark	State NJ	Zip Code 07102	

Outstanding Balance Beginning This Period		Transaction ID : SD10.7378	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
6987.50	0.00	6987.50	

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

Outstanding Balance Beginning This Period		Transaction ID : SD10.7381	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1000.00	0.00	1000.00	

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

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

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	8076.50
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	
4) <b>ADD 2) and 3)</b> 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 29 OF 31
	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 <b>Juviler, Elizabeth, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 51 Grandview Pl			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period <input type="text" value="368.82"/>	<b>Transaction ID : SD10.5902</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="368.82"/>

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

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	<b>Transaction ID : SD10.7379</b>	
Amount Incurred This Period <input type="text" value="2000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kelly, Judy, , ,</b>			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"/>	<b>Transaction ID : SD10.5903</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="135.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2503.82"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 30 OF 31
	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 <b>Lynch, Liz, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 101 Haddon Pl			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period	Transaction ID : SD10.7422	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="85.00"/>	<input type="text" value="0.00"/>	<input type="text" value="85.00"/>

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

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

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

Outstanding Balance Beginning This Period	Transaction ID : SD10.7377	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="1044.31"/>	<input type="text" value="0.00"/>	<input type="text" value="1044.31"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="2129.31"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 31 OF 31
	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 <b>TigerEye Promotions LLC</b>			Nature of Debt (Purpose): Merchandise
Mailing Address 66 Industry Ct Ste A			
City Troy	State OH	Zip Code 45373-2560	

Outstanding Balance Beginning This Period 419.62	Transaction ID : SD10.7020	
Amount Incurred This Period 0.00	Payment This Period 419.62	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>TigerEye Promotions LLC</b>			Nature of Debt (Purpose): Merchandise
Mailing Address 66 Industry Ct Ste A			
City Troy	State OH	Zip Code 45373-2560	

Outstanding Balance Beginning This Period 553.39	Transaction ID : SD10.7021	
Amount Incurred This Period 0.00	Payment This Period 553.39	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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	0.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	12859.13
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	12859.13