FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED

	For An	Authorized Co	mmittee		2014 A	Office Use Only 11:55
1. NAME OF COMMITTEE (in	TYPE OR PRI		Example: If typing, tover the lines.	type	12FE# M \$	MAIL CENTER
Citizens for M	ike Assad, Inc.	11111			1 1 1	
l , , , , , ,			11111	1 1 1 1	1 1 1 1	
	1 4 1 4 1	valk # 2209-1		1 1 1 1		
ADDRESS (number a	nd street)	· · · · · · · · · · · · · · · · · · ·			 	
Check if d than previous reported. (ously Atlantic City				NJ C	8401
2. FEC IDENTIFI	CATION NUMBER V	CITY		ST	ATE A	ZIP CODE A STATE ▼ DISTRICT
C C005464	16	3. IS THIS REPORT	NEW (N)	OR	AMEND (A)	
(a) Quarterly F	5 Quarterly Report (Q1)	(b) 12-Day Pi	RE-Election Report Primary (12P) Convention (120)		General (1	Marie
Octob	5 Quarterly Report (Q2) er 15 Quarterly Report (Q3)	Election	8 8 8	- / [in the State of
Janua	ry 31 Year-End Report (YE)	(c) 30-Day P(OST-Election Repor	t for the:	Runoff (30	R) Special (30S)
Termin	ation Report (TER)	Election of	8 8 6		~ - 	in the State of
5. Covering Period	M M / D D D O1	/ Y Y Y Y Y 2014	through	03	31	2014
I certify that I have Type or Print Name	examined this Report and of Treasurer	to the best of my	knowledge and bel	ief it is true,	, correct and	complete.
Signature of Treasu	rer Dout	high G	Sort	Dat	8 4	12212014
NOTE: Submission o	f false, erroneous, or incom	plete information ma	ay subject the person	n signing this	s Report to th	e penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3 (Revised 02/2003)

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

TOT ANY		<u> </u>		Office Use Only		
NAME OF TYPE OR PRIN COMMITTEE (in full)	F ▼ Example over the	: If typing, type lines.	ĺ2FE4M5			
Citizens for Mike Assad, Inc.	<u> </u>					
ADDRESS (sumbound state)	lk # 2209-1		<u> </u>			
ADDRESS (number and street)		<u> </u>	1111			
Check if different than previously reported. (ACC) Atlantic City			LNJ C	8401		
2. FEC IDENTIFICATION NUMBER ▼	CITY		STATE A	ZIP CODE		
C C00546416	3. IS THIS REPORT	NEW (N) OR	AMENDI (A)	STATE ▼ DISTRICT		
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2)		ion Report for the: ary (12P) Vention (12C)	General (12			
October 15 Quarterly Report (Q3)	Election on	MVM / DVD /		in the State of		
January 31 Year-End Report (YE)	i i i i i i i i i i i i i i i i i i i	ction Report for the:	Runoff (30	R) Special (30S)		
Termination Report (TER)	Election on	M · M / D · D /		in the State of		
5. Covering Period 01 / 01 / 2014 through 03 / 31 / 2014						
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						
Signature of Treasurer Date						
NOTE: Submission of false, erroneous, or incomp	ete information may subje	t the person signing	this Report to th	ne penalties of 2 U.S.C. §437g.		
Office Use Only				FEC FORM 3 (Revised 02/2003)		

SUMMARY PAGE of Receipts and Disbursements PAGE 2/98 FEC Form 3 (Revised 02/2003) Write or Type Committee Name Citizens for Mike Assad, Inc. Report Covering the Period: From: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** 6. Net Contributions (other than loans) (a) Total Contributions 904.00 4587.00 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 904.00 4587.00 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 7363.58 (from Line 17) (b) Total Offsets to Operating 20.25 Expenditures (from Line 14)..... (c) Net Operating Expenditures 2092.57 7343.33 (subtract Line 7(b) from Line 7(a)) 8. Cash on Hand at Close of Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

the Committee (Itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY

5184.62

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

PAGE 3 / 98

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Citizens for Mike Assad, Inc.

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	300.00	1305.00
(i) Itemized (use Schedule A)	604.00	
(ii) Unitemized	604.00	3282.00
(iii) TOTAL of contributions from individuals	904.00	4587.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate(e) TOTAL CONTRIBUTIONS	0.00	0.00
(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	904.00	4587.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	43.00	3539.43
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	43.00	3539.43
14. OFFSETS TO OPERATING		
EXPENDITURES (Refunds, Rebates, etc.)	20.25	20.25
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.12
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	967.25	8146.80

DETAILED SUMMARY PAGE

of Disbursements

PAGE 4 / 98

FEC Form 3 (Revised 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Peried	COLUMN B Election Cycle-to-Date		
17.	OPERATING EXPENDITURES	2112.82	7363.58		
18.	TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19.	LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	249.00	388.52		
	(b) Of All Other Loans	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		
	(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)	2361.82	7752.10		
	III. CASH SU	JMMARY			
23.	CASH ON HAND AT BEGINNING OF REPO	RTING PERIOD	1789.27		
24	TOTAL RECEIPTS THIS PERIOD (from Line	967.25			
25.	25. SUBTOTAL (add Line 23 and Line 24)				
26.	TOTAL DISBURSEMENTS THIS PERIOD (fro	om Line 22)	2361.82		
27.	CASH ON HAND AT CLOSE OF REPORTIN (subtract Line 26 from Line 25)		394.70		

PAGE 5 OF 98 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page

ITEMIZED RECEIPTS 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) Citizens for Mike Assad, Inc. Full Name (Last, First, Middle Initial) Dorothy L. Assad Date of Receipt Mailing Address 106 Minnetonka Ave City State Zip Code Transaction ID: SA11AI.4736 NJ 08201 Absecon FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Atlantic Oncology Office Manager Receipt For: 2014 Election Cycle-to-Date Primary General 229.00 Other (specify) Full Name (Last, First, Middle Initial) Dorothy L. Assad Date of Receipt Mailing Address 106 Minnetonka Ave MVM 05 2014 City State Zip Code Transaction ID: SA11AI.4737 08201 Absecon NJ FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Office Manager Atlantic Oncology Receipt For: 2014 Election Cycle-to-Date **Primary** General 329.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address State City Zip Code FEC ID number of contributing Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Receipt For: **Election Cycle-to-Date** Primary General Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... 300.00 TOTAL This Period (last page this line number only).....

