

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

New Jersey Democratic State Committee

ADDRESS (number and street)

196 West State Street

☐ Check if different than previously reported. (ACC)

Trenton

NJ

08608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00104471

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
01 01 2015

through

M M M / D D D / Y Y Y Y Y Y
01 31 2015

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 Kelly Stewart Maer

Signature of Treasurer

Kelly Stewart Maer

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 20 2015

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
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Jersey Democratic State Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
01		31		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">63603.60</td></tr></table>	63603.60				
Y	Y	Y	Y	Y													
2015																	
63603.60																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">63603.60</td></tr></table>	63603.60															
63603.60																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">70870.78</td></tr></table>	70870.78					<table><tr><td colspan="5">70870.78</td></tr></table>	70870.78									
70870.78																	
70870.78																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">134474.38</td></tr></table>	134474.38					<table><tr><td colspan="5">134474.38</td></tr></table>	134474.38									
134474.38																	
134474.38																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">82440.21</td></tr></table>	82440.21					<table><tr><td colspan="5">82440.21</td></tr></table>	82440.21									
82440.21																	
82440.21																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">52034.17</td></tr></table>	52034.17					<table><tr><td colspan="5">52034.17</td></tr></table>	52034.17									
52034.17																	
52034.17																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">88587.58</td></tr></table>	88587.58															
88587.58																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Jersey Democratic State Committee

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	5

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).....

2500.00

2500.00

(ii) Unitemized

946.40

946.40

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

3446.40

3446.40

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

2500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

5946.40

5946.40

12. Transfers From Affiliated/Other

Party Committees.....

10440.00

10440.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

318.06

318.06

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

16969.36

16969.36

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

37196.96

37196.96

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

37196.96

37196.96

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ►

70870.78

70870.78

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

33673.82

33673.82

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	11118.03	11118.03
(ii) Non-Federal Share.....	28561.22	28561.22
(b) Other Federal Operating Expenditures	3220.00	3220.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	42899.25	42899.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	39540.96	39540.96
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	39540.96	39540.96
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	82440.21	82440.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53878.99	53878.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5946.40	5946.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5946.40	5946.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	14338.03	14338.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	318.06	318.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	14019.97	14019.97

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

Form/Schedule: F3XN

Transaction ID :

Administrative Expenses (2015) - The committee's reports do not identify rent payments because the committee purchased a building in 2003. The committee makes mortgage payments on the property it purchased through a party building fund. The activity of the party building fund is contained on the committee's non-federal campaign finance reports.

Form/Schedule:

Transaction ID:

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)

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☒ 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)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Joseph J. Roberts Jr.

Mailing Address 9010 Pleasure Avenue

City

Sea Isle City

State

NJ

Zip Code

08243

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Not Employed

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 31 / 2015

Transaction ID : 11ai-000042417

Amount of Each Receipt this Period

2500.00

Earmarked Contribution Through ActBlue

Full Name (Last, First, Middle Initial)

B.

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

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

2500.00

2500.00

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)

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NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 390728

City
Cambridge

State Zip Code
MA 02139

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5.00

Date of Receipt

01 / 11 / 2015

Transaction ID : 11c-000042290

Amount of Each Receipt this Period

5.00

[MEMO ITEM]

Earmarked Contributions Through ActBlue

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 390728

City
Cambridge

State Zip Code
MA 02139

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

01 / 18 / 2015

Transaction ID : 11c-000042353

Amount of Each Receipt this Period

65.00

[MEMO ITEM]

Earmarked Contributions Through ActBlue

Full Name (Last, First, Middle Initial)

C. Plumbers & Pipefitters Local Union No. 9 PAC

Mailing Address 2 Iron Ore Road at Route 33

City
Englishtown

State Zip Code
NJ 07726

FEC ID number of contributing
federal political committee.

C C00155440

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 11c-000042292

Amount of Each Receipt this Period

2500.00

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

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

2500.00

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

Form/Schedule: SA11c

Transaction ID : 11c-000042290

Comprised of no earmarked contributions requiring itemization.

