

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Kleinhendler For Congress

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	16944.67	16944.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	16944.67	16944.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	24055.33	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	41000.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kleinhendler For Congress

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	41000.00	41000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	41000.00	41000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	41000.00	41000.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	16944.67	16944.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	16944.67	16944.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41000.00
25. SUBTOTAL (add Line 23 and Line 24).....	41000.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	16944.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24055.33

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 14
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Kleinhendler For Congress

Full Name (Last, First, Middle Initial) A. Howard Kleinhendler		Date of Receipt M M / D D / Y Y Y Y 04 / 14 / 2014
Mailing Address 8 Cabinfield Circle		Transaction ID : SA13A.4099
City State Zip Code Lakewood NJ 08701	Amount of Each Receipt this Period 8000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Wachtel Missry LLP Attorney	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 8000.00	

Full Name (Last, First, Middle Initial) B. Howard Kleinhendler		Date of Receipt M M / D D / Y Y Y Y 04 / 30 / 2014
Mailing Address 8 Cabinfield Circle		Transaction ID : SA13A.4100
City State Zip Code Lakewood NJ 08701	Amount of Each Receipt this Period 8000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Wachtel Missry LLP Attorney	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 16000.00	

Full Name (Last, First, Middle Initial) C. Howard Kleinhendler		Date of Receipt M M / D D / Y Y Y Y 05 / 14 / 2014
Mailing Address 8 Cabinfield Circle		Transaction ID : SA13A.4101
City State Zip Code Lakewood NJ 08701	Amount of Each Receipt this Period 25000.00	
FEC ID number of contributing federal political committee. C	Name of Employer Occupation Wachtel Missry LLP Attorney	Loan
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 41000.00	

SUBTOTAL of Receipts This Page (optional).....	41000.00
TOTAL This Period (last page this line number only).....	41000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kleinhendler For Congress

Full Name (Last, First, Middle Initial) A. Chris Coleman		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2014
Mailing Address 219 Reeves Avenue		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4114
City Browns Mills State NJ Zip Code 08015	Purpose of Disbursement Campaign Work	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) B. Chris Coleman		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 219 Reeves Avenue		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4119
City Browns Mills State NJ Zip Code 08015	Purpose of Disbursement Campaign Work	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) c. Chris Coleman		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 219 Reeves Avenue		Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.4122
City Browns Mills State NJ Zip Code 08015	Purpose of Disbursement Campaign Work	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

SUBTOTAL of Disbursements This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Kleinhendler For Congress

Full Name (Last, First, Middle Initial) A. Chris Coleman		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2014
Mailing Address 219 Reeves Avenue		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4123
City Browns Mills State NJ Zip Code 08015	Purpose of Disbursement Campaign Work	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) B. Chris Coleman		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 219 Reeves Avenue		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4127
City Browns Mills State NJ Zip Code 08015	Purpose of Disbursement Campaign Work	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) c. Chris Coleman		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 219 Reeves Avenue		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4130
City Browns Mills State NJ Zip Code 08015	Purpose of Disbursement Campaign Work	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

SUBTOTAL of Disbursements This Page (optional).....	4200.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kleinhendler For Congress

Full Name (Last, First, Middle Initial) A. Chris Coleman		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 219 Reeves Avenue		Amount of Each Disbursement this Period 420.00 Transaction ID : SB17.4131
City Browns Mills State NJ Zip Code 08015	Purpose of Disbursement Campaign work	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) B. Chris Coleman		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 219 Reeves Avenue		Amount of Each Disbursement this Period 1400.00 Transaction ID : SB17.4134
City Browns Mills State NJ Zip Code 08015	Purpose of Disbursement Campaign work	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

Full Name (Last, First, Middle Initial) c. Jimmy Esposito		Date of Disbursement M M / D D / Y Y Y Y 04 / 11 / 2014
Mailing Address 381 Rose Court		Amount of Each Disbursement this Period 800.00 Transaction ID : SB17.4120
City Lakewood State NJ Zip Code 08701	Purpose of Disbursement Campaign Consulting	
Candidate Name Kleinhendler For Congress		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ District: 03		

SUBTOTAL of Disbursements This Page (optional).....	2620.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 14
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kleinhendler For Congress