SCHEDULE A	(FEC	Form	3)
ITEMIZED REC	EIPTS	•	

SCHEDULE A (FEC Form 3)			FOR LINE NUMBER: P (check only one)	AGE 6 OF 98	
ITEMIZED RECEIPTS			11a		
			nay not be sold or used by any paddress of any political committee	rson for the purpose of sol	iciting contributions
NAME OF COMM Citizens for	MITTEE (In Full) Mike Assad, Inc.				,
Full Name (Last, Mike Assad	First, Middle Initial)			Date of Receipt	
	3101 Boardwalk # 2209-1				2014
City Atlantic City		State NJ	Zip Code 08401	Transaction ID : SA13A.4	745
FEC ID number of federal political c		C H2	NJ02128	Amount of Each Receip	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Name of Employe Apple Inc.	9F	Occupation Genius Adr		Loan	43.00
Receipt For: 20 Primary Other (spec	General	Election C	ycle-to-Date 3539.43		
, , ,	First, Middle Mitial)		··	Date of Receipt	
Mailing Address				العمعا العمار	444444
City		State	Zip Code		
FEC ID number of federal political of		C	<u></u>	Amount of Each Receip	ot this Period
Name of Employ	er	Occupation	n	The state of the s	g rain pian
Receipt For: Primary Other (spec	General Cify)	Election C	ycle-to-Date		
•	First, Middle Initial)			Date of Receipt	
C. Mailing Address				ا لوموا ، لوموا ،	لمممممما
City		State	Zip Code		
FEC ID number of federal political of		C		Amount of Each Receip	ot this Period
Name of Employ	er .	Occupation	n		g rain plan
Receipt For: Primary Other (spec	General	Election C	ycle-to-Date		
SUBTOTAL of Rec	ceipts This Page (optional)				43.00
TOTAL This Period (last page this line number only)					43.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Sommary Page	FOR LINE NUMBER: PAGE 7 OF 98 (check only one) X 17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		
Full Name (Last, First, Middlé Initial) A. 3dna Corp. Mailing Address 448 S Hill St		Date of Disbursement 03 03 2014
Suite 200 City State Los Angeles CA Purpose of Disbursement Web Development	Zip Code 90013	Amount of Each Disbursement this Period 43.00 Transaction ID : SB17.4758
Candidate Name Mike Assad Office Sought: Senate President State: NJ Disbursement F Prima Other	_	
Full Name (Last, First, Middle Initial) B. Amazon.com Mailing Address 440 Terry Ave N		Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Seattle WA Purpose of Disbursement Office Supplies Candidate Name Mike Assad Office Sought: House Disbursement F	Zip Code 98109 Category Type	Transaction ID : SB17.4766
Senate Prima		
Full Name (Last, First, Middle Initial) C. Amazon.com Mailing Address 440 Terry Ave N		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Seattle WA Purpose of Disbursement Office Supplies	Zip Code 98109	Amount of Each Disbursement this Period
Candidate Name Mike Assad Office Sought: House Disbursement 1 Senate		Transaction ID : SB17.4767
State: NJ District: 02 SUBTOTAL of Disbursements This Page (optional)		150.45

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

98 PAGE 8 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the XI 17 18 19b 19a **Detailed Summary Page** 20a 20b 20c 21 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) Citizens for Mike Assad. Inc. Full Name (Last, First, Middle Initial) Date of Disbursement A. Amazon.com وموا A.A.A.A.A. 2014 Mailing Address 440 Terry Ave N City Zip Code State Amount of Each Disbursement this Period WA Seattle 98109 10.10 Purpose of Disbursement Office Supplies Transaction ID: SB17.4769 Candidate Name Category/ Mike Assad Type Disbursement For: 2014 Office Sought: House **Primary** Senate General President Other (specify) NJ 02 State: District: Full Name (Last, First, Middle Initial) Capital One, N.A. Date of Disbursement D Mailing Address PO Box 71083 State Zip Code City Amount of Each Disbursement this Period Charlotte NC 28272 Purpose of Disbursement Debt Reduction 50.00 Transaction ID: SB17.4789 Candidate Name Category/ Mike Assad Type Office Sought: House Disbursement For: 2014 Senate Primary General President Other (specify) State: NJ District: Full Name (Last, First, Middle Initial) Date of Disbursement C. First Data Corp. Mailing Address 5565 Glenridge Connector #2000 City State Zip Code Amount of Each Disbursement this Period Atlanta GA 30342 60.89 Purpose of Disbursement Merchant Account Fee Transaction ID: SB17.4774 Candidate Name Category/ Mike Assad Type Office Sought: House Disbursement For: 2014 Primary General Senate Other (specify) Fresident State: NJ District: 02 120.99 SUBTOTAL of Disbursements This Page (optional).....

