

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

 RECEIVED
2012 JUL 13 AM 8:43

 FEC MAIL CENTER
(Office Use Only)

 1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

 Example: If typing, type
over the lines.

12FB4M5

 New Jersey Citizen Action Political Action
Committee - NJCA PAC

ADDRESS (number and street)

 244 Broad St
Suite 2080
Newark

 Check if different
than previously
reported. (ACC)

NJ

07102

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00231217

 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



Primary (12P)



General (12G)



Runoff (12R)

PRE-Election



Convention (12C)



Special (12S)

Report for the:

Election on


 In the
State of


(d)

30-Day



General (30G)



Runoff (30R)



Special (30S)

Report for the:

Election on


 In the
State of


5. Covering Period

04

01

2012

through

06

31

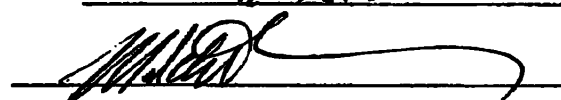
2012

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

Mitchell KAHN

Signature of Treasurer



Date

07

12

2012

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

 Office
Use
Only

FEC FORM 3X
Rev. 12/2004

FESAN025

1203083478

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NT Citizen Action PAC

Report Covering the Period:

From:

04 / 01 / 2012

To:

06 / 31 / 2012

COLUMN A
This Period

COLUMN B
Calendar Year-to-Date

6. (a) Cash on Hand
January 1,

2012

3148.59

(b) Cash on Hand at
Beginning of Reporting Period.....

3148.59

(c) Total Receipts (from Line 19)

0

0

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

3148.59

3148.59

7. Total Disbursements (from Line 31)

0

0

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

3148.59

3148.59

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

0



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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

NJ Citizen Action PAC

Report Covering the Period:

From:

04 / 01 / 2012

To:

06 / 31 / 2012

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).....

(ii) Unitemized

(iii) TOTAL (add
Lines 11(a)(i) and (ii).....▶

(b) Political Party Committees

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

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other
Party Committees.....

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

17. Other Federal Receipts
(Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

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

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts
(subtract Line 18(c) from Line 19).....▶

Grid for Column A: Total This Period. Contains 20 rows of data entry fields corresponding to lines 11 through 20.

Grid for Column B: Calendar Year-to-Date. Contains 20 rows of data entry fields corresponding to lines 11 through 20.

Handwritten circled 'P' and 'C' marks next to lines 19 and 20 in Column A.

Handwritten circled 'P' and 'C' marks next to lines 19 and 20 in Column B.

1

1

COLUMN B
Calendar Year-to-Date

-

1

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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

12030834787

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

| | | | | | | | | |
|------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 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)

ND Citizen Action PAC

Full Name (Last, First, Middle Initial)

| | | | |
|---|--|--|--|
| A. | | Date of Receipt | |
| Mailing Address | | <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| City | | State Zip Code | |
| FEC ID number of contributing federal political committee. | | <input type="text"/> | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> | |

| | | | |
|---|--|--|--|
| B. | | Date of Receipt | |
| Mailing Address | | <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| City | | State Zip Code | |
| FEC ID number of contributing federal political committee. | | <input type="text"/> | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> | |

| | | | |
|---|--|--|--|
| C. | | Date of Receipt | |
| Mailing Address | | <input type="text"/> / <input type="text"/> / <input type="text"/> | |
| City | | State Zip Code | |
| FEC ID number of contributing federal political committee. | | <input type="text"/> | |
| Name of Employer | | Occupation | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ <input type="text"/> | |

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

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

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 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 (It Full)

NS Citizen Action PAC

Full Name (Last, First, Middle Initial)

| | | | |
|---|---|----------------------|--|
| A. | | Date of Disbursement | |
| Mailing Address | | <input type="text"/> | |
| City State Zip Code | | <input type="text"/> | |
| Purpose of Disbursement | | <input type="text"/> | |
| Candidate Name | | <input type="text"/> | |
| Office Sought: | Disbursement For: | <input type="text"/> | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text"/> | |
| State: District: | | <input type="text"/> | |

| | | | |
|---|---|----------------------|--|
| B. | | Date of Disbursement | |
| Mailing Address | | <input type="text"/> | |
| City State Zip Code | | <input type="text"/> | |
| Purpose of Disbursement | | <input type="text"/> | |
| Candidate Name | | <input type="text"/> | |
| Office Sought: | Disbursement For: | <input type="text"/> | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text"/> | |
| State: District: | | <input type="text"/> | |

| | | | |
|---|---|----------------------|--|
| C. | | Date of Disbursement | |
| Mailing Address | | <input type="text"/> | |
| City State Zip Code | | <input type="text"/> | |
| Purpose of Disbursement | | <input type="text"/> | |
| Candidate Name | | <input type="text"/> | |
| Office Sought: | Disbursement For: | <input type="text"/> | |
| <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | <input type="text"/> | |
| State: District: | | <input type="text"/> | |