Form/Schedule: SA11c

Transaction ID: 11c-000042353

Comprised of no earmarked contributions requiring itemization.

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)

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NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 390728

City State Zip Code
 Cambridge MA 02139

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

166.59

Date of Receipt

01 / **25** / **2015**

Transaction ID : 11c-000042359

Amount of Each Receipt this Period

96.59

[MEMO ITEM]

Earmarked Contributions Through ActBlue

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 390728

City State Zip Code
 Cambridge MA 02139

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3446.40

Date of Receipt

01 / **31** / **2015**

Transaction ID : 11c-000042377

Amount of Each Receipt this Period

3279.81

[MEMO ITEM]

Earmarked Contributions Through ActBlue

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

0.00

2500.00

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

Form/Schedule: SA11c

Transaction ID : 11c-000042359

Comprised of no earmarked contributions requiring itemization.

Form/Schedule: SA11c

Transaction ID: 11c-000042377

Earmarked contributions requiring itemization are identified on Schedule A, Line 11a.

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Democratic National Committee

Mailing Address 430 South Capitol Street SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 17 / 2015

Transaction ID : 12-01-11698-20206

Amount of Each Receipt this Period

5000.00

Transfer

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol Street SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C C00000935

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2220.00

Date of Receipt

01 / 26 / 2015

Transaction ID : 12-34-00147-00262

Amount of Each Receipt this Period

2220.00

Transfer

Full Name (Last, First, Middle Initial)

C. Democratic National Committee

Mailing Address 430 South Capitol Street SE

City State Zip Code
 Washington DC 20003

FEC ID number of contributing
federal political committee.

C C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8220.00

Date of Receipt

01 / 31 / 2015

Transaction ID : 12-00-00728-00728

Amount of Each Receipt this Period

3220.00

InKind: Voter File Access

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

10440.00

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

10440.00

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

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

FOR LINE NUMBER: PAGE 13 OF 41
(check only one)

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NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

A. Oxford Benefit Management

Mailing Address PO Box 568

City State Zip Code
West Long Branch NJ 07764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 28 2015

Transaction ID : 15-01-11702-20212

Amount of Each Receipt this Period

318.06

Refund of Disbursement - Overpayment - Insurance

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Receipt this Period

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

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

318.06

318.06

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)

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NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

A. John E McCormac for Mayor

Mailing Address 70 Guernsey Lane

City State Zip Code
 Colonia NJ 07067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

01 / 17 / 2015

Transaction ID : 17-01-11699-20207

Amount of Each Receipt this Period

750.00

Voter File Access Fee

Full Name (Last, First, Middle Initial)

B. Pallone for Congress

Mailing Address NJ-06
 PO Box 3176

City State Zip Code
 Long Branch NJ 07740

FEC ID number of contributing
federal political committee.

C C00226928

Name of Employer

Occupation

NJ

06

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

01 / 17 / 2015

Transaction ID : 17-01-11699-20208

Amount of Each Receipt this Period

2000.00

Voter File Access Fee

Full Name (Last, First, Middle Initial)

C. Gloucester County Democratic Committee

Mailing Address 125 Berry Lane

City State Zip Code
 Sewell NJ 08080

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

01 / 23 / 2015

Transaction ID : 17-01-11700-20209

Amount of Each Receipt this Period

1200.00

Voter File Access Fee

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

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

3950.00

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

Form/Schedule: SA17

Transaction ID :

The committee has implemented a program of charging for access to its enhanced voter file. The committee's standard fee schedule is based on the volume of data that is made available. The fee schedule is consistent with values assessed by other committees for access to similar data. The fee schedule represents a usual and normal charge for access to voter file data. Payments of fees for access to the enhanced voter file are reported as Other Federal Receipts on Schedule A, Line 17.

Form/Schedule:

Transaction ID:

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)

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☐ 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)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

A. VLM Cooperative Inc

Mailing Address PO Box 9

City

Lexington

State

KY

Zip Code

40588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

13019.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 31 / 2015

Transaction ID : 17-01-11767-20336

Amount of Each Receipt this Period

13019.36

Voter File Access Fees

Full Name (Last, First, Middle Initial)

B.