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use separate sched for each category of Detailed Summary	dule(s) (c of the	OR LINE NUMBER: PAGE 9 OF 98 theck only one) X 17		
Any in	nformation copied from such Reports and Statements in commercial purposes, other than using the name and	nay not be sold or use	ed by any pe	rson for the purpose of soliciting contributions to solicit contributions from such committee		
NA C	ME OF COMMITTEE (In Full) itizens for Mike Assad, Inc.	any point				
	ll Name'(Last, First, Middlé Initial) amada Vineland			Date of Disbursement		
A. 🗀	amada vinerand			Land (Lond)		
Ma	uiling Address 2216 W Landis Ave			01 02 2014		
Cit		Zip Code		Amount of Each Disbursement this Period		
	neland NJ rpose of Disbursement	08360		380.92		
	atering			Transaction ID : SB17.4743		
	ndidate Name		Category/	Transastion is . OSTT.4740		
	like Assad fice Sought:	r: 2014	Туре	-		
Oi	fice Sought: House Disbursement For Senate Primary	L				
	President Other (specify)				
	ate: NJ District: 02 Il Name (Last, First, Middle Initial)					
- 1	Inited States Postal Service			Date of Disbursement		
Ь.				Mami / Labii / Labara		
	ailing Address 475 L'Enfant Plaza SW			01 04 2014		
Ci		Zip Code 20260		Amount of Each Disbursement this Period		
_	ashington DC proose of Disbursement	20200		2.20		
	ostage			Transaction ID: SB17.4753		
	andidate Name Mike Assad		Category/ Type			
	ate: NJ District: 02					
	Inited States Postal Service			Date of Disbursement		
			·	Myw , long , tally		
_	ailing Address 475 L'Enfant Plaza SW			03 13 2014		
Ci	•	ip Code 20260		Amount of Each Disbursement this Period		
Pi	asimigron prose of Disbursement ostage	20200		5.05		
C	andidate Name		Category/	Transaction ID : SB17.4754		
	Mike Assad		Туре			
Of	ffice Sought: House Disbursement Formany	·				
SI	ate: NJ District: 02					
SUE	SUBTOTAL of Disbursements This Page (optional)					
TOT	TOTAL This Period (last page this line number only)					

SCHEDULE I	B (F	EC	Form	3)
ITEMIZED DI	SBU	RSE	MEN	ГS

SCHEDULE B (FEC Form 3)		Use separate schedule(s) for each category of the Detailed Summary Page	check only one) X 17 18 19a 19b
Δn	y information copied from such Reports and Statements m	l	20a 20b 20c 21
or	for commercial purposes, other than using the name and	address of any political commit	the to solicit contributions from such committee.
\geq	NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		
	Full Name (Last, First, Middle Initial) VoterTrove Inc.	Date of Disbursement	
	Mailing Address 921 Cavalry Ride Trail	01 08 2014	
	City State Austin TX	Amount of Each Disbursement this Period	
	Purpose of Disbursement Software Expense		550.00 Transaction ID : SB17.4786
	Candidate Name Mike Assad	Category Type	
•	Office Sought: House Senate President Disbursement For Primary Other (s	General	
	State: NJ District: 02 Full Name (Last, First, Middle Initial)		
В.	VoterTrove Inc.		Date of Disbursement
	Mailing Address 921 Cavalry Ride Trail		03 01 2014
	City State Austin TX	Zip Code 78732	Amount of Each Disbursement this Period
	Purpose of Disbursement Software Expense	76732	500.00 Transaction ID : SB17.4755
	Candidate Name Mike Assad	Category Type	
	Office Sought: House Senate President State: NJ District: 02	General	
_	Full Name (Last, First, Middle Initial)	·····	
C.			Date of Disbursement
	Mailing Address		M,W, LD,D, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	City State Z	ip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			
	Candidate Name		
	Office Sought: House Disbursement Fo Senate Primary Other (s	General	
_	State: District:		
s	SUBTOTAL of Disbursements This Page (optional)		1050.00
٦ إ	OTAL This Period (last page this line number only)		1709.61

		(FEC Form	•	Use separate sci for each categor Detailed Summan	y of the	FOR LINE NUMBER: PAGE 11 OF 98 (check only one) 17 18 X 19a 19b 20a 20b 20c 21	
						person for the purpose of soliciting contributions are to solicit contributions from such committee.	
\rangle	NAME OF COMMI	·					
_	Full Name' (Last, First, Middlé Initial) Mike Assad Date of Disbursement						
						- [mam], [Bag], [haganard]	
	Mailing Address 3	1101 Boardwalk # 220	09-1			01 20 2014	
	City Atlantic City	•	State NJ	Zip Code 08401		Amount of Each Disbursement this Period	
	Purpose of Disburg	sement		00401		149.00	
	Candidate Name				Category/	Transaction ID : SB19A.4741	
	Mike Assad Office Sought:	₩ House	Disbursement For	: 2014	Туре	_	
		Senate President	Primary Other (s	General pecify)			
	State: NJ Full Name (Last, F	District: 02					
В.	Mike Assad	, , , , ,				Date of Disbursement	
	Mailing Address 3	3)01 Boardwalk # 22	19-1			02 17 2014	
	City Atlantic City	,	State NJ	Zip Code 08401		Amount of Each Disbursement this Period	
	Purpose of Disburg	sement	140			100.00	
	Candidate Name				Cotocon/	Transaction ID : SB19A.4742	
	Mike Assad	10.00	T =		Category/ Type		
	Office Sought:	House Senate President	Disbursement For Primary Other (s	General			
	State: NJ Full Name (Last, F	District: 02		,			
C.	(2004)	,		,		Date of Disbursement	
	Mailing Address					M M M / D D D / V V V V V	
	City		State Zi	p Code		Amount of Each Disbursement this Period	
	Purpose of Disbursement Candidate Name Category/ Type						
				3			
	Office Sought:	House Senate President District:	Disbursement For Primary Other (s	General	· · · · · · · · · · · · · · · · · · ·		
	-	J.31101.	<u> </u>				
s	SUBTOTAL of Disbursements This Page (optional)						
7	TOTAL This Period (last page this line number only)						

Use separate schedule(s) FOR LINE NUMBER:

PAGE 12

DANS	Detailed Summary Page (check only one)
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4183
LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Assad Mailing Address 3101 Boardwalk # 2209-1	[PERSONAL FUNDS] Election: 2014 Primary General Other (specify) ▼
City State ZIP Coc	de
Atlantic City NJ 08401	· · · · · · · · · · · · · · · · · · ·
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period
TERMS Date Incurred Date Due M03M Date Due Date Due	Interest Rate Secured: None 0.00 % (apr) Yes No
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	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)	75.00
TOTALS This Period (last page in this line only)	

