

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DR. ALIETA ECK FOR CONGRESS

ADDRESS (number and street)

2062 AMWELL RD

Check if different
than previously
reported. (ACC)

SOMERSET

NJ

08873

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00554378

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NJ

12

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

05

D D /

15

Y Y Y Y /

2014

through

M M /

06

D D /

30

Y Y Y Y /

2014

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

Type or Print Name of Treasurer Michael Millner

Signature of Treasurer

Michael Millner

[Electronically Filed]

Date

M M /

07

D D /

15

Y Y Y Y /

2014

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 30

Write or Type Committee Name

DR. ALIETA ECK FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	33207.61	136119.61
(b) Total Contribution Refunds (from Line 20(d))	200.00	200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	33007.61	135919.61
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	14924.93	50096.30
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	14924.93	50096.30
8. Cash on Hand at Close of Reporting Period (from Line 27).....	87423.31	
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)	1600.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 30

Write or Type Committee Name

DR. ALIETA ECK FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	4

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:**(a) Individuals/Persons Other Than Political Committees****(i) Itemized (use Schedule A).....**

20970.00

89895.00

(ii) Unitemized.....

8094.00

23081.00

(iii) TOTAL of contributions from individuals ▶

29064.00

112976.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

3800.00

17550.00

(d) The Candidate.....

343.61

5593.61

(e) TOTAL CONTRIBUTIONS

(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))..

33207.61

136119.61

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

1600.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

1600.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

33207.61

137719.61

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 30

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	14924.93	50096.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	200.00	200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15124.93	50296.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	69340.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	33207.61
25. SUBTOTAL (add Line 23 and Line 24).....	102548.24
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15124.93
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	87423.31

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 30

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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

NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Irene Kim Asbury

Mailing Address 5 Wayne St.

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Law office of Irene Kim Asbury

Occupation

Attorney

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.5131

Amount of Each Receipt this Period

250.00

41 Powell Ct.

Full Name (Last, First, Middle Initial)

Christine Bator

Mailing Address 6 Wheatston Ct.

City

Princeton Junction

State

NJ

Zip Code

08550

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rutgers Law School

Occupation

Adjuct Law Professor

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

06 / 19 / 2014

Transaction ID : SA11AI.5157

Amount of Each Receipt this Period

500.00

Constitutional

Full Name (Last, First, Middle Initial)

Lenore F. Broughton

Mailing Address 52 Henry St.

City

Burlington

State

VT

Zip Code

05401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Business Owner

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

06 / 24 / 2014

Transaction ID : SA11AI.4995

Amount of Each Receipt this Period

1000.00

Contribution

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

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

1750.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Daniel Carlson

A.

Mailing Address 33 Traci Lane

City

Edison

State

NJ

Zip Code

08817

FEC ID number of contributing
federal political committee.

C

Name of Employer
All Aces Construction

Occupation
Owner

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y
06 30 2014

Transaction ID : SA11AI.5205

Amount of Each Receipt this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

Mary Chyb

B.

Mailing Address 1190 Newton St

City

North Brunswick

State

NJ

Zip Code

08902

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kelly Mitchell

Occupation
IT Consultant

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M / D D / Y Y Y Y
05 28 2014

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

Dr. Ron Clark

C.

Mailing Address 4426 W. 16th St

City

Yuma

State

AZ

Zip Code

85364

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bone and Joint Center of Yuma

Occupation
Orthopedic Surgeon

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 30 2014

Transaction ID : SA11AI.5087

Amount of Each Receipt this Period

500.00

Contribution

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

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

2800.00

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

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

FOR LINE NUMBER:

PAGE 7 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Donald J. Cox

Mailing Address 865 Lower Ferry Road

City

Ewing

State

NJ

Zip Code

08628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Financial Services

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		01		2014

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

Donald J. Cox

Mailing Address 865 Lower Ferry Road

City

Ewing

State

NJ

Zip Code

08628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Financial Services

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11AI.5149

Amount of Each Receipt this Period

75.00

Constitutional

Full Name (Last, First, Middle Initial)

Martha Decker

Mailing Address 1187 Newton St.

City

North Brunswick

State

NJ

Zip Code

08902-2276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Eck

Occupation

Nurse

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		19		2014

Transaction ID : SA11AI.5161

Amount of Each Receipt this Period

100.00

Constitutional

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

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

275.00

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

PAGE 8 OF 30

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mark E Einbecker

Mailing Address 440 Lakeshore Dr.

