Image# 14961233585 PAGE 1 / 1

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

ADDRESS (number and allows) P.O. Box 191 CITY, STATE, and ZIP CODE Kingston NJ 08528 NJ 08528 NJ 12 NO, THIS IS A NEW FILING VES, IT AMENDS THE NOTICE FILED ON A FULL NAME, MAILING ADDRESS AND ZIP CODE NJ 08540 Princeton NJ 08540 Name of Employer Occupation Date (month, day, year) OCcupation D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount Amount OCcupation D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount OCcupation D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer D. PULL NAME, MAILING ADDRESS AND ZIP CODE	NAME OF COMMITTEE IN FULL Zwicker For Congress			7	
CITY, STATE, and ZIP CODE Kingston 2. NAME OF CANDIDATE Kingston 3. OFFICE SOUDHT (Size and Desket) HOUSE N.J. 12 4. PEC IDENTIFICATION NUMBER CO0560482 4. PEC IDENTIFICATION NUMBER CO0560482 5. IS THIS AN AMENDMENT? NO. THIS IS A NEW FILING YES, IT AMENOS THE NOTICE FILED ON A FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Princeton University 7. Cocupation Physiciat 8. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Cocupation Occupation Occupation Date (month, day, year) Amount day, year) Occupation Occupation Deske (month, day, year) Amount day, year) Occupation D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Occupation D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Occupation D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Occupation Occupation D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Amount day, year) Date (month, day, year) Occupation Occupation Occupation Occupation Occupation Occupation Date (month, day, year) Date (month, day, year) Date (month, day, year) Online (month, day, year) Date (month, day, year) Occupation	<u> </u>			_	
Ringston NJ 08528	1.0. Box 101				
2. NAME OF CANDIDATE Andrew Zwicker 5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW PILING VES, IT AMENDS THE NOTICE PILED ON APPLICATION NUMBER CO0560482 VES, IT AMENDS THE NOTICE PILED ON APPLICATION NUMBER CO0560482 VES, IT AMENDS THE NOTICE PILED ON APPLICATION NUMBER CO0560482 VES, IT AMENDS THE NOTICE PILED ON APPLICATION NUMBER CO0560482 VES, IT AMENDS THE NOTICE PILED ON APPLICATION NUMBER CO0560482 A FEC IDENTIFICATION NUMBER CO0560484 A FEC IDENTIFICATION NUMBER CO0560484 A FEC IDENTIFICATION NUMBER CO0560484 A FEC IDENTIFICATION NUM					
Andrew Zwicker House NJ 12 C00560482					
S. ISTHIS AN AMENOMENT? NO, THIS IS A NEW FILING VES, IT AMENOS THE NOTICE FILED ON A FULL NAME, MAILING ADDRESS AND ZIP CODE Mike Zarnstorff 21 Hawthorne Ave Transaction ID : F6.4507 Occupation Physicist B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Amount Occupation Occupation Date (month, day, year) Amount Occupation Date (month, day, year) Amount Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Occupation Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Occupation Occupation Date (month, day, year) Occupation Occupation Occupation Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Amount day, year) Amount Date (month, day, year) Occupation Occupation Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission on 990 Esteen, NW, Mainfight, DC 20493 SIGNATURE (optional) Adom Cohem IElectronically Filled IEl					
A. FULL NAME, MAILING ADDRESS AND ZIP CODE Mike Zarnstorff 21 Hawthorne Ave Princeton NJ 08540 Transaction ID: F6.4507 Cocupation Physicist Name of Employer Cocupation Cocupation Date (month, day, year) Date (month, day, year) Amount Amount Cocupation Description Cocupation Description Cocupation Date (month, day, year) Amount Date (month, day, year) Amount Date (month, day, year) Amount Date (month, day, year) Cocupation Date (month, day, year) Cocupation Description Description Date (month, day, year) Cocupation Date (month, day, year) Description Description Description Description Date (month, day, year) Description Description Description Date (month, day, year) Date (month, day, year) Date (month, day, year) Description Description Description Description Date (month, day, year) Date (month, day, year) Description Descrip				00000102	
Mike Zarnstorff 21 Hawthorne Ave Princeton NJ 08540 Transaction ID : F6.4507 Occupation Physicist B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Occupation Diate (month, day, year) Date (month, day, year) For further information contact: F06/01/2014 Electronically Filed For further information contact: F06/01/2014	5. ISTHIS AN AMENDMENT? NO, THIS IS A NEW FILING	YES, IT AMENDS THE	NOTICE FILED ON		·
Transaction ID : F6.4507 Occupation Princeton NJ 08540 Transaction ID : F6.4507 Occupation Physicist Name of Employer Date (month, day, year) C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Diate (month, day, year) Amount Diate (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Occupation Occupation Occupation Occupation Date (month, day, year) Occupation Occupation Occupation Date (month, day, year) Date (month, day, year) Occupation Occupation Occupation Occupation Date (month, day, year) Occupation Occupatio	A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount
Transaction ID : F6.4507 Occupation Physicist B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Occupation Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Occupation Date (month, day, year) Occupation Occupation Occupation Date (month, day, year) Date (month, day, year) Occupation Occupation Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Occupation Occupation Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation Occupation Occupation Occupation Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation	Mike Zarnstorff	Princeton University		day, year)	
