FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 JUL 14 PM 12: 12

Office Use Only

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

BERGEN TOGETHER II INC

ADDRESS (number and street) ▼ 625 PALISADE AVENUE

☐ Check if different than previously reported. (ACC)

ENGLEWOOD CLIFFS | NJ | 07632-

CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼ C00441675

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 04 / 01 / 2008 through 06 / 30 / 2008

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 Nancy Sorrentino

Signature of Treasurer Nancy Sorrentino Date 07 / 01 / 2008

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 3X
Rev. 12/2004

FEBAN026

28039771644

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Bergen Together II Inc

Report Covering the Period: From: 04 01 2008 To: 06 30 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		1,425.00
(b) Cash on Hand at Beginning of Reporting Period	1,960.00	
(c) Total Receipts (from Line 19)	22,050.00	22,535.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	24,010.00	24,010.00
7. Total Disbursements (from Line 31)	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24,010.00	24,010.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

☐ 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

28039771645

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Bergen Together II Inc.

Report Covering the Period: From: 04 01 2008 To: 06 30 2008

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)	18,000.00	18,000.00
(ii) Unitemized	4,050.00	4,585.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	22,050.00	22,585.00
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	22,050.00	22,585.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	22,050.00	22,585.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	22,050.00	22,585.00

28039771646

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	0
(ii) Non-Federal Share	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0	0
22. Transfers to Affiliated/Other Party Committees	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs)	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	0	0

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	22,050.00	22,550.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22,050.00	22,550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0	0

28039771648

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 OF 10

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full): Berger Together II Inc

A.
Full Name (Last, First, Middle Initial): Ronald Reduce
Mailing Address: P.O. Box 1256
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Reduce Construction
Occupation: Builder
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 20 / 2008
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Nicholas Sekas
Mailing Address: 530 Sylvan Ave
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Sekas + Assoc. LLC.
Occupation: Attorney
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 20 / 2008
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Norton, Lynn
Mailing Address: 9 Willow Dr.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: —
Occupation: —
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1,450.00
Date of Receipt: 06 / 20 / 2008
Amount of Each Receipt this Period: 1,200.00

SUBTOTAL of Receipts This Page (optional) ▶ 1,950.00

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

28039771649

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 2 OF 15
(check only one)
☑ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

A.
Full Name (Last, First, Middle Initial): Elian, Martha-Miguco
Mailing Address: 91 Park St.
City: Tenafly State: NJ Zip Code: 07670
FEC ID number of contributing federal political committee: C
Name of Employer: Nick Elian DDS
Occupation: Dentist
Receipt For: ☐ Primary ☑ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2,700.00
Date of Receipt: 06 / 20 / 2003
Amount of Each Receipt this Period: 2,700.00

B.
Full Name (Last, First, Middle Initial): Brown, Howard
Mailing Address: 129 Truman Dr.
City: Cresskill State: NJ Zip Code: 07626
FEC ID number of contributing federal political committee: C
Name of Employer: Rent-a-Crate
Occupation:
Receipt For: ☐ Primary ☑ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1,000.00
Date of Receipt: 06 / 20 / 2003
Amount of Each Receipt this Period: 1,000.00

C.
Full Name (Last, First, Middle Initial): David Kasparian
Mailing Address: 264 Morrow Rd.
City: Englewood State: NJ Zip Code: 07631
FEC ID number of contributing federal political committee: C
Name of Employer: MDK Development LLC
Occupation:
Receipt For: ☐ Primary ☑ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 10,000.00
Date of Receipt: 06 / 20 / 2003
Amount of Each Receipt this Period: 1,000.00

SUBTOTAL of Receipts This Page (optional) ▶ 4,700.00

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

28039716150

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 3 OF 10
☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Bergen Together II Inc

A.
Full Name (Last, First, Middle Initial): Ryan Terry
Mailing Address: 2 Dodgewood Way
City: Little Falls State: NJ Zip Code: 07024
FEC ID number of contributing federal political committee: C
Name of Employer: Harson + Ryan
Occupation: Realtor/insurance
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 1000 00
Date of Receipt: 06 20 2003
Amount of Each Receipt this Period: 1,000 00

B.
Full Name (Last, First, Middle Initial): Goldstein Arthur
Mailing Address: 46 Jane Drive
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Goodwear Shoes
Occupation: Shoe Salesman
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 450 00
Date of Receipt: 06 20 2003
Amount of Each Receipt this Period: 450 00

C.
Full Name (Last, First, Middle Initial): Weinshank, Abigail
Mailing Address: 9 Cathy Terrace
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: —
Occupation: —
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 500 00
Date of Receipt: 06 20 2003
Amount of Each Receipt this Period: 500 00

SUBTOTAL of Receipts This Page (optional) ▶ 1950 00

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

28039771651

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 1 OF 10

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

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NAME OF COMMITTEE (In Full): Bergen Together II Inc.