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

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

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

NS Citizen Action PAC

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

N/A

Election:

☐ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

% (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)

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

| | | | |
|--|-------|---|--|
| NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">ND Citizen Action PAC</div> | | FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;">C00231217</div> | |
| LENDING INSTITUTION (LENDER) Full Name <div style="font-size: 1.5em; font-family: cursive;">N/A</div> | | Amount of Loan <div style="border: 1px solid black; height: 20px;"></div> | Interest Rate (APR) <div style="border: 1px solid black; height: 20px;"></div> % |
| Mailing Address | | Date Incurred or Established <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> |
| City | State | Zip Code | Date Due <div style="border: 1px solid black; height: 20px;"></div> |
| A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes | | If yes, date originally incurred <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> | |
| B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px;"></div> | | Total Outstanding Balance: <div style="border: 1px solid black; height: 20px;"></div> | |
| C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.) | | | |
| D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | What is the value of this collateral? <div style="border: 1px solid black; height: 20px;"></div> | |
| E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____ | | Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| | | What is the estimated value? <div style="border: 1px solid black; height: 20px;"></div> | |
| A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> | | Location of account: Address: _____ City, State, Zip: _____ | |
| F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment. | | | |
| G. COMMITTEE TREASURER Typed Name Signature | | DATE <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> | |
| H. Attach a signed copy of the loan agreement. | | | |
| I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan. | | | |
| AUTHORIZED REPRESENTATIVE Typed Name Signature | | DATE <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> / <div style="border: 1px solid black; height: 20px;"></div> | |
| | | Title | |

12030834791

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

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

PAGE OF

FOR LINE NUMBER:
 (check only one)

9
 10

NAME OF COMMITTEE (In Full)

N) Citizen Action PAC

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

N/A

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

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

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE OF
 FOR LINE 24 OF FORM 3X

| | |
|---|--|
| NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;"># NS Citizen Action PAC</div> | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C00231217</div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee <div style="font-size: 1.5em; font-family: cursive;">N/A</div> | | Date <div style="border: 1px solid black; padding: 2px;"> / / </div> |
| Mailing Address | | Amount <div style="border: 1px solid black; padding: 2px;"> </div> |
| City | State Zip Code | |
| Purpose of Expenditure | Category/Type <div style="border: 1px solid black; padding: 2px;"> </div> | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> </div> | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) of Payee | | Date <div style="border: 1px solid black; padding: 2px;"> / / </div> |
| Mailing Address | | Amount <div style="border: 1px solid black; padding: 2px;"> </div> |
| City | State Zip Code | |
| Purpose of Expenditure | Category/Type <div style="border: 1px solid black; padding: 2px;"> </div> | Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose |
| Name of Federal Candidate Supported or Opposed by Expenditure: | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____ |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"> </div> | | |

| | |
|---|--|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |
| (c) TOTAL Independent Expenditures.....▶ | <div style="border: 1px solid black; padding: 2px;"> </div> |

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

Signature _____

Date

/ /

12030834793

SCHEDULE F (FEC Form 3X)

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

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

PAGE OF
FOR LINE 25 OF FORM 3X

| | | | |
|--|--|--|--|
| NAME OF COMMITTEE (In Full) NJ Citizen Action PAC | | | |
| Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee: | | Full Name of Subordinate Committee N/A Mailing Address City _____ State _____ ZIP Code _____ | |

| | | | | | | | |
|---|--|----------------|--|---------------------------------|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Each Payee | | | | Purpose of Expenditure | | Category/Type | |
| Mailing Address | | | | Date | | | |
| City | | State | | Zip Code | | | |
| Name of Federal Candidate Supported | | Office Sought: | | House Senate Presidential | | State: _____ District: _____ | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | | Amount | | | |