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

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y 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)..... ►

13019.36

16969.36

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

New Jersey Democratic State Committee

A. Democratic National Committee

Date of Disbursement

Three 7-segment displays are shown, each with a different number of segments lit. The first display shows '01' with 4 segments lit. The second display shows '31' with 5 segments lit. The third display shows '2015' with 7 segments lit. The displays are arranged horizontally and separated by slashes.

Transaction ID : 21b-00-00729-00729

Amount of Each Disbursement this Period

3220.00

Category/
Type

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

State: District:

B.

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

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

State: District:

C.

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

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

3220.00

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

3220.00

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

PAGE 18 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

A. ADP, Inc

Mailing Address 1125 Virginia Drive

City	State	Zip Code
Fort Washington	PA	19034

Purpose of Disbursement
Credit - Overpayment - Payroll Taxes

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	05	/	2015

Transaction ID : 30b-16-11576-13535

Amount of Each Disbursement this Period

-241.74

Full Name (Last, First, Middle Initial)

B. Gateway Media LLC

Mailing Address 5 Sicomac Road Suite #191

City	State	Zip Code
North Haledon	NJ	07508

Purpose of Disbursement
Printing Services

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2015

Transaction ID : 30b-16-11581-13541

Amount of Each Disbursement this Period

10713.44

Full Name (Last, First, Middle Initial)

C. Gateway Media LLC

Mailing Address 5 Sicomac Road Suite #191

City	State	Zip Code
North Haledon	NJ	07508

Purpose of Disbursement
Printing Services

Candidate Name

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

State: District:

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	16	/	2015

Transaction ID : 30b-16-11581-13542

Amount of Each Disbursement this Period

28899.75

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

39371.45

39371.45

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

Form/Schedule: SB30b
Transaction ID :

Schedule B, Line 30b - Printing Services - The committee's report discloses transactions for printing services. None of the underlying transactions relates to the distribution of printed materials that meet any of the content standards of 11 CFR 109.21(c). The committee's report properly discloses this exempt activity.

Form/Schedule:
Transaction ID:

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

PAGE 20 OF 41

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

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

CPI Inc

Nature of Debt (Purpose):

Telecommunications Services

Mailing Address PO Box 664

City State

Zip Code

Long Valley

NJ

07853

Outstanding Balance Beginning This Period

823.91

Transaction ID : 10-000096

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

823.91

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

Royal Printing Service

Nature of Debt (Purpose):

Printing Services

Mailing Address PO Box 1000

City State

Zip Code

West New York

NJ

07093

Outstanding Balance Beginning This Period

14065.15

Transaction ID : 10-000085

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14065.15

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City

State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

12094.73

Transaction ID : 10-000092

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

12094.73

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

26983.79

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

PAGE 21 OF 41

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

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

2964.37

Transaction ID : 10-000099

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2964.37

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

2299.84

Transaction ID : 10-000100

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2299.84

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City

State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

987.92

Transaction ID : 10-000104

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

987.92

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

6252.13

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

PAGE 22 OF 41

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

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

6587.01

Transaction ID : 10-000105

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6587.01

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

1836.47

Transaction ID : 10-000108

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1836.47

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City

State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

3855.53

Transaction ID : 10-000110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3855.53

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

12279.01

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

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

PAGE 23 OF 41

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

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

3206.25

Transaction ID : 10-000114

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3206.25

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

35442.75

Transaction ID : 10-000115

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35442.75

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel & Other Expenses

Mailing Address PO Box 2580

City

State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

4423.65

Transaction ID : 10-000116

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4423.65

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

43072.65

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

88587.58

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

0.00

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

88587.58

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)

New Jersey Democratic State Committee

Transaction ID : H1-000001

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..... %

Nonfederal %

This ratio applies to (check all that apply):

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

SCHEDULE H2 (FEC Form 3X)**ALLOCATION RATIOS**

PAGE 25 OF 41

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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 General Fundraising ACTIVITY IS: <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported Transaction ID : H2-16	FEDERAL % <div>25.00 %</div>	NONFEDERAL % <div>75.00 %</div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>
ACTIVITY OR EVENT IDENTIFIER ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % <div></div>	NONFEDERAL % <div></div>

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

PAGE 26 OF 41

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 New Jersey Democratic State Committee

NAME OF ACCOUNT

Transfers -- Bank of America

DATE OF RECEIPT

M M / D D / Y Y Y Y Y Y
 01 / 14 / 2015

TOTAL AMOUNT TRANSFERRED

22496.96

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

22496.96

Transaction ID : H318a-01-11685

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).....