A.
Full Name (Last, First, Middle Initial): Martin Glenn
Mailing Address: 744 Floyd St.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Martin Mfg. Co. Occupation: Metal Salesman
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06/16/2008
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Plawker Terry
Mailing Address: 39 Elm St.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Plawker Real Estate Occupation: Realtor
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 06/16/2008
Amount of Each Receipt this Period: 450.00

C.
Full Name (Last, First, Middle Initial): Citak Shari
Mailing Address: 37 Roberts Rd.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Frabrikant Diamonds Occupation: Jeweler
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06/16/2008
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

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

28039771552

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 5 OF 10
☑ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full): Bergen Together II Inc

A.
Full Name (Last, First, Middle Initial): Kasoff Jerome
Mailing Address: 2 Churchill Rd.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: —
Occupation: retired
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 700.00
Date of Receipt: 06 / 16 / 2008
Amount of Each Receipt this Period: 700.00

B.
Full Name (Last, First, Middle Initial): Kates, Michael B
Mailing Address: 928 Columbus Dr.
City: Teaneck State: NJ Zip Code: 07666
FEC ID number of contributing federal political committee: C
Name of Employer: Nashel Kates Nussman
Occupation: attorney
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 26 / 2008
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial): Kates, Michael B
Mailing Address: 928 Columbus Dr.
City: Teaneck State: NJ Zip Code: 07666
FEC ID number of contributing federal political committee: C
Name of Employer: Nashel Kates Nussman
Occupation: attorney
Receipt For: ☐ Primary ☑ General ☐ Other (specify)
Aggregate Year-to-Date: 10000
Date of Receipt: 06 / 26 / 2008
Amount of Each Receipt this Period: 10000

SUBTOTAL of Receipts This Page (optional) ▶ 105000

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

28039771653

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 10

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full): Berger Together II Inc

A.
Full Name (Last, First, Middle Initial): Haboush, Joan
Mailing Address: 25 Jane Dr.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: —
Occupation: —
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06/26/2008
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Drimores, Patricia
Mailing Address: 71 John St.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Ridgefield BOE
Occupation: Counselor
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1,600.00
Date of Receipt: 06/26/2008
Amount of Each Receipt this Period: 1,600.00

C.
Full Name (Last, First, Middle Initial): Sayrafe, George Jr.
Mailing Address: 24 Geraldine Ct.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Palestroni Mgmt. LLC
Occupation: Developer
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 06/26/2008
Amount of Each Receipt this Period: 450.00

SUBTOTAL of Receipts This Page (optional) ▶ 2300.00

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

28039771654

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 1 OF 10

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

A.
Full Name (Last, First, Middle Initial): Lagania, Mario A
Mailing Address: 18 Maple St.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Robbins + Henderson LLC
Occupation: Security Broker
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1,200.00
Date of Receipt: 06 26 2008
Amount of Each Receipt this Period: 1,200.00

B.
Full Name (Last, First, Middle Initial): Profita Michael
Mailing Address: 145 Sunset Lane
City: Tenafly State: NJ Zip Code: 07670
FEC ID number of contributing federal political committee: C
Name of Employer: Profita + Assoc.
Occupation: Attorney
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 26 2008
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Kallis, Demetrios
Mailing Address: 66 Center St.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: —
Occupation: —
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 06 26 2008
Amount of Each Receipt this Period: 350.00

SUBTOTAL of Receipts This Page (optional) ▶ 2,050.00

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

28039771655

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 3 OF 10
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

A.
Full Name (Last, First, Middle Initial): Casazza, Robert
Mailing Address: 540 Sylvan Ave.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Otterstedt Insurance
Occupation: Insurance Agent
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 06 2008
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Cioffi, Michael
Mailing Address: 16 Bayview Ave.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Englewood Cliffs Police
Occupation: Chief of Police
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 450.00
Date of Receipt: 06 26 2008
Amount of Each Receipt this Period: 450.00

C.
Full Name (Last, First, Middle Initial): Venetsanos, Kyriakos Ricky
Mailing Address: 2414 Ridge Way
City: Fort Lee State: NJ Zip Code: 07024
FEC ID number of contributing federal political committee: C
Name of Employer: JCC Construction Inc.
Occupation: Builder
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00
Date of Receipt: 06 24 2008
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 1700.00
TOTAL This Period (last page this line number only) ▶

28039771656

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 10

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

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NAME OF COMMITTEE (In Full): Bergen Together IF Inc.

