

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Brent 4 Congress

ADDRESS (number and street)

1 Windsor Ct

Check if different than previously reported. (ACC)

Jackson

NJ

08527

2. FEC IDENTIFICATION NUMBER ▼

C C00611061

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

06

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

MM / DD / YYYY  
11 / 08 / 2016

DD / YYYY

YYYY

in the State of

NJ

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

DD / YYYY

YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
02 / 28 / 2016

DD / YYYY

YYYY

through

MM / DD / YYYY  
05 / 18 / 2016

DD / YYYY

YYYY

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 Brittany Brinkman

Signature of Treasurer

Brittany Brinkman

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 26 / 2016

DD / YYYY

YYYY

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 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Brent 4 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))....	9604.00	9604.00
(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)).....	9604.00	9604.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	79.60	79.60
(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)).....	79.60	79.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9524.40	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	4434.40	

**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

**Brent 4 Congress**

Report Covering the Period: From:   /     To:   /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8650.00	8650.00
(ii) Unitemized.....	925.00	925.00
(iii) TOTAL of contributions from individuals ▶	9575.00	9575.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	29.00	29.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	9604.00	9604.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	9604.00	9604.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	79.60	79.60
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. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	79.60	79.60

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9604.00
25. SUBTOTAL (add Line 23 and Line 24).....	9604.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	79.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9524.40

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

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

FOR LINE NUMBER: PAGE 5 OF 10  
(check only one)  
 11a  11b  11c  11d  
 12 13a 13b 14 15

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)  
**Brent 4 Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Paul Boehms**

Mailing Address 3668 Acorn Ct

City State Zip Code  
Troy MI 48083

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Clark Hill PLC Financial Services

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 02 2016

**Transaction ID : SA11AI.4132**

Amount of Each Receipt this Period  
250.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Jeremy Burkhardt**

Mailing Address 2242 Rockwell Rd

City State Zip Code  
Riverside CA 92506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Origin Acoustics LLC Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 18 2016

**Transaction ID : SA11AI.4100**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Christopher Clark**

Mailing Address 747 Via De La Paz

City State Zip Code  
Pacific Palisades CA 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rx Marketing Group Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 16 2016

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

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

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

3450.00

**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 6 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Brent 4 Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Thomas Fitzpatrick**

Mailing Address 1453 Park Garden Ln

City Reston State VA Zip Code 20194

FEC ID number of contributing federal political committee. **C**

Name of Employer Tuition Options Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2016

**Transaction ID : SA11AI.4142**

Amount of Each Receipt this Period  
 1000.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Peter Kim**

Mailing Address 2242 Polk St Apt 313

City San Francisco State CA Zip Code 94109

FEC ID number of contributing federal political committee. **C**

Name of Employer MightyHive Occupation Executive

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : SA11AI.4107**

Amount of Each Receipt this Period  
 250.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Brent Leffel**

Mailing Address 712 K Thanga

City Corona Del Mar State CA Zip Code 92625

FEC ID number of contributing federal political committee. **C**

Name of Employer UFC Gym Occupation Owner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : SA11AI.4109**

Amount of Each Receipt this Period  
 250.00

Memo Item Contribution

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

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

1500.00

**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 7 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input 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)  
**Brent 4 Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Philip Nisbet**

Mailing Address 16 Riverview Rd

City Monmouth Beach State NJ Zip Code 07750

FEC ID number of contributing federal political committee. **C**

Name of Employer World Insurance Associates Occupation Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

**Transaction ID : SA11AI.4134**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Daniel Plaxe**

Mailing Address 321 W 82nd St #5

City New York State NY Zip Code 10024

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Consultant

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 28 / 2016

**Transaction ID : SA11AI.4128**

Amount of Each Receipt this Period  
500.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**William John Schmelz**

Mailing Address 40 Highland Ave

City Monmouth Beach State NJ Zip Code 07750

FEC ID number of contributing federal political committee. **C**

Name of Employer Retired Occupation Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 17 / 2016

**Transaction ID : SA11AI.4151**

Amount of Each Receipt this Period  
2700.00

Memo Item Contribution

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

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

3700.00

8650.00

**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 8 OF 10
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brent 4 Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Brent Sonnek-Schmelz**

Mailing Address 51 Ocean Blvd

City Atlantic Highlands State NJ Zip Code 07716

FEC ID number of contributing federal political committee. **C H6NJ06229**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : SA11D.4117**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 25.00

Memo Item Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Brent Sonnek-Schmelz**

Mailing Address 51 Ocean Blvd

City Atlantic Highlands State NJ Zip Code 07716

FEC ID number of contributing federal political committee. **C H6NJ06229**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 18 / 2016

**Transaction ID : SA11D.4123**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1.00

Memo Item Contribution

**C.** Full Name (Last, First, Middle Initial)  
**Brent Sonnek-Schmelz**

Mailing Address 51 Ocean Blvd

City Atlantic Highlands State NJ Zip Code 07716

FEC ID number of contributing federal political committee. **C H6NJ06229**

Name of Employer Occupation

Receipt For: 2016  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2016

**Transaction ID : SA11D.4139**

Amount of Each Receipt this Period  
 \_\_\_\_\_ 1.00

Memo Item Contribution

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

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

\_\_\_\_\_ 27.00

\_\_\_\_\_

**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 9 OF 10
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Brent 4 Congress**

Full Name (Last, First, Middle Initial) <b>A. Brent Sonnek-Schmelz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2016
Mailing Address 51 Ocean Blvd		<b>Transaction ID : SA11D.4140</b>
City Atlantic Highlands	State NJ	
FEC ID number of contributing federal political committee. C H6NJ06229		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 28.00	

Full Name (Last, First, Middle Initial) <b>B. Brent Sonnek-Schmelz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 09 / 2016
Mailing Address 51 Ocean Blvd		<b>Transaction ID : SA11D.4141</b>
City Atlantic Highlands	State NJ	
FEC ID number of contributing federal political committee. C H6NJ06229		Amount of Each Receipt this Period 1.00
Name of Employer	Occupation	<input type="checkbox"/> Memo Item Contribution
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 29.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2.00
<b>TOTAL</b> This Period (last page this line number only).....	29.00

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

NAME OF COMMITTEE (In Full)

**Brent 4 Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor  
**Brent Sonnek-Schmelz**

Mailing Address 51 Ocean Blvd

City State Zip Code  
Atlantic Highlands NJ 07716

Nature of Debt (Purpose):  
Travel/Advertising/Research/Website  
Hosting/Fundraising Supplies/Mileage

Outstanding Balance Beginning This Period 0.00	<b>Transaction ID : SD10.4159</b>	
Amount Incurred This Period 4434.40	Payment This Period 0.00	Outstanding Balance at Close of This Period 4434.40

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

Mailing Address

City State Zip Code

Nature of Debt (Purpose):

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

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	4434.40
2) <b>TOTALS</b> This Period (last page this line number only) .....	4434.40
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	4434.40