City

Lexington

State

KY

Zip Code

40502-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

KOHS

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : SA11AI.5059

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

Dr. Delia Figueroa

Mailing Address 11 Dakota Trl

City

Branchburg

State

NJ

Zip Code

08876-5421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medical Assoc. of NJ

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2014

Transaction ID : SA11AI.5070

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

Susan Hildebrant

Mailing Address 519 Dukes Parkway East

City

Manville

State

NJ

Zip Code

08835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Zarephath Health Center

Occupation

Administrative Assistant

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

330.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		08		2014

Transaction ID : SA11AI.4954

Amount of Each Receipt this Period

60.00

Contribution

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

1060.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Paul K. Hummel Jr.

Mailing Address 677 N. Main Street

City

East Windsor

State

NJ

Zip Code

08520

FEC ID number of contributing
federal political committee.

C

Name of Employer

ActionUSA

Occupation

Realtor

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 23 / 2014

Transaction ID : SA11AI.5113

Amount of Each Receipt this Period

200.00

Contribution

Full Name (Last, First, Middle Initial)

Thomas MacArthur

Mailing Address 77 East Water Street

Unit 24

City

Toms River

State

NJ

Zip Code

08753

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

750.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 14 / 2014

Transaction ID : SA11AI.5049

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

Marge Malwitz

Mailing Address 1 Great Heron Lane

City

Brookfield

State

CT

Zip Code

06804

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

500.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 30 / 2014

Transaction ID : SA11AI.5100

Amount of Each Receipt this Period

500.00

Contribution

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

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

1200.00

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

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

FOR LINE NUMBER:

PAGE 10 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Michael Mateo

Mailing Address 3 Fiaba Ct.

City

Doylestown

State

PA

Zip Code

18901

FEC ID number of contributing
federal political committee.

C

Name of Employer

UAS

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2014

Transaction ID : SA11AI.5051

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

Lucy Jane McDowell

Mailing Address 2005 N Tillotson Ave

City

Muncie

State

IN

Zip Code

47304

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

innkeeper

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5098

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

Evangelos Megariotis

Mailing Address 1450 Main St.

City

Clifton

State

NJ

Zip Code

07011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		28		2014

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period

1000.00

Contribution

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

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

1500.00

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

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

FOR LINE NUMBER:

PAGE 11 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

New Jersey Pediatric Neuroscience Institute, LLC

Mailing Address 131 Madison Ave.

Ste 140

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		26		2014

Transaction ID : SA11AI.5212

Amount of Each Receipt this Period

500.00

Single Member LLC Permissible funds

Full Name (Last, First, Middle Initial)

Dr. Catherine A. Mazzola

Mailing Address 131 Madison Ave.

3rd Floor

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer

NJPNI, LLC

Occupation

Pediatric Neurosurgeon

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		26		2014

Transaction ID : SA11AI.5212.0

Amount of Each Receipt this Period

500.00

Single Member Attribution

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

Robert H Odell

Mailing Address 9632 Grand Isle Ln

City

Las Vegas

State

NV

Zip Code

89144

FEC ID number of contributing
federal political committee.

C

Name of Employer

Odell Medical Enterprises

Occupation

physician

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		21		2014

Transaction ID : SA11AI.5062

Amount of Each Receipt this Period

250.00

Contribution

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

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

750.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB
.

Form/Schedule: SA11AI

Transaction ID : SA11AI.5212.0

Singer member - New Jersey Pediatric Neuroscience Institute, LLC

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Robert Pyles

Mailing Address 367 Worcester Street

City

Wellesley

State

MA

Zip Code

02481

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 19 2014

Transaction ID : SA11AI.5055

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

Anuradha Ramasubramani

Mailing Address 22 RUE CHAGALL

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier ID

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M / D D / Y Y Y Y
06 30 2014

Transaction ID : SA11AI.5072

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

Edna Helen Russo

Mailing Address 39 Fells Dr
PO Box 674

City

Manalapan

State

NJ

Zip Code

07726

FEC ID number of contributing
federal political committee.