SCHEDULE C (FEC Form 3) LOANS		Use separate schedule(for each category of the Detailed Summary Page	e (check only one) X 13a
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transact	ilon ID : SC/10.4185
LOAN SOURCE Full Name (Last, First, Mid Mike Assad	dle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City Atlantic City	State ZIP Co NJ 08401	de	
Original Amount of Loan 34.81	Cumulative Payment To		nce Outstanding at Close of This Period
Date Incurred Mo3M 110 2013 List All Endorsers or Guarantors (if any) to		None Interest Rate	Secured: % (apr) Yes No
Full Name (Last, First, Middle Initial)	Coan Source	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			34.81
Carry outstanding balance only to LINE 3, Sci			vard to appropriate line of Summary

•		<u> </u>	
HEDULE C (FEC Form 3) ANS		Use separate sche for each category Detailed Summary	of the (check only one) X 13s
ME OF COMMITTEE (In Full) itizens for Mike Assad, Inc.		Trai	nsaction ID : SC/10.4186
LOAN SOURCE Full Name (Last, First,	Middle Initial)	[PERSONAL FUND	Sj Election: 2014
Mike Assad			Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify)
City	State	ZIP Code	
Atlantic City	NJ	08401	
Original Amount of Loan		lyment To Date	Balance Outstanding at Close of This Per
43.72		0.00	43.72
TERMS Date Incurred		Date Due Interest	Rate Secured:
Date Incurred Mo3 / 20 / Y 2013	M'M / D'G		0.00 % (apr) Yes
List All Endorsers or Guarantors (if any	y) to Loan Source		100
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	e ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City · State	e ZIP Code	Amount Guaranteed	
		Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	

	SUBTOTALS This Period This Page (optional)			 43.72
TOTALS This Period (last page in this line only)	TOTALS This Period (last page in this line only)	→	<u> </u>	 <u></u>

State

State

ZIP Code

ZIP Code

Amount Guaranteed

Outstanding:

Occupation

Guaranteed

Outstanding:

Amount

Name of Employer

City

City

Mailing Address

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

SCHEDULE	C.	(FEC	Form	3)
LOANS				

Use separate schedule(s) FOR LINE NUMBER:

PAGE

15 OF

X	13a
	13b

OANS		for each catego Detailed Summi		(check only one)		13a 13b
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Т	ransaction	ID : SC/10.4189	••	
LOAN SOURCE Full Name (Last, First, Middle Ini Mike Assad Mailing Address 3101 Boardwalk # 2209-1	tial)	[PERSONAL FUI		ction: 2014 Primary General Other (specify)		
City State Atlantic City NJ	ZIP Code 08401	9				
Original Amount of Loan Cum	ulative Payment To D	0.00	The Same	Outstanding at Close		3
Date Incurred Mo3 ^M / P21 ^D / Y Ž013 Y M M		Intere	ost Rate 0.00	Se % (apr)	cured:	X) _{No}
List All Endorsers or Guarantors (if any) to Loar 1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address	Ĺ	Occupation				
City State ZIP	Code	Guaranteed				
2. Full Name (Last, First, Middle Initial)		Name of Employer	-			
Mailing Address	_	Occupation	· <u>-</u>			
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:	A			
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	U, for this line. If n	o scnedule D, ca	rry torward	to appropriate line	ot Sumn	nary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS		Detailed Summary Pag	e (check only one)
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4190
LOAN SOURCE Full Name (Last, First, Mid	dle Initial)	[PERSONAL FUNDS]	Election: 2014
Mike Assad			Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City	State ZIP Cod	de	
Atlantic City	NJ 08401		
Original Amount of Loan	Cumulative Payment To		nce Outstanding at Close of This Period
30.40		0.00	30.40
Date Incurred Mo3 M / P23 P / Y 2013 Y	Date Due	Interest Rate	
List All Endorsers or Guarantors (if any) to 1. Full Name (Last, First, Middle Initial)	Loan Source	Name of Employer.	•
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	
2. Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	
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).			30.40
TOTALS This Period (last page in this line only	·)	•	
Carry outstanding balance only to LINE 3, Sci	nedule D, for this line. If	no Schedule D, carry forv	ward to appropriate line of Summary.

CHEDULE C (FEC Form 3 DANS	3)	Use separate schedule(s) for each category of the Detailed Summary Page PAGE 17 OF 98
ME OF COMMITTEE (In Full)		Transaction ID : SC/10.4191
LOAN SOURCE Full Name (Last, F Mike Assad	irst, Middle Initial)	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1	····	Other (specify) ▼
City Atlantic City		P Code 1401
Original Amount of Loan	- 11 11	
TERMS Date Incurred M03M / P25D / Y 2013	Date Y MVM / D B D /	
List All Endorsers or Guarantors (i 1. Full Name (Last, First, Middle In		Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	ial)	Name of Employer
Mailing Address		Occupation
	State ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Init	tial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (o		

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

Use separate schedule(s) FOR LINE NUMBER:

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OANS	for each category of the Detailed Summary Page (check only one) X 13a 13b
IAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4192
Citizens for Mike Assad, Inc.	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014
Mike Assad	Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Code)
Atlantic City NJ 08401	
Original Amount of Loan Cumulative Payment To D	Balance Outstanding at Close of This Period
30.07	0.00
TERMS Date Incurred Date Due	Interest Rate Secured:
	Noné (apri) Ves No
List All Endorsers or Guarantors (if any) to Loan Source	
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
	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)	

Use separate schedule(s) FOR LINE NUMBER:

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OANS		for each category of th Detailed Summary Pag	
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	ilon ID : SC/10.4193
LOAN SOURCE Full Name (Last, First, Middle Mike Assad Mailing Address 3101 Boardwalk # 2209-1	Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General Other (specify) ▼
City Sta Atlantic City	ate ZIP Code	9	_
Original Amount of Loan C	umulative Payment To D		nce Outstanding at Close of This Period
48.30 TERMS		0.00	48.30
Date Incurred Mo3		Interest Rate 0.00	
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 2	ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State 7	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:	7-1-1-1
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)		• • • • • • • • • • • • • • • • • • •	48.30

					PAGE 20 OF 98
HEDULE C (FEC F	form 3)			Use separate schedul	le(s) FOR LINE NUMBER:
ANS 				Detailed Summary Pa	
ME OF COMMITTEE (In Full) tizens for Mike Assad		•		Transa	ction ID : SC/10.4229
LOAN SOURCE Full Name	(Last, First, Mic	ddle Initial)		[PERSONAL FUNDS]	Election: 2014
Mike Assad					Primary General
Mailing Address 3101 Boardwalk # 2209-1		- <u></u>			Other (specify)
City		State	ZIP Cod	е	
Atlantic City		NJ	08401		
Original Amount of Loan		Cumulative Pa			ance Outstanding at Close of This Perio
	30.02			0.00	30.02
TERMS Date Incurred M03 / 930 / Y	ž013	THE PERSON NAMED IN COLUMN 1	Date Due	interest Rat	
List All Endorsers or Guar	antors (if any) t	o Loan Source)		
1. Full Name (Last, First, N	Middle Initial)			Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
2. Full Name (Last, First, M	iddle Initial)			Name of Employer	
Mailing Address				Occupation	
					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
City	State	ZIP Code		Guaranteed Outstanding:	
3. Full Name (Last, First, M	iddle Initial)			Name of Employer	
Mailing Address		<u>.</u>		Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
4. Full Name (Last, First, M	iddle Initial)	<del></del>		Name of Employer	
Mailing Address				Occupation	
City	State	ZIP Code		Amount Guaranteed Outstanding:	
<del></del>					
				1	

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

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Use separate schedule(s) for each category of the

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DANS	Detailed Summary Page (check only one)		
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4232		
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014		
Mike Assad	Primary General		
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼		
City State ZIP Code			
Atlantic City NJ 08401			
Original Amount of Loan Cumulative Payment To D	Date Balance Outstanding at Close of This Period		
39.30	0.00		
Date Incurred Date Due	Interest Rate Secured:		
M04M / P01P / Y 2013 Y M M / P P / Y	None 0.00 % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount [		
I City State Zir Code I	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)	OTALS 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.			

CHEDULE C (FEC OANS	Form 3)	Use separate schedule(s) for each category of the Detailed Summary Page    PAGE 22 OF 98   FOR LINE NUMBER: (check only one)   X   13a   13b   1
NAME OF COMMITTEE (In Citizens for Mike As	•	Transaction ID : SC/10.4233
LOAN SOURCE Full Na Mike Assad	ame (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1		Other (specify) ▼
City	State ZIF	P Code
Atlantic City	NJ 08	401
Original Amount of Loa		<del>_</del>
TERMS		
Date Inc.	rred Date	Due Interest Rate Secured:    V None   0.00   % (apr)   Yes No
L	uarantors (if any) to Loan Source	
1. Full Name (Last, Firs	st, 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	t, Middle Initial)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, Firs	t, Middle Initial)	Name of Employer
Mailing Address	<del></del>	Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period	This Page (optional)	26.61
TOTALS This Period (last	page in this line only)	
Carry outstanding balance	only to LINE 3, Schedule D, for this lin	e. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC I	Form 3)			Use separate schedul for each category of Detailed Summary Pa	the	PAGE 23 OF 98 FOR LINE NUMBER: (check only one) X 13a 13b
NAME OF COMMITTEE (In Ful Citizens for Mike Assa	•	· · · · · ·		Transa	ction	ID : SC/10.4234
LOAN SOURCE Full Nam Mike Assad	e (Last, First, Mid	dle Initial)		[PERSONAL FUNDS]	Ele	ction: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1		<u> </u>				Other (specify) ▼
City Atlantic City		State NJ	ZIP Code 08401			
Original Amount of Loan	43.36	Cumulative Pa	•			Outstanding at Close of This Period
Date Incurre	Ž013 Y	/ M / D		Interest Rat	il .	Secured:  % (apr)
List All Endorsers or Gua  1. Full Name (Last, First,		b Loan Source		Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Guaranteed	_	
2. Full Name (Last, First, N	Aiddle Initial)			Name of Employer		
Mailing Address	<u> </u>			Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:	(A-	
3. Full Name (Last, First, N	Middle Initial)			Name of Employer		
Mailing Address				Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
4. Full Name (Last, First, N	Middle Initial)			Name of Employer		
Mailing Address		<del></del>		Occupation		
City	State	ZIP Code		Amount Guaranteed Outstanding:		
SUBTOTALS This Period This	s Page (optional)					43.36
TOTALS This Period (last page Carry outstanding balance o				·		to appropriate line of Summary

SCHEDULE C	(FEC	Form	3)
LOANS			

Use separate schedule(s) FOR LINE NUMBER:

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OANS		for each category of Detailed Summary Pa	
IAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transa	action ID : SC/10.4235
LOAN SOURCE Full Name (Last, First, Mid- Mike Assad Mailing Address 3101 Boardwalk # 2209-1	dle Initial)	[PERSONAL FUNDS]	Election: 2014    Primary   General   Other (specify) ▼
City Atlantic City	State ZIP Cod	e	
Original Amount of Loan	Cumulative Payment To [	0.00	lance Outstanding at Close of This Period
Date Incurred  MO4M  Date Incurred  TY  Z013  List All Endorsers or Guarantors (if any) to	Date Due	None Interest Rat	
Full Name (Last, First, Middle Initial)	5 Loan Source	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		<b>_</b>	34.03
Carry outstanding balance only to LINE 3, Sch	nedule D, for this line. If n	o Schedule D, carry for	rward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