A.
Full Name (Last, First, Middle Initial): Manolio, Thomas
Mailing Address: 603 Floyd St.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Park Ave BMW
Occupation: Car Salesman
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06 / 26 / 2008
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Ciotti, Michael
Mailing Address: 16 Bayview Ave.
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Englewood Cliffs Police
Occupation: Chief of Police
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 06 / 26 / 2008
Amount of Each Receipt this Period: 100.00

C.
Full Name (Last, First, Middle Initial): Fox, Barbara
Mailing Address: 11 Priscilla Lane
City: Englewood Cliffs State: NJ Zip Code: 07632
FEC ID number of contributing federal political committee: C
Name of Employer: Alvarez + Marshall
Occupation: Consultant
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 06 / 26 / 2008
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

28039771557

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) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

NAME OF COMMITTEE (In Full): Bergen Together II Inc.

A.
Full Name (Last, First, Middle Initial): Cirillo Anthony
Mailing Address: 65 Broadway - Suite 101
City: New York State: NY Zip Code: 10006
FEC ID number of contributing federal political committee: C
Name of Employer: Princeton Securities
Occupation: Broker/Trader
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06/26/2008
Amount of Each Receipt this Period: 250.00

B.
Full Name (Last, First, Middle Initial): Schmidt, Catherine Yaxley
Mailing Address: 780 Woodland Avenue
City: Oradell State: NJ Zip Code: 07649
FEC ID number of contributing federal political committee: C
Name of Employer: Holy Name Hospital
Occupation: Planning VP
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00
Date of Receipt: 06/26/2008
Amount of Each Receipt this Period: 250.00

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date:
Date of Receipt: MM/DD/YYYY
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶ 18,000.00

28039771658

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 1 OF 1

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NAME OF COMMITTEE (In Full)
Berger Together IT Inc.

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

Date of Disbursement M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

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

Date of Disbursement M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

C.
Full Name (Last, First, Middle Initial)

Date of Disbursement M M / D D / Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/ Type

Amount of Each Disbursement this Period

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ Ø

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

28039771659

SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE 1 OF 1

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
Berger Together II Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)

Mailing Address

City State ZIP Code

Election:
- [ ] Primary
- [ ] General
- [ ] Other (specify)

Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period

TERMS

Date Incurred M M / D D / Y Y Y Y | Date Due M M / D D / Y Y Y Y | Interest Rate % (apr) | Secured: [ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City State ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ Ø

TOTALS This Period (last page in this line only) ▶ Ø

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

28039771650

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for information found on Page 1 of Schedule C

NAME OF COMMITTEE (In Full): Berger Together II Inc.

FEC IDENTIFICATION NUMBER: C00441675

LENDING INSTITUTION (LENDER)
Full Name

Amount of Loan

Interest Rate (APR) %

Mailing Address

City State Zip Code

Date Incurred or Established M M / D D / Y Y Y Y

Date Due M M / D D / Y Y Y Y

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred M M / D D / Y Y Y Y

B. If line of credit,
Amount of this Draw:
Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify:

What is the value of this collateral?

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify:

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: M M / D D / Y Y Y Y

Location of account:

Address:

City, State, Zip:

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER
Typed Name
Signature

DATE M M / D D / Y Y Y Y

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:
- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE
Typed Name
Signature
Title

DATE M M / D D / Y Y Y Y

28039771651

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate schedule(s) for each numbered line)

PAGE 1 OF 1

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

NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

A. 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

B. 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

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

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2) **TOTALS** This Period (last page this line number only) ▶

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

4) **ADD** 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ Ø

28039771662

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full): Bergen Together II Inc.

FEC IDENTIFICATION NUMBER ▼: C00441075

Check if ☐ 24-hour notice ☐ 48-hour notice

Full Name (Last, First, Middle Initial) of Payee

Date MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/Type

Office Sought: ☐ House ☐ Senate ☐ President State: District:

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election for Office Sought

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures ▶ Ø

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy Sorrentino
Signature

Date 07 01 2003

28039771653

SCHEDULE F (FEC Form 3X)

ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE (2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1

FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full): Bergen Together II Inc.