Full Name (Last, First, Middle Initial) A. Jimmy Esposito		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2014
Mailing Address 381 Rose Court		Amount of Each Disbursement this Period 900.00 Transaction ID : SB17.4124
City Lakewood	State NJ	
Zip Code 08701	Purpose of Disbursement Campaign Consulting	Category/ Type
Candidate Name Kleinhendler For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 03	

Full Name (Last, First, Middle Initial) B. Jimmy Esposito		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 381 Rose Court		Amount of Each Disbursement this Period 1500.00 Transaction ID : SB17.4129
City Lakewood	State NJ	
Zip Code 08701	Purpose of Disbursement Campaign Consulting	Category/ Type
Candidate Name Kleinhendler For Congress	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: NJ District: 03	

Full Name (Last, First, Middle Initial) c. Facebook Inc		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 330.98 Transaction ID : SB17.4111
City Menlo Park	State CA	
Zip Code 94025	Purpose of Disbursement Campaign Advertising	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2730.98
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 14			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Kleinhendler For Congress

Full Name (Last, First, Middle Initial) A. Facebook Inc		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 1601 Willow Rd		Amount of Each Disbursement this Period 500.36
City Menlo Park	State CA	
Purpose of Disbursement Campaign Advertising	Category/ Type	
Candidate Name Kleinhendler For Congress		Transaction ID : SB17.4135
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ	District: 03	

Full Name (Last, First, Middle Initial) B. Gangi Graphics Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 1669 Route 88		Amount of Each Disbursement this Period 983.33
City Brick	State NJ	
Purpose of Disbursement Campaign Literature	Category/ Type	
Candidate Name		Transaction ID : SB17.4125
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) c. Greenrose Media Inc.		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2014
Mailing Address 9 Penny Lane		Amount of Each Disbursement this Period 1500.00
City Bayville	State NJ	
Purpose of Disbursement Campaign Advertising	Category/ Type	
Candidate Name Kleinhendler For Congress		Transaction ID : SB17.4132
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NJ	District: 03	

SUBTOTAL of Disbursements This Page (optional).....	2983.69
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Kleinhendler For Congress

Full Name (Last, First, Middle Initial) A. Steven Lerner		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2014
Mailing Address 80 West veterans Highway		Amount of Each Disbursement this Period 1000.00
City Jackson State NJ Zip Code 08527	Category/Type	
Purpose of Disbursement Campaign Consulting	Candidate Name Kleinhendler For Congress	Transaction ID : SB17.4106
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Steven Lerner		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2014
Mailing Address 80 West veterans Highway		Amount of Each Disbursement this Period 1000.00
City Jackson State NJ Zip Code 08527	Category/Type	
Purpose of Disbursement Campaign Consulting	Candidate Name Kleinhendler For Congress	Transaction ID : SB17.4102
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Category/Type	
Purpose of Disbursement	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	16934.67

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : **SC/10.4099**

Kleinhendler For Congress

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

[PERSONAL FUNDS]

Election: 2014

Howard Kleinhendler

Primary

General

Other (specify) ▼

Mailing Address

8 Cabinfield Circle

City

State

ZIP Code

Lakewood

NJ

08701

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

8000.00

0.00

8000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M / M / Y Y Y Y
04 / 14 / 2014

D / D / Y Y Y Y
14 / 11 / 30 / 2014

Y Y Y Y
2014

M / M / D / D / Y Y Y Y
11 / 30 / 2014

11 / 30 / 2014

0.00 % (apr)

Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

8000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Kleinhendler For Congress** Transaction ID : **SC/10.4100**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
Howard Kleinhendler
 Primary
 General
 Other (specify) ▼

Mailing Address
8 Cabinfield Circle

City State ZIP Code
Lakewood NJ 08701

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
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TERMS

Date Incurred M 04 / D 30 / Y 2014	Date Due M / D / Y 11/30/2014	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

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

SUBTOTALS This Period This Page (optional).....	▶	[] 8000.00
TOTALS This Period (last page in this line only).....	▶	[]

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

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Kleinhendler For Congress** Transaction ID : **SC/10.4101**

LOAN SOURCE Full Name (Last, First, Middle Initial) Howard Kleinhendler	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 8 Cabinfield Circle		

City	State	ZIP Code
Lakewood	NJ	08701

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS		Date Incurred	Date Due	Interest Rate	Secured:
M 05 / D 14 / Y 2014	M / D / Y 11/30/2014			0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....	25000.00
TOTALS This Period (last page in this line only).....	41000.00

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