OANS	Detailed Summary Page		
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transact	ion ID : SC/10.4236	
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS]	Election: 2014  Primary General	
Mailing Address 3101 Boardwalk # 2209-1		Other (specify) ▼	
City State ZIP Cod	de		
Atlantic City NJ 08401	<del>-</del>		
Original Amount of Loan  Cumulative Payment To  28.71		nce Outstanding at Close of This Period	
2013	Interest Rate	Secured:  (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer		
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)			
Carry outstanding balance only to LINE 3. Schedule D. for this line. If	no Schedule D. carry form	vard to appropriate line of Summary	

SCHEDULE C	(FEC	Form	3)
LOANS			

Use separate schedule(s) FOR LINE NUMBER:

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0	ANS		for each category of Detailed Summary Pa		×	13a 13b
	ME OF COMMITTEE (In Full)		Transa	ction ID : SC/10.4237	<b></b> J	
	LOAN SOURCE Full Name (Last, First, Mic Mike Assad	ddle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General		
	Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼	_	
	City	State ZIP Cod	e	<u></u>		-
1	Atlantic City	NJ 08401		·		
	Original Amount of Loan 40.00	Cumulative Payment To I		ance Outstanding at Close of T		<u> </u>
	TERMS  Date Incurred  M 04 M / D 12 D / Y Z013 Y		Interest Rat	% (apr)	2	<u> </u>
	List All Endorsers or Guarantors (if any) t	o Loan Source		Yes	_	<u>No</u>
	Full Name (Last, First, Middle Initial)		Name of Employer	<del> </del>		
	Mailing Address		Occupation			
	City State	ZIP Code	Amount Guaranteed Outstanding:	~ <b>_</b>		
	2. Full Name (Last, First, Middle Initial)		Name of Employer			
,	Mailing Address		Occupation			
	City State	ZIP Code	Amount Guaranteed Outstanding:	~~ <b>~</b> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	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:			
s	SUBTOTALS This Period This Page (optional)					
T	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.					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS	Detailed Summary Page (check only one)   X   13a   13b	
AME OF COMMITTEE (In Full)  Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4238	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014	
Mike Assad	Primary General	
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ₩	
City State ZIP Code	e	
Atlantic City NJ 08401	·	
Original Amount of Loan Cumulative Payment To [		
Date Incurred  Date Due	Interest Rate Secured:	
List All Endorsers or Guarantors (if any) to Loan Source	Notice % (apr) Yes No	
	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)		
Carry outstanding balance only to LINE 3. Schedule D. for this line. If n		

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OANS	for each category of the Detailed Summary Page (check only one)
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4239
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	[PERSONAL FUNDS] Election: 2014    Primary   General   Other (specify) ▼
City State ZIP Cod Atlantic City NJ 08401	e .
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Period  0.00 26.60
Date Incurred  Date Due  Mo4 ^M Date Due  Date Due  Date Due  Date Due  Date Due  Date Due  Date Due	None Y 0.00 % (apr) Secured:  Yes No
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	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)	

SCHEDULE C	(FEC	Form	3)
LOANS			
NAME OF COMMITT		JIV.	

Use separate schedule(s) FOR LINE NUMBER:

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OANS	for each category of the Detailed Summary Page (check only one) X 13a
IAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4240
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	[PERSONAL FUNDS]  Election: 2014  Primary  General  Other (specify) ▼
City State ZIP Code Atlantic City NJ 08401	В
Original Amount of Loan  Cumulative Payment To I  27.17  TERMS	<del>_</del>
Date Incurred  Date Due  MO4M  / D 17D  / Y 2013  Date Due	Interest Rate Secured:  None 0.00 % (apr) Yes N
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation Amount
City State ZIP Code	Guaranteed Outstanding:
	Name of Employer
Mailing Address	Occupation Amount
City State ZIP Code	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 Amount
City State ZIP Code	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 n	no Schedule D, carry forward to appropriate line of Summary

Use separate schedule(s) for each category of the

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DANS			Detailed Summary Pa		(check only one)	ř	13a 13b
AME OF COMMITTEE (In Full) Ditizens for Mike Assad, Inc	·.		Transa	ection ID	: SC/10.4241		
LOAN SOURCE Full Name tLast,	First, Midd	lle Initial)	[PERSONAL FUNDS]	I	ion: 2014	1	
Mike Assad				1 9—3	Primary General		
Mailing Address 3101 Boardwalk # 2209-1					Other (specify)		
City	(	State ZIP Co	de				
Atlantic City		NJ 08401		_			
Original Amount of Loan	·	Cumulative Payment To			utstanding at Close of		
	9.36		0.00			49.36	3
Date Incurred	<b>₩</b>	Date Due	Interest Ra	VU	Securi	ed:	<b>-</b>
List All Endorsers or Guarantors	(if any) to	Loan Source		/ <u> </u>		es _	No_
1. Full Name (Last, First, Middle			Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:			,	
2. Full Name (Last, First, Middle In	nitial)		Name of Employer				
Mailing Address			Occupation	<u>.</u>			
City	State	ZIP Code	Guaranteed				
3. Full Name (Last, First, Middle In	nitial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~ <u>`</u>	
4. Full Name (Last, First, Middle In	nitial)		Name of Employer				•
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u></u>	
SUBTOTALS This Period This Page		······································		~~~~ _^^_		49.3	6
TOTALS This Period (last page in thi	s line only)		<b>&gt;</b>		<u> </u>		
Carry outstanding balance only to L	INE 3, Sche	edule D, for this line. If	no Schedule D, carry fo	rward to	o appropriate line of	Sumi	mary.