| | | | | | | | |
|---|--|----------------|--|---------------------------------|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Each Payee | | | | Purpose of Expenditure | | Category/Type | |
| Mailing Address | | | | Date | | | |
| City | | State | | Zip Code | | | |
| Name of Federal Candidate Supported | | Office Sought: | | House Senate Presidential | | State: _____ District: _____ | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | | Amount | | | |

| | | | | | | | |
|---|--|----------------|--|---------------------------------|--|---------------------------------|--|
| Full Name (Last, First, Middle Initial) of Each Payee | | | | Purpose of Expenditure | | Category/Type | |
| Mailing Address | | | | Date | | | |
| City | | State | | Zip Code | | | |
| Name of Federal Candidate Supported | | Office Sought: | | House Senate Presidential | | State: _____ District: _____ | |
| Aggregate General Election Expenditure for this Candidate ▶ | | | | Amount | | | |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| SUBTOTAL of Expenditures This Page (optional).....▶ | | | | | | | |
| TOTAL This Period (last page this line number only).....▶ | | | | | | | |

12030834794

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)

NJ Citizen Action PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

N/A

- _____ 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 ☐

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 OF

NAME OF COMMITTEE (In Full)

NJ Citizen Action PAC

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.

| | | |
|---|--|---|
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p><input type="text"/></p> | <p>NONFEDERAL %</p> <p><input type="text"/></p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p><input type="text"/></p> | <p>NONFEDERAL %</p> <p><input type="text"/></p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p><input type="text"/></p> | <p>NONFEDERAL %</p> <p><input type="text"/></p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p><input type="text"/></p> | <p>NONFEDERAL %</p> <p><input type="text"/></p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p><input type="text"/></p> | <p>NONFEDERAL %</p> <p><input type="text"/></p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <p><input type="text"/></p> | <p>NONFEDERAL %</p> <p><input type="text"/></p> |

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

| | |
|-------------------------|----|
| PAGE | OF |
| FOR LINE 18a OF FORM 3X | |

NAME OF COMMITTEE (In Full)

NJ Citizen Action PAC

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

| | | |
|----|----|----|
| MM | DD | YY |
|----|----|----|

TOTAL AMOUNT TRANSFERRED

| |
|--------|
| Amount |
|--------|

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

| |
|--------|
| Amount |
|--------|

ii) Generic Voter Drive

| |
|--------|
| Amount |
|--------|

iii) Exempt Activities

| |
|--------|
| Amount |
|--------|

iv) Direct Fundraising (List Activity or Event Identifier)

a)

| |
|--------|
| Amount |
|--------|

b)

| |
|--------|
| Amount |
|--------|

c) Total Amount Transferred For Direct Fundraising

| |
|--------|
| Amount |
|--------|

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

a)

| |
|--------|
| Amount |
|--------|

b)

| |
|--------|
| Amount |
|--------|

c) Total Amount Transferred For Direct Candidate Support

| |
|--------|
| Amount |
|--------|

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

| |
|--------|
| Amount |
|--------|

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

| |
|--------|
| Amount |
|--------|

TOTAL This Period (Generic Voter Drive)

| |
|--------|
| Amount |
|--------|

TOTAL This Period (Exempt Activities)

| |
|--------|
| Amount |
|--------|

TOTAL This Period (Direct Fundraising)

| |
|--------|
| Amount |
|--------|

TOTAL This Period (Direct Candidate Support)

| |
|--------|
| Amount |
|--------|

TOTAL This Period (Public Communications Referring Only to Party)

| |
|--------|
| Amount |
|--------|

TOTAL This Period (Total Amount Transferred)

| |
|--------|
| Amount |
|--------|

12030834797

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

PAGE OF
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

NJ Citizen Action PAC

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

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

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

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

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

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

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

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

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

| | |
|-------------------------|----|
| PAGE | OF |
| FOR LINE 18b OF FORM 3X | |

NAME OF COMMITTEE (In Full)