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

Form/Schedule: H3
Transaction ID :

Lines 18(a) Non-Federal Transfers - The committee's report correctly reflects transfers of non-federal funds. The committee makes transfers from its non-federal account(s) to its federal account(s) within the statutory 70-day time period. Transfers typically occur toward the conclusion of a 60-day post disbursement period.

Form/Schedule:
Transaction ID:

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

PAGE 28 OF 41

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)
 New Jersey Democratic State Committee

NAME OF ACCOUNT

Transfers -- Bank of America

DATE OF RECEIPT

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	0		2	0	1	5		

TOTAL AMOUNT TRANSFERRED

14700.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

14700.00

Transaction ID : H318a-01-11705

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)

37196.96

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred).....

37196.96

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 29 OF 41

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) ADP Payroll Services		Transaction ID : 21a-01-11681-20174		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1125 Virginia Drive					
City Fort Washington	State PA	Zip Code 19034			
Purpose of Disbursement: Payroll Processing Fees				Allocated Activity or Event Year-To-Date 27.40	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date MM / DD / YYYY 01 / 02 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
5.75			21.65		27.40

B. Full Name (Last, First, Middle Initial) Med-I-Bank		Transaction ID : 21a-01-11682-20175		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400-2 Totten Pond Road					
City Waltham	State MA	Zip Code 02451			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 147.54	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date MM / DD / YYYY 01 / 05 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
33.64			86.50		120.14

C. Full Name (Last, First, Middle Initial) Choice COBRA LLC		Transaction ID : 21a-01-11683-20179		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 76 McNeil Road					
City Waterbury Center	State VT	Zip Code 05677			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 177.54	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date MM / DD / YYYY 01 / 05 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
8.40			21.60		30.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.79		129.75		177.54

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

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

Form/Schedule: H4
Transaction ID :

No transactions reported this period on schedule H4 for salary or insurance relate to employees who spent more than 25% of their time on FEA.

Form/Schedule:
Transaction ID:

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 31 OF 41

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) ADP Payroll Services		Transaction ID : 21a-01-11684-20182		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1125 Virginia Drive					
City Fort Washington	State PA	Zip Code 19034			
Purpose of Disbursement: Payroll Processing Fees				Allocated Activity or Event Year-To-Date 307.54	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date MM / DD / YYYY 01 / 09 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
36.40			93.60		130.00

B. Full Name (Last, First, Middle Initial) Choice Care Card		Transaction ID : 21a-01-11686-20184		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 76 McNeil Road Second Floor					
City Waterbury	State VT	Zip Code 05677			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 384.54	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date MM / DD / YYYY 01 / 13 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
21.56			55.44		77.00

C. Full Name (Last, First, Middle Initial) United States Federal Government		Transaction ID : 21a-01-11687-20189		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Internal Revenue Service					
City Washington	State DC	Zip Code 20001			
Purpose of Disbursement: Payroll Taxes				Allocated Activity or Event Year-To-Date 5608.86	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date MM / DD / YYYY 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1462.81			3761.51		5224.32

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1520.77		3910.55		5431.32

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) State of New Jersey		Transaction ID : 21a-01-11688-20195		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of Treasury					
City Trenton	State NJ	Zip Code 08625			
Purpose of Disbursement: Payroll Taxes				Allocated Activity or Event Year-To-Date 7392.30	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
499.36			1284.08		1783.44