Use separate schedule(s) for each category of the

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JANS	Detailed Suramary Page (Check only one) 13a
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4242
	[PERSONAL FUNDS] Election: 2014
Mike Assad	Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Code	
Atlantic City NJ 08401	
Original Amount of Loan  Cumulative Payment To Da  33.00	ate Balance Outstanding at Close of This Period  0.00 33.00
	Interest Rate Secured:  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 Dutstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address C	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address C	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)	The second secon
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D. carry forward to anomorists line of Summan

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	13b

OANS			Detailed Sur		(check only one)	×	13a 13b
IAME OF COMMITTEE (In Full)		·		Transaction	ID : SC/10.4243		1.
Citizens for Mike Assad	, Inc.						
LOAN SOURCE Full Name	Last, First, Middle Initia	1)			ction: 2014		
Mike Assad					Primary General		
Mailing Address 3101 Boardwalk # 2209-1					Other (specify) ▼		
City	State	ZIP Cod	le	<u>L</u>		*****	
Atlantic City	NJ	08401					
Original Amount of Loan	Cumula	itive Payment To	Date	Balance (	Outstanding at Clo	se of This	Period
	68.19		0.00			68.1	9
TERMS Date Incurred		Date Due		terest Rate		Secured:	
M04M / P23 / Y	ž013 Y		None	0.00	% (apr) [	Yes	X _{No}
List All Endorsers or Guara	ntors (if any) to Loan S	Source					
1. Full Name (Last, First, Mi	ddle Initial)		Name of Emplo	oyer			
Mailing Address	•		Occupation				
		ļ	Amount		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~	
City	State ZIP C	ode	Guaranteed Outstanding:		~~ <b>_</b> ~_		
2. Full Name (Last, First, Mic	Idle Initial)		Name of Emplo	pyer	<del>,</del>		
Mailing Address	······································		Occupation		· · · · · · · · · · · · · · · · · · ·		
			Amount		<u> </u>		 1
City	State ZIP C	ode	Guaranteed Outstanding:	ومعيل	<u>~~</u> *~~	_•	]
3. Full Name (Last, First, Mic	Idle Initial)		Name of Emplo	oyer	<u> </u>		
Mailing Address			Occupation	-			
			Amount	L-7-7-	······································		
City	State ZIP C	ode	Guaranteed Outstanding:		~~~~		J
4. Full Name (Last, First, Mic	de Initial)		Name of Emplo	oyer			
Mailing Address			Occupation				
		·	Amount				
City	State ZIP C	ode	Guaranteed Outstanding:		<u> </u>		
		- <u>-</u>				· · · · · ·	
SUBTOTALS This Period This f	² age (optional)			<b>▶</b>		68.1	9
TOTALS This Period (last page	in this line only)		······································	<b>▶</b>	<u></u>	<u>~</u>	
Carry outstanding balance only	to LINE 3, Schedule D	, for this line. If I	no Schedule D,	carry forward	to appropriate lin	e of Sum	mary.

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OANS		for each category of t Detailed Summary Pa	the (check only one) X 13a
IAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transa	ction ID : SC/10.4244
LOAN SOURCE Full Name (Last, First, Middle In Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	itial)	[PERSONAL FUNDS]	Election: 2014  Primary  General  Other (specify)
City State Atlantic City NJ	ZIP Code 08401	9	
Original Amount of Loan Curr	nulative Payment To D	Oate Bal	ance Outstanding at Close of This Period
Date Incurred  MO4M  Date Incurred  TY  Z013  MMM  List All Endorsers or Guarantors (if any) to Loa	ا الـــمــاا الـــمــا	Interest Rat	<del></del>
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation  Amount	
City State ZIF	Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	L	Occupation	
City State ZIF	² Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	. [	Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	,	Occupation	
City State ZIF	Code	Amount Guaranteed Outstanding:	<u></u>
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)		<b>─</b>	35,71
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If n	o Schedule D, carry for	ward to appropriate line of Summary.

OANS	Use separate schedule(s) for each category of the Detailed Summary Page  PAGE 34 OF 98  FOR LINE NUMBER: (check only one)   X   13a   13b
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4245
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	[PERSONAL FUNDS]  Election: 2014  Primary  General  Other (specify) ▼
	ZID Code
\ '	ZIP Code 08401
	· · · · · · · · · · · · · · · · · · ·
Original Amount of Loan Cumulative Paym	
TERMS	
Date Incurred Date	e Due Interest Rate Secured:  / None 0.00 % (apr)
List All Endorsers or Guarantors (if any) to Loan Source	Yes No
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
	Amount
City State ZIP Code	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

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

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

Use separate schedule(s) for each category of the

PAGE 35 OF FOR LINE NUMBER:

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	13b

DANS		Detailed Summary Pa		13a 13b
AME OF COMMITTEE (In Fu Citizens for Mike Assa	•	Transa	ction ID : SC/10.4246	
LOAN SOURCE Full Nam Mike Assad	ne (Last, First, Middle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General	
Mailing Address 3101 Boardwalk # 2209-1			Other (specify)	
City	State	ZIP Code	<del></del>	
Atlantic City	NJ	08401		
Original Amount of Loan	Cumulative Pay		ance Outstanding at Close of	
Date Incurr	ed Da ' 2013 ' M M / D D arantors (if any) to Loan Source	ate Due Interest Rat	0 % (apr)	red: /es No
1. Full Name (Last, First,		Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Guaranteed		
2. Full Name (Last, First,	Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Guaranteed		<b>V</b>
3. Full Name (Last, First,	Middle Initial)	Name of Employer		
Mailing Address		Occupation		
City	State ZIP Code	Amount Guaranteed Outstanding:		
4. Full Nama (Last, First,	Middle Initial)	Name of Employer		
Mailing Address		Occupation		· · · ·
City	State ZIP Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period Th	is Page (optional)			29.49
TOTALS This Period (last pa	ge in this line only)	<b></b>		
Carry outstanding balance of	only to LINE 3, Schedule D, for this	line. If no Schedule D, carry for	ward to appropriate line of	Summary.