NJ Citizen Action PAC

| | | |
|-----------------|-----------------|--------------------------|
| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
| N/A | MM / DD / YYYY | |

i) Voter Registration


Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID

Total Amount Transferred for Voter ID

VOTER ID



iii) GOTV

Total Amount Transferred for GOTV

GOTV

iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

| NAME OF ACCOUNT | DATE OF RECEIPT | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|
| | <div data-bbox="581 936 660 938">M M M</div> <div data-bbox="688 936 768 938">/</div> <div data-bbox="794 936 875 938">D D D</div> <div data-bbox="901 936 982 938">/</div> <div data-bbox="1009 936 1088 938">Y Y Y Y Y Y Y</div> | |

i) Voter Registration

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

ii) Voter ID


Total Amount Transferred for Voter ID

VOTER ID

iii) GOTV

Total Amount Transferred for GOTV


GOTV



iv) Generic Campaign Activity

Total Amount Transferred for Generic Campaign Activity

GENERIC CAMPAIGN ACTIVITY

**TOTAL This Period (Voter Registration).....**

TOTAL This Period (Voter ID)

**TOTAL This Period (GOTV).....****TOTAL This Period (Generic Campaign Activity).....****TOTAL This Period (Total Amount of Transfers Received)**

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

| | |
|-------------------------|----|
| PAGE | OF |
| FOR LINE 30a OF FORM 3X | |

NAME OF COMMITTEE (In Full)
NJ Citizen Action PAC

| | | | |
|---|-------|--|-------------------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name <i>N/A</i> | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Category/ Type |
| Purpose of Disbursement | | | |
| | | Date | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|---|-------|--|-------------------|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Category/ Type |
| Purpose of Disbursement | | | |
| | | Date | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

| | | | |
|---|-------|--|-------------------|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign | |
| Mailing Address | | Allocated Activity or Event Year-To-Date | |
| City | State | Zip Code | Category/ Type |
| Purpose of Disbursement | | | |
| | | Date | |

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

SUBTOTAL of Shared Federal and Levin Activity This Page

| | | | | |
|---------------|---|-------------|---|--------------|
| FEDERAL SHARE | + | LEVIN SHARE | = | TOTAL AMOUNT |
| | | | | |

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

| | | | | |
|---------------|--|-------------|--|--------------|
| FEDERAL SHARE | | LEVIN SHARE | | TOTAL AMOUNT |
| | | | | |

TOTAL This Period for the Levin Share

| |
|--|
| |
|--|

12030834800

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

| | |
|-----------------------------|-----------------------|
| NAME OF COMMITTEE (In Full) | NJ Citizen Action PAC |
| NAME OF ACCOUNT | N/A |

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

12030834801

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

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

PAGE OF

FOR LINE NUMBER:
(check only one)

☐ 1a

☐ 2

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

NAME OF COMMITTEE (In Full)

NJ Citizen Action PAC

A.

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

N/A

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

| | | |
|----|----|----|
| MM | DD | YY |
|----|----|----|

Amount of Each Receipt this Period

| |
|--------|
| Amount |
|--------|

Aggregate Year-to-Date

| |
|-----------|
| Aggregate |
|-----------|

B.

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

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

| | | |
|----|----|----|
| MM | DD | YY |
|----|----|----|

Amount of Each Receipt this Period

| |
|--------|
| Amount |
|--------|

Aggregate Year-to-Date

| |
|-----------|
| Aggregate |
|-----------|

C.

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

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

| | | |
|----|----|----|
| MM | DD | YY |
|----|----|----|

Amount of Each Receipt this Period

| |
|--------|
| Amount |
|--------|

Aggregate Year-to-Date

| |
|-----------|
| Aggregate |
|-----------|

D.

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

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

| | | |
|----|----|----|
| MM | DD | YY |
|----|----|----|

Amount of Each Receipt this Period

| |
|--------|
| Amount |
|--------|

Aggregate Year-to-Date

| |
|-----------|
| Aggregate |
|-----------|

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

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

| |
|--------|
| Amount |
|--------|

| |
|-----------|
| Aggregate |
|-----------|

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

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

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

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)

ND Citizen Action PAC

| | | |
|---|-------|---|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name <i>N/A</i> | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| | | |
| B. Full Name (Last, First, Middle Initial) / Full Organization Name | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| | | |
| C. Full Name (Last, First, Middle Initial) / Full Organization Name | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| | | |
| D. Full Name (Last, First, Middle Initial) / Full Organization Name | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| | | |
| E. Full Name (Last, First, Middle Initial) / Full Organization Name | | Date of Disbursement MM / DD / YYYY |
| Mailing Address | | |
| City | State | Zip Code |
| Purpose of Disbursement | | Amount of Each Disbursement this Period |
| | | |
| SUBTOTAL of Disbursements This Page (optional).....▶ | | |
| TOTAL This Period (last page this line number only).....▶ | | |