Check if 24-hour notice

Has your committee been designated to make coordinated expenditures by a political party committee?
☐ YES ☒ NO
If YES, name the designating committee:

Full Name of Subordinate Committee

Mailing Address

City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

Full Name (Last, First, Middle Initial) of Each Payee

Mailing Address

City State Zip Code

Name of Federal Candidate Supported

Office Sought: ☐ House ☐ Senate ☐ Presidential State: District:

Aggregate General Election Expenditure for this Candidate ▶

Purpose of Expenditure

Category/Type

Date M M / D D / Y Y Y Y

Amount

☐ Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a–1)

SUBTOTAL of Expenditures This Page (optional) ▶ 0

TOTAL This Period (last page this line number only) ▶ 0

28039771664

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)**

NAME OF COMMITTEE (In Full)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

_____ Presidential-Only Election Year (28% Federal)

_____ Presidential and Senate Election Year (36% Federal)

_____ Senate-Only Election Year (21% Federal)

_____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐

or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... Ø %

Nonfederal..... Ø %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

28039771995

SCHEDULE H2 (FEC Form 3X)
ALLOCATION RATIOS

PAGE 1 OF 1

NAME OF COMMITTEE (In Full)
Bergen Together II Inc

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only**: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: ☐ Fundraising ☐ Direct Candidate Support CHECK IF THE RATIO IS: ☐ New ☐ Revised ☐ Same as Previously Reported	%	%

28039771696

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 1 OF 1

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
Bergen Together II Inc

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Bergen Together II Inc.	M M / D D / Y Y Y Y	0

BREAKDOWN OF TRANSFER RECEIVED

I) Total Administrative .....

II) Generic Voter Drive .....

III) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) _____

b) _____

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) 0

28039771667

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE 1 OF 1

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)
Berger Together II Inc.

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Ø

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

Ø

28039771668

SCHEDULE H5 (FEC Form 3X)

TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE (OF)
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
Berger Together II Inc.

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y Y	Ø

BREAKDOWN OF THIS TRANSFER

I) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION	
II) Voter ID Total Amount Transferred for Voter ID.....	VOTER ID	
III) GOTV Total Amount Transferred for GOTV.....	GOTV	
Iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	M M / D D / Y Y Y Y	

BREAKDOWN OF THIS TRANSFER

I) Voter Registration Total Amount Transferred for Voter Registration.....	VOTER REGISTRATION	
II) Voter ID Total Amount Transferred for Voter ID.....	VOTER ID	
III) GOTV Total Amount Transferred for GOTV.....	GOTV	
Iv) Generic Campaign Activity Total Amount Transferred for Generic Campaign Activity.....	GENERIC CAMPAIGN ACTIVITY	

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

TOTAL This Period (Voter Registration).....	
TOTAL This Period (Voter ID).....	
TOTAL This Period (GOTV).....	
TOTAL This Period (Generic Campaign Activity).....	
TOTAL This Period (Total Amount of Transfers Received).....	Ø

28039771669

SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY
(To be used by State, District and Local Party Committees Only)

PAGE 1 OF 1

FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)
Berger Together II Inc.

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
- [ ] Voter Registration
- [ ] Voter ID
- [ ] GOTV
- [ ] Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
- [ ] Voter Registration
- [ ] Voter ID
- [ ] GOTV
- [ ] Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Type of Allocated Activity or Event:
- [ ] Voter Registration
- [ ] Voter ID
- [ ] GOTV
- [ ] Generic Campaign

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT Ø

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE TOTAL AMOUNT Ø

LEVIN SHARE

TOTAL This Period for the Levin Share

28039771970

SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)
Bergen Together IF Inc

NAME OF ACCOUNT
Bergen Together IF Inc

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)		
(b) Unitemized		
(c) Total		
2. OTHER RECEIPTS		
3. TOTAL RECEIPTS (Add Lines 1c and 2)		
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration		
(b) Voter ID		
(c) GOTV		
(d) Generic Campaign		
(e) Total		
5. OTHER DISBURSEMENTS		
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)		
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)		
8. RECEIPTS (from Line 3)		
9. SUBTOTAL (Add Lines 7 and 8)		
10. DISBURSEMENTS (From Line 6)		
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)		

28039771971

SCHEDULE L–A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS

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

PAGE 1 OF 1

FOR LINE NUMBER: (check only one) ☐ 1a ☐ 2

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)
Bergen Together II Inc.

A.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

B.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

C.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

D.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Name of Employer or Principal Place of Business
Occupation
Date of Receipt M M / D D / Y Y Y Y
Amount of Each Receipt this Period
Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) ▶ Ø

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

28039771672

SCHEDULE L–B (FEC Form 3X)
ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER: (check only one) PAGE OF(☐ 4a ☐ 4b ☐ 4c ☐ 4d ☐ 5

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NAME OF COMMITTEE (In Full)
Bergen Together II Inc.

A.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

B.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

C.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

D.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

E.
Full Name (Last, First, Middle Initial) / Full Organization Name
Mailing Address
City State Zip Code
Purpose of Disbursement
Date of Disbursement M M / D D / Y Y Y Y
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ▶ Ø

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

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Federal Election Commission

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