B. Full Name (Last, First, Middle Initial) Christopher James		Transaction ID : 21a-01-11689-20197		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 30 Eastwood Street					
City East Orange	State NJ	Zip Code 07017			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 10400.37	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
842.26			2165.81		3008.07

C. Full Name (Last, First, Middle Initial) Sapna Advani		Transaction ID : 21a-01-11690-20198		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 305 Margaret Court					
City South Plainfield	State NJ	Zip Code 07080			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 10549.64	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
41.80			107.47		149.27

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1383.42		3557.36		4940.78

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Laury-Ann Diaz		Transaction ID : 21a-01-11691-20199		Allocated Activity or Event:	
Mailing Address 120 Johnson Avenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Galloway		State NJ	Zip Code 08205	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Salary				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 15/16		Category/ Type		Allocated Activity or Event Year-To-Date <div>11629.44</div>	
Date		<div>MM / DD / YYYY</div> <div>01 / 15 / 2015</div>			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
302.34			777.46		1079.80

B. Full Name (Last, First, Middle Initial) Jennifer C Holdsworth		Transaction ID : 21a-01-11692-20200		Allocated Activity or Event:	
Mailing Address 30 Engle Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Tenafly		State NJ	Zip Code 07670	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Salary				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 15/16		Category/ Type		Allocated Activity or Event Year-To-Date <div>14446.04</div>	
Date		<div>MM / DD / YYYY</div> <div>01 / 15 / 2015</div>			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
788.65			2027.95		2816.60

C. Full Name (Last, First, Middle Initial) Margaret L. Martin		Transaction ID : 21a-01-11693-20201		Allocated Activity or Event:	
Mailing Address 777 West State Street Apt 9B				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Trenton		State NJ	Zip Code 08618	<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Salary				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 15/16		Category/ Type		Allocated Activity or Event Year-To-Date <div>16050.30</div>	
Date		<div>MM / DD / YYYY</div> <div>01 / 15 / 2015</div>			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
449.19			1155.07		1604.26

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1540.18		3960.48		5500.66

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Daniel C. Dollbaum		Transaction ID : 21a-01-11694-20202		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6 Butler Place					
City Kearny	State NJ	Zip Code 07032			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 18341.58	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
641.56			1649.72		2291.28

B. Full Name (Last, First, Middle Initial) Bank of America		Transaction ID : 21a-01-11703-20213		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 East State Street					
City Trenton	State NJ	Zip Code 08608			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 18475.67	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date 01 / 15 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
37.55			96.54		134.09

C. Full Name (Last, First, Middle Initial) ADP Payroll Services		Transaction ID : 21a-01-11704-20214		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1125 Virginia Drive					
City Fort Washington	State PA	Zip Code 19034			
Purpose of Disbursement: Payroll Processing Fees				Allocated Activity or Event Year-To-Date 18605.67	
Activity or Event Identifier: Admin 15/16		Category/ Type		Date 01 / 23 / 2015	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
36.40			93.60		130.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
715.51		1839.86		2555.37

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) United States Federal Government			Transaction ID : 21a-01-11706-20218			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Internal Revenue Service								
City Washington	State DC	Zip Code 20001				Allocated Activity or Event Year-To-Date 23782.73		
Purpose of Disbursement: Payroll Taxes						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
1449.58				3727.48			5177.06	

B. Full Name (Last, First, Middle Initial) State of New Jersey			Transaction ID : 21a-01-11707-20224			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Department of Treasury								
City Trenton	State NJ	Zip Code 08625				Allocated Activity or Event Year-To-Date 25552.34		
Purpose of Disbursement: Payroll Taxes						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
495.49				1274.12			1769.61	

C. Full Name (Last, First, Middle Initial) Christopher James			Transaction ID : 21a-01-11708-20226			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 30 Eastwood Street								
City East Orange	State NJ	Zip Code 07017				Allocated Activity or Event Year-To-Date 28560.42		
Purpose of Disbursement: Salary						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
842.26				2165.82			3008.08	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2787.33		7167.42		9954.75