12030834803



Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Page 1 of 2
Statement Period
04/01/12 through 04/30/12
E00 P PA 0A 47
Enclosures 0

Business Banking



N J CITIZEN ACTION POLITICAL
744 BROAD ST STE 2080
NEWARK, NJ 07102-3805

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online.
Enroll at www.bankofamerica.com/smallbusiness.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:
1.888.852.5000

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Debit Account

Business Economy Checking

N J CITIZEN ACTION POLITICAL

Your Account at a Glance

Statement Period 04/01/12 through 04/30/12
Number of Deposits/Credits 0
Number of Withdrawals/Debits 0
Number of Deposited Items 0
Number of Days in Cycle 30

Statement Beginning Balance \$3,148.59
Amount of Deposits/Credits \$0.00
Amount of Withdrawals/Debits \$0.00
Statement Ending Balance \$3,148.59
Average Ledger Balance \$3,148.59
Service Charge \$0.00

Daily Ledger Balances

| Date | Balance (\$) |
|-------|--------------|
| 04/01 | 3,148.59 |



Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Page 1 of 2
Statement Period
05/01/12 through 05/31/12
E00 P PA 0A 47
Enclosures 0

Business Banking



N J CITIZEN ACTION POLITICAL
744 BROAD ST STE 2080
NEWARK, NJ 07102-3805

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online.
Enroll at www.bankofamerica.com/smallbusiness.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:
1.888.852.5000

Or you may write to:
☒ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Business Account

Business Economy Checking N J CITIZEN ACTION POLITICAL

Your Account at a Glance

| | | | |
|------------------------------|---------------------------|------------------------------|------------|
| Statement Period | 05/01/12 through 05/31/12 | Statement Beginning Balance | \$3,148.59 |
| Number of Deposits/Credits | 0 | Amount of Deposits/Credits | \$0.00 |
| Number of Withdrawals/Debits | 0 | Amount of Withdrawals/Debits | \$0.00 |
| Number of Deposited Items | 0 | Statement Ending Balance | \$3,148.59 |
| Number of Days in Cycle | 31 | Average Ledger Balance | \$3,148.59 |
| | | Service Charge | \$0.00 |

Daily Ledger Balances

| Date | Balance (\$) |
|-------|--------------|
| 05/01 | 3,148.59 |



H

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

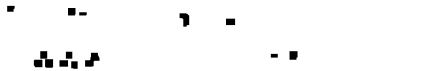
Page 1 of 2
Statement Period
06/01/12 through 06/30/12
E00 P PA 0A 47
Enclosures 0

003996

Business Banking

N J CITIZEN ACTION POLITICAL
744 BROAD ST STE 2080
NEWARK, NJ 07102-3805

Our Online Banking service allows you to check balances, track account activity and more.
With Online Banking you can also view up to 18 months of this statement online.
Enroll at www.bankofamerica.com/smallbusiness.

**Deposit Accounts****Business Economy Checking**

N J CITIZEN ACTION POLITICAL

Your Account at a Glance

| | | | |
|------------------------------|---------------------------|------------------------------|------------|
| Statement Period | 06/01/12 through 06/30/12 | Statement Beginning Balance | \$3,148.59 |
| Number of Deposits/Credits | 0 | Amount of Deposits/Credits | \$0.00 |
| Number of Withdrawals/Debits | 0 | Amount of Withdrawals/Debits | \$0.00 |
| Number of Deposited Items | 0 | Statement Ending Balance | \$3,148.59 |
| Number of Days in Cycle | 30 | Average Ledger Balance | \$3,148.59 |
| | | Service Charge | \$0.00 |

Daily Ledger Balances

| Date | Balance (\$) |
|-------|--------------|
| 06/01 | 3,148.59 |

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered Date of Receipt

☐ USPS First Class Mail Postmarked

☐ USPS Registered/Certified Postmarked (R/C)

☐ USPS Priority Mail Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐

☒ USPS Express Mail Postmarked
7/12/12

☐ Postmark Illegible

☐ No Postmark


☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

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☐ Other (Specify): Date of Receipt or Postmarked


PREPARER
(3/2005)

7/13/12
DATE PREPARED

12030834807