C

Name of Employer

AXA

Occupation

retiree consultant

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1200.00

Date of Receipt

M M / D D / Y Y Y Y
05 26 2014

Transaction ID : SA11AI.4949

Amount of Each Receipt this Period

200.00

Contribution

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

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

550.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Edna Helen Russo

A.

Mailing Address 39 Fells Dr

PO Box 674

City

Manalapan

State

NJ

Zip Code

07726

FEC ID number of contributing
federal political committee.

C

Name of Employer

AXA

Occupation

retiree consultant

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1700.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5085

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

Andrew Schlafly

B.

Mailing Address 939 Old Chester Rd.

City

Far Hills

State

NJ

Zip Code

07931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Attorney

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5075

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

Tracy Sipprelle

C.

Mailing Address 15 Hodge Road

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11AI.5145

Amount of Each Receipt this Period

600.00

Contribution

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

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

1600.00

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

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

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

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

Full Name (Last, First, Middle Initial) Tracy Sipprelle		Date of Receipt M M / D D / Y Y Y Y 06 / 26 / 2014
Mailing Address 15 Hodge Road		Transaction ID : SA11AI.5067
City Princeton	State NJ	
Zip Code 08540		Amount of Each Receipt this Period Contribution 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Homemaker	Contribution 700.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Sherry Sleyster		Date of Receipt M M / D D / Y Y Y Y 06 / 24 / 2014
Mailing Address 9 Forest View Dr.		Transaction ID : SA11AI.5064
City Gladstone	State NJ	
Zip Code 07934		Amount of Each Receipt this Period Contribution 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer n/a	Occupation homemaker	Contribution 1000.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

Full Name (Last, First, Middle Initial) Phylissan Stehn		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2014
Mailing Address 1 Hardley Dr.		Transaction ID : SA11AI.5181
City Cranbury	State NJ	
Zip Code 08512		Amount of Each Receipt this Period Contribution 35.00
FEC ID number of contributing federal political committee. C		
Name of Employer Dr. Desai	Occupation Hygentist	Contribution 235.00
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	1135.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

William C Stratton

Mailing Address 314 Woodland Avenue

City

Avon

State

NJ

Zip Code

07717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shapiro Financial Security Group, Inc.

Occupation

Investment Advisor/Financial Planner

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11AI.5057

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

Matthew Y SuhMailing Address 888 Main St
#140

City

New York

State

NY

Zip Code

10044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morristown Medical Center

Occupation

Surgeon

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		19		2014

Transaction ID : SA11AI.5054

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

Dr. John M Taylor

Mailing Address 145 Church St

City

Fair Haven

State

NJ

Zip Code

07704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5078

Amount of Each Receipt this Period

2600.00

Contribution

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

2950.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 30

(check only one)

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Kelly A Taylor

Mailing Address 145 Church St

City

Fair Haven

State

NJ

Zip Code

07704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unemployed

Occupation

Teacher

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5079

Amount of Each Receipt this Period

2600.00

Contribution

Full Name (Last, First, Middle Initial)

Susan J. Tisiker

Mailing Address 17 Buffalo Run

City

East Brunswick

State

NJ

Zip Code

08816

FEC ID number of contributing
federal political committee.

C

Name of Employer

State of NJ

Occupation

Chief of Staff

Receipt For: 2014

☒ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : SA11AI.4895

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

James Tovey

Mailing Address 8 Farrington Lane

City

Branchburg

State

NJ

Zip Code

08876

FEC ID number of contributing
federal political committee.

C

Name of Employer

Somerset Orthopedic Associates

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5073

Amount of Each Receipt this Period

250.00

Contribution

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

2950.00

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

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Daniel Weiss

A.

Mailing Address 5096 Dogwood Trail

City

Lyndhurst

State

OH

Zip Code

44124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diabetes Endocrine Nutrit. Grp

Occupation

Physician/Director

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		05		2014

Transaction ID : SA11AI.5045

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

David Weldon

B.

Mailing Address 365 Newport Drive

City

Indialantic

State

FL

Zip Code

32903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Health First

Occupation

Physician

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2014

Transaction ID : SA11AI.5095

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

Elizabeth White

C.

Mailing Address 3 South Magnolia St

City

Pearl River

State

NY

Zip Code

10965

FEC ID number of contributing
federal political committee.

C

Name of Employer

JDM Construction

Occupation

Asst. Office Mgr.