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Laury-Ann Diaz			Transaction ID : 21a-01-11709-20227			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 120 Johnson Avenue								
City Galloway	State NJ	Zip Code 08205				Allocated Activity or Event Year-To-Date 29640.24		
Purpose of Disbursement: Salary						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
302.35				777.47			1079.82	

B. Full Name (Last, First, Middle Initial) Jennifer C Holdsworth			Transaction ID : 21a-01-11710-20228			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 30 Engle Street								
City Tenafly	State NJ	Zip Code 07670				Allocated Activity or Event Year-To-Date 32456.86		
Purpose of Disbursement: Salary						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
788.65				2027.97			2816.62	

C. Full Name (Last, First, Middle Initial) Margaret L. Martin			Transaction ID : 21a-01-11711-20229			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 777 West State Street Apt 9B								
City Trenton	State NJ	Zip Code 08618				Allocated Activity or Event Year-To-Date 34061.11		
Purpose of Disbursement: Salary						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+	NONFEDERAL SHARE		=	TOTAL AMOUNT	
449.19				1155.06			1604.25	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1540.19		3960.50		5500.69

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Daniel C. Dollbaum			Transaction ID : 21a-01-11712-20230			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 6 Butler Place								
City Kearny	State NJ	Zip Code 07032				Allocated Activity or Event Year-To-Date 36352.37		
Purpose of Disbursement: Salary						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
641.55						=		
			1649.71			TOTAL AMOUNT		
						2291.26		

B. Full Name (Last, First, Middle Initial) Aetna US Health Care			Transaction ID : 21a-01-11716-20234			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 7247-0233								
City Philadelphia	State PA	Zip Code 19170-0233				Allocated Activity or Event Year-To-Date 36629.41		
Purpose of Disbursement: Insurance						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
77.57						=		
			199.47			TOTAL AMOUNT		
						277.04		

C. Full Name (Last, First, Middle Initial) Aetna US Health Care			Transaction ID : 21a-01-11716-20235			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 7247-0233								
City Philadelphia	State PA	Zip Code 19170-0233				Allocated Activity or Event Year-To-Date 37142.35		
Purpose of Disbursement: Insurance						Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>		
Activity or Event Identifier: Admin 15/16			Category/ Type					
FEDERAL SHARE			+			NONFEDERAL SHARE		
143.62						=		
			369.32			TOTAL AMOUNT		
						512.94		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
862.74		2218.50		3081.24

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Aetna US Health Care		Transaction ID : 21a-01-11716-20236		Allocated Activity or Event:	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia		State PA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 19170-0233				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Admin 15/16		Category/ Type		<div> <div>01</div> <div>30</div> <div>2015</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
94.96				244.18	
		=		TOTAL AMOUNT	
				339.14	

B. Full Name (Last, First, Middle Initial) Aetna US Health Care		Transaction ID : 21a-01-11716-20237		Allocated Activity or Event:	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia		State PA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 19170-0233				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Admin 15/16		Category/ Type		<div> <div>01</div> <div>30</div> <div>2015</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
77.57				199.47	
		=		TOTAL AMOUNT	
				277.04	

C. Full Name (Last, First, Middle Initial) Aetna US Health Care		Transaction ID : 21a-01-11716-20238		Allocated Activity or Event:	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia		State PA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 19170-0233				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Admin 15/16		Category/ Type		<div> <div>01</div> <div>30</div> <div>2015</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
143.62				369.32	
		=		TOTAL AMOUNT	
				512.94	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
316.15		812.97		1129.12

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Aetna US Health Care		Transaction ID : 21a-01-11716-20239		Allocated Activity or Event:	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia		State PA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 19170-0233				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Admin 15/16		Category/ Type		<div> <div>01</div> <div>30</div> <div>2015</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
94.96				244.18	
		=		TOTAL AMOUNT	
				339.14	

B. Full Name (Last, First, Middle Initial) Aetna US Health Care		Transaction ID : 21a-01-11716-20240		Allocated Activity or Event:	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia		State PA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 19170-0233				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Admin 15/16		Category/ Type		<div> <div>01</div> <div>30</div> <div>2015</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
139.47				358.63	
		=		TOTAL AMOUNT	
				498.10	