Princeton NJ 08540 Transaction ID : F6.4507 Occupation Physicist Name of Employer Occupation Occupation Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Occupation District (month, day, year) Occupation Occupation District (month, day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Occupation District (month, day, year) Occupation Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Occupation Occupation Occupation Occupation Occupation Occupation Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation Occ	21 Hawthorne Ave			05/31/2014	1000.00
Princeton NJ 08540 Occupation Name of Employer Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Amount Amount Occupation Occupation Date (month, day, year) Occupation Date (month, day, year) Amount Amount Date (month, day, year) Occupation Occupation Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Occupation Occupation Date (month, day, year) Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Occupation Occupation Occupation Date (month, day, year) Date (month, day, year) Date (month, day, year) Occupation O	21 Hawaiome Ave	Transaction ID : F6.4507 Occupation			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Cocupation Date (month, day, year) Date (month, day, year) Amount Description Docupation Docupation Date (month, day, year) Private (month, day, year) Date (month, day, year) Private (month, day, year)	B :				
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year) Date (month, day, year) Occupation Date (month, day, year) Occupation Date (month, day, year) Date (month, day, year) Amount day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 Estreet, NV, Washington, DC 20463	Princeton NJ 08540	Physicist			
Occupation Date (month, day, year) Date (month, day, year) Description Descript	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer			Amount
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Occupation Date (month, day, year) For further information contact: Federal Election Commissions 999 E Street, NW, Washington, DC 20463					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Occupation Date (month, day, year) For further information contact: Federal Election Commissions 999 E Street, NW, Washington, DC 20463					
C. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Occupation Date (month, day, year) For further information contact: Federal Election Commissions 999 E Street, NW, Washington, DC 20463					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, Dic 20463		Occupation	Occupation		
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation Date (month, day, year) Amount day, year) Date (month, day, year) Amount day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, Dic 20463					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Occupation E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Date (month, day, year) Date (month, day, year) Amount Occupation Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Date (month, day, year) Amount Amount Occupation Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Date (month, day, year) Amount Amount Occupation Occupation Date (month, day, year) Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
D. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Date (month, day, year) Date (month, day, year) Date (month, day, year) Amount Amount Occupation Occupation SIGNATURE (optional) Adam Cohen [Electronically Filed] For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463		Occupation			
Cocupation Date (month, day, year) Occupation Occupation Date (month, day, year) Adam Cohen Date (month, day, year) Por further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
Cocupation Date (month, day, year) Occupation Occupation Date (month, day, year) Adam Cohen Date (month, day, year) Por further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463				Data (manth	Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation SIGNATURE (optional) Adam Cohen [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		Amount
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation SIGNATURE (optional) Adam Cohen [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation SIGNATURE (optional) Adam Cohen [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
E. FULL NAME, MAILING ADDRESS AND ZIP CODE Name of Employer Occupation Occupation SIGNATURE (optional) Adam Cohen [Electronically Filed] Date (month, day, year) For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
Occupation SIGNATURE (optional) Adam Cohen [Electronically Filed] DATE 06/01/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463		Occupation			
Occupation SIGNATURE (optional) Adam Cohen [Electronically Filed] DATE 06/01/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463	E FULL NAME MAUNIC ADDRESS AND 712 CORE	N (F)	Name of Employer		Amount
SIGNATURE (optional) Adam Cohen DATE 06/01/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Name of Employer		7 11110 1111
SIGNATURE (optional) Adam Cohen DATE 06/01/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
SIGNATURE (optional) Adam Cohen DATE 06/01/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463		Occupation			
SIGNATURE (optional) Adam Cohen DATE 06/01/2014 For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463					
Adam Cohen 06/01/2014 Federal Election Commission [Electronically Filed] 999 E Street, NW, Washington, DC 20463					
Adam Cohen 06/01/2014 Federal Election Commission [Electronically Filed] 999 E Street, NW, Washington, DC 20463	SIGNATURE (optional)			For further i	nformation contact:
		[Floatuani II. Et II	06/01/2014	Federal El	ection Commission
		[Биссионісану Енеа]			

Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