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

1525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2014

Transaction ID : SA11AI.5110

Amount of Each Receipt this Period

500.00

Contribution

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

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

900.00

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Elizabeth White

Mailing Address 3 South Magnolia St

City

Pearl River

State

NY

Zip Code

10965

FEC ID number of contributing
federal political committee.

C

Name of Employer

JDM Construction

Occupation

Asst. Office Mgr.

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1575.00

Date of Receipt

M M / D D / Y Y Y Y
06 30 2014

Transaction ID : SA11AI.5097

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

Nancy Witt

Mailing Address 38 North Main Street

City

Cranbury

State

NJ

Zip Code

08512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sweetwater Construction

Occupation

Executive

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 19 2014

Transaction ID : SA11AI.5139

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

Barbara Wright

Mailing Address 20 George Davison Road

City

Cranbury

State

NJ

Zip Code

08512-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Health Policy Consultant

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1600.00

Date of Receipt

M M / D D / Y Y Y Y
06 13 2014

Transaction ID : SA11AI.5048

Amount of Each Receipt this Period

500.00

Contribution

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

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

1550.00

20970.00

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

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Committee to Elect Simon for Assembly

Mailing Address 101 Old Clinton Rd.

City

Flemington

State

NJ

Zip Code

08822

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 25 / 2014

Transaction ID : SA11C.5216

Amount of Each Receipt this Period

100.00

Non-qualified candidate committee/Permissible Funds

Full Name (Last, First, Middle Initial)

FAMILY RESEARCH COUNCIL ACTION POLITICAL ACTION COMMITTEE

Mailing Address 801 G STREET NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00452383

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 24 / 2014

Transaction ID : SA11C.4876

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

Nancy Munoz for Assembly

Mailing Address 121 Oak Ridge Ave.

City

Summit

State

NJ

Zip Code

07901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 20 / 2014

Transaction ID : SA11C.5223

Amount of Each Receipt this Period

100.00

Non-qualified candidate committee/Permissible Funds

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

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

1200.00

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

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

FOR LINE NUMBER:

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(check only one)

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Sam Thompson for Senate

Mailing Address 5 Lincroft Ave.

City

Old Bridge

State

NJ

Zip Code

08857

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		20		2014

Transaction ID : SA11C.5220

Amount of Each Receipt this Period

100.00

Non-qualified candidate committee/Permissible Funds

Full Name (Last, First, Middle Initial)

B. VALUE IN ELECTING WOMEN POLITICAL ACTION COMMITTEE

Mailing Address 701 8TH STREET, NW
SUITE 500

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00327189

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)
☒ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		10		2014

Transaction ID : SA11C.4888

Amount of Each Receipt this Period

2500.00

Contribution from a PAC

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)
☐ General

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

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

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

2600.00

3800.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 22 OF 30

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dr. ALIETA ECK

Mailing Address 2062 AMWELL ROAD

City

SOMERSET

State

NJ

Zip Code

08873

FEC ID number of contributing
federal political committee.

C H4NJ12123

Name of Employer
Self

Occupation
Physician

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5593.61

Date of Receipt

M M / D D / Y Y Y Y
06 / 03 / 2014

Transaction ID : SA11D.5214

Amount of Each Receipt this Period

343.61

In-kind - Primary food and Bev, office supplies

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

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

343.61

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

343.61

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

PAGE 23 OF 30

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Amtrak

Mailing Address 60 Massachusetts Avenue, NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Train to DC

002

Amount of Each Disbursement this Period

244.80

Transaction ID : SB17.4913

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Amtrak

Mailing Address 60 Massachusetts Avenue, NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Travel to DC

002

Amount of Each Disbursement this Period

532.80

Transaction ID : SB17.4916

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address 959 US 1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

City	State	Zip Code
North Brunswick	NJ	08902

Purpose of Disbursement
Cell Phone and Service

001

Amount of Each Disbursement this Period

347.67

Transaction ID : SB17.4939

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

1125.27

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

PAGE 24 OF 30

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Civil Solutions

Mailing Address 850 S. White Horse Pike

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

City	State	Zip Code
Hammonton	NJ	08037-2019

Amount of Each Disbursement this Period

2100.00

Purpose of Disbursement
Fundraising software

003

Transaction ID : SB17.4900

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. David Millner Group, LLC

Mailing Address 726 Hibiscus Lane

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		24		2014

City	State	Zip Code
Somerset	NJ	32963

Amount of Each Disbursement this Period

600.00

Purpose of Disbursement
Phone calls

003

Transaction ID : SB17.4930

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. Dr. ALIETA ECK

Mailing Address 2062 AMWELL ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2014