C. Full Name (Last, First, Middle Initial) Aetna US Health Care		Transaction ID : 21a-01-11716-20241		Allocated Activity or Event:	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia		State PA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 19170-0233				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Admin 15/16		Category/ Type		<div> <div>01</div> <div>30</div> <div>2015</div> </div>	
FEDERAL SHARE		+		NONFEDERAL SHARE	
139.47				358.63	
		=		TOTAL AMOUNT	
				498.10	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
373.90		961.44		1335.34

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Aetna US Health Care		Transaction ID : 21a-01-11716-20242		Allocated Activity or Event:	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia		State PA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 19170-0233				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Credit - Overcharge - Insurance				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Admin 13/14		Category/ Type		39408.81	
Date		01 / 30 / 2015			
FEDERAL SHARE		+		NONFEDERAL SHARE	
-41.58				-156.42	
		=		TOTAL AMOUNT	
				-198.00	

B. Full Name (Last, First, Middle Initial) ADP Payroll Services		Transaction ID : 21a-01-11745-20292		Allocated Activity or Event:	
Mailing Address 1125 Virginia Drive				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Fort Washington		State PA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 19034				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Payroll Processing Fees				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: Admin 15/16		Category/ Type		39542.86	
Date		01 / 30 / 2015			
FEDERAL SHARE		+		NONFEDERAL SHARE	
37.53				96.52	
		=		TOTAL AMOUNT	
				134.05	

C. Full Name (Last, First, Middle Initial) ActBlue Technical Services		Transaction ID : 21a-01-11697-20205		Allocated Activity or Event:	
Mailing Address 14 Arrow Street				<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Cambridge		State MA		<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Zip Code 02138				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date	
Activity or Event Identifier: General Fundraising		Category/ Type		0.20	
Date		01 / 17 / 2015			
FEDERAL SHARE		+		NONFEDERAL SHARE	
0.05				0.15	
		=		TOTAL AMOUNT	
				0.20	

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-4.00		-59.75		-63.75

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

SCHEDULE H4 (FEC Form 3X)**DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) ActBlue Technical Services			Transaction ID : 21a-01-11715-20233			Allocated Activity or Event:		
Mailing Address 14 Arrow Street						<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City Cambridge	State MA	Zip Code 02138				Allocated Activity or Event Year-To-Date		
Purpose of Disbursement: Service Charge						2.78		
Activity or Event Identifier: General Fundraising			Category/ Type			Date		
						MM / DD / YYYY 01 / 30 / 2015		
FEDERAL SHARE			+			NONFEDERAL SHARE		
0.65						=		
			1.93			TOTAL AMOUNT		
						2.58		

B. Full Name (Last, First, Middle Initial) ActBlue Technical Services			Transaction ID : 21a-01-11719-20245			Allocated Activity or Event:		
Mailing Address 14 Arrow Street						<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City Cambridge	State MA	Zip Code 02138				Allocated Activity or Event Year-To-Date		
Purpose of Disbursement: Service Charge						6.62		
Activity or Event Identifier: General Fundraising			Category/ Type			Date		
						MM / DD / YYYY 01 / 31 / 2015		
FEDERAL SHARE			+			NONFEDERAL SHARE		
0.96						=		
			2.88			TOTAL AMOUNT		
						3.84		

C. Full Name (Last, First, Middle Initial) ActBlue Technical Services			Transaction ID : 21a-01-11737-20280			Allocated Activity or Event:		
Mailing Address 14 Arrow Street						<input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
City Cambridge	State MA	Zip Code 02138				Allocated Activity or Event Year-To-Date		
Purpose of Disbursement: Service Charge						136.39		
Activity or Event Identifier: General Fundraising			Category/ Type			Date		
						MM / DD / YYYY 01 / 31 / 2015		
FEDERAL SHARE			+			NONFEDERAL SHARE		
32.44						=		
			97.33			TOTAL AMOUNT		
						129.77		

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.05		102.14		136.19

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
11118.03		28561.22		39679.25