City	State	Zip Code
SOMERSET	NJ	08873

Amount of Each Disbursement this Period

343.61

Purpose of Disbursement
In-kind - Primary food and Bev, office suppliesCategory/
Type**Transaction ID : SB17.5215**

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House	Disbursement For: 2014
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: NJ District: 12

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

3043.61

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

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mr. Howard V. Kane Jr.

Mailing Address 480B Newport Way

City	State	Zip Code
Monroe Township	NJ	08831

Purpose of Disbursement
Campaign Consulting

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 18 / 2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.4945

Full Name (Last, First, Middle Initial)

B. KB Strategic Group

Mailing Address PO Box 101682

City	State	Zip Code
Arlington	VA	22201

Purpose of Disbursement
Fundraising consulting

003

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 05 / 2014

Amount of Each Disbursement this Period

1300.00

Transaction ID : SB17.4909

Full Name (Last, First, Middle Initial)

c. Medkol, LLC

Mailing Address 3546 Route 27

City	State	Zip Code
Kendall Park	NJ	08824

Purpose of Disbursement
Security deposit for office

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
06 / 12 / 2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5102

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

3550.00

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

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Medkol, LLC

Mailing Address 3546 Route 27

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2014

City	State	Zip Code
Kendall Park	NJ	08824

Amount of Each Disbursement this Period

303.29

Purpose of Disbursement
Partial month office rent

001

Transaction ID : SB17.5104

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. PiryxMailing Address 144 2nd St.
1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		23		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

29.00

Purpose of Disbursement
Credit card processing fees

003

Transaction ID : SB17.4886

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. PiryxMailing Address 144 2nd St.
1st Floor

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2014

City	State	Zip Code
San Francisco	CA	94105

Amount of Each Disbursement this Period

29.00

Purpose of Disbursement
Credit card processing fees

003

Transaction ID : SB17.4904

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

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

361.29

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

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PiryxMailing Address 144 2nd St.
1st FloorCity State Zip Code
San Francisco CA 94105Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2014

Amount of Each Disbursement this Period

29.00

Transaction ID : SB17.4921

B. PiryxMailing Address 144 2nd St.
1st FloorCity State Zip Code
San Francisco CA 94105Purpose of Disbursement
Credit Card Processing fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2014

Amount of Each Disbursement this Period

874.92

Transaction ID : SB17.5202

c. Christopher Pordon

Mailing Address 422 Ravens Crest Dr.

City State Zip Code
Plainsboro NJ 08536Purpose of Disbursement
Consulting fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2014

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4907

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

4903.92

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

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

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NAME OF COMMITTEE (In Full)

DR. ALIETA ECK FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. USPS

Mailing Address 11 Madison Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		19		2014

City	State	Zip Code
Sound Bound Brook	NJ	08880

Amount of Each Disbursement this Period

245.00

Purpose of Disbursement
Postage

003

Transaction ID : SB17.4881

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 11 Madison Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2014

City	State	Zip Code
Sound Bound Brook	NJ	08880

Amount of Each Disbursement this Period

245.00

Purpose of Disbursement
Postage

003

Transaction ID : SB17.4908

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Walmart

Mailing Address 979 US 1

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2014

City	State	Zip Code
North Brunswick	NJ	08902

Amount of Each Disbursement this Period

227.82

Purpose of Disbursement
Office Supplies

001

Transaction ID : SB17.4933

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2014
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

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

717.82

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 30 OF 30

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4713

DR. ALIETA ECK FOR CONGRESS**LOAN SOURCE** Full Name (Last, First, Middle Initial)

Lucy Buckner

Election: 2014

☒ Primary☐ General☐ Other (specify) ▼Mailing Address
37 Mayfield Lane

City

State

ZIP Code

Piscataway

NJ

08854

Original Amount of Loan

1600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1600.00

TERMS

Date Incurred

M 03 / D 31 / Y 2014 Y

Date Due

M M / D D / Y 12/31/2014 Y

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)..... ►

1600.00

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

1600.00

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