CHEDULE C (FEC Form 3) OANS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)    PAGE 36 OF 98
NAME OF COMMITTEE (In Full)  Citizens for Mike Assad, Inc.		Transactio	n ID : SC/10.4247
LOAN SOURCE Full Name (Last, First, Mic Mike Assad Mailing Address	ddle Initial)		Election: 2014  Primary  General  Other (specify)
3101 Boardwalk # 2209-1			
City Atlantic City	State ZIP Cod NJ 08401	de	
Original Amount of Loan 78.38	Cumulative Payment To	Date Balanc	e Outstanding at Close of This Period
Date Incurred    MO4	Date Due	None 0.00	Secured:  % (apr)  Yes  No
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation Amount	
City State	ZIP Code	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).			78.38
TOTALS This Period (last page in this line only	y)	<b>• •</b>	

Use separate schedule(s) FOR LINE NUMBER:

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	135

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.C	ANS	for each category of th Detailed Summary Pag	
	ME OF COMMITTEE (In Full) itizens for Mike Assad, Inc.	Transac	tion ID : SC/10.4303
	LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	[PERSONAL FUNDS]	Election: 2014  Primary General Other (specify)
	City State ZIP Cod	de	
	Atlantic City NJ 08401	Data Pala	nee Outstanding at Class of This Devied
	Original Amount of Loan  Cumulative Payment To  30.00		nce Outstanding at Close of This Period
	Date Incurred  Date Due  Mo4M  Date Due  Date Due	None Interest Rate	Secured:  % (apr)  Yes  No
	Full Name (Last, First, Middle Initial)	Name of Employer	<del></del>
	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:	/ <u>*</u>
8	SUBTOTALS This Period This Page (optional)		30.00
1	OTALS 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 forv	vard to appropriate line of Summary.

Use separate schedule(s)

PAGE 38 OF FOR LINE NUMBER:

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IAME OF COMMITTEE (In Full) Citizens for Mike Assad	Inc.		Tri	ansaction	ID : SC/10.4276	•	
LOAN SOURCE Full Name Mike Assad  Mailing Address	Last, First, Mid	dle Initial)	(PERSONAL FUNI	· • ,	ection: 2014 Primary General Other (specify)		
3101 Boardwalk # 2209-1							
City			² Code				
Atlantic City		NJ 08	401		<del></del>		
Original Amount of Loan	40.00	Cumulative Paymer	nt To Date		Outstanding at Clos		السي
Date Incurred	žo13 Č	Date	Due Interes	0.00	s % (apr)	ecured:	X
List All Endorsers or Guaran  1. Full Name (Last, First, Min		Loan Source	Name of Employer				
	ude milaly						
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Mid	dle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
3. Full Name (Last, First, Mid	dle Initial)		Name of Employer				
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Mid	dle Initial)		Name of Employer				
Mailing Address	<del></del>		Occupation ·				
City	State	ZIP Code	Amount Guaranteed Outstanding:	~~~~~ <b>~</b>		£	
SUBTOTALS This Period This F			<b>&gt;</b>			40.0	0
Carry outstanding balance only	to LINE 3, Sch	edule D, for this line	e. If no Schedule D, carr	y forward	to appropriate line	of Sum	mary.

Use separate schedule(s) FOR LINE NUMBER:

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П	13b

DANS		Detailed Summary Pag		13a 13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4280	7
LOAN SOURCE Full Name (Last, First, M Mike Assad	liddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼	
City Atlantic City	State ZIP Cod NJ 08401	9		
Original Amount of Loan	Cumulative Payment To [	Tata Raia	nce Outstanding at Close of T	hie Period
35.61	Cumulative rayment to		, , , , , , , , , , , , , , , , , , ,	
Date Incurred  M 05 M / P 03 P / Y 2013 Y		Interest Rate	<del>(                                    </del>	$\boxtimes$
List All Endorsers or Guarantors (if any)	to Loan Source	Name of Employer		
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
City State	ZIP Code	Amount Guaranteed Outstanding:	~ <u></u>	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	<u></u>	
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	·		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	35.61
Carry outstanding balance only to LINE 3. S			ward to appropriate line of S	ummanı

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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X 13a ı

ANS .	Detailed Summary Page (Clieck Only Only) 13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4281
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014   Primary   General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Cod Atlantic City NJ 08401	e
Original Amount of Loan  Cumulative Payment To I  35.65	0.00 35.65
05 2013	Interest Rate Secured:  None (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:
TOTALS This Period This Page (optional)	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

DANS	Detailed Summary Page (check only one) 13a	
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4282	
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014	
Mike Assad	. Primary General	
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼	
City State · ZIP C	ode	
Atlantic City NJ 08401	<u> </u>	
Original Amount of Loan Cumulative Payment To	<del>_</del>	
33.00	0.00	
Date Incurred Date Due	A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A A	
M05M / D06D / Y 2013 Y M M / D D / Y	None 0.00 % (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
·	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
·	Amount	
City State ZIP Code	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	
700	Amount	
City State ZIP Code	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. I	f no Schedule D, carry forward to appropriate line of Summary.	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS	Detailed Summary Page (check only one)	
AME OF COMMITTEE (In Full)  Citizens for Mike Assad, Inc.		
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014	
Mike Assad	Primary General	
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼	
City State ZIP Cod	le	
Atlantic City NJ 08401		
Original Amount of Loan Cumulative Payment To I		
42.52	0.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M05M / 08B / Y 2013 M M / D B / Y	None (apr) Yes No	
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount Guaranteed	
City State ZIP Code	Outstanding:	
4. Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.	
The state of the s		

Use separate schedule(s) FOR LINE NUMBER:

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0.	ANS	for each categ Detailed Surer		(check only one)	X	13a 13b	
	ME OF COMMITTEE (In Full)		Transaction	ID : SC/10.4285	ايساس		
	LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Assad	[PERSONAL FU	INDS] Ele	ection: 2014 Primary General			
	Mailing Address 3101 Boardwalk # 2209-1			Other (specify)			
Ì	City State ZIP C						
	Atlantic City NJ 08401						
	Original Amount of Loan  Cumulative Payment T	0.00	The state of the s	Outstanding at Close of	This 46.50		
	Date Incurred  Date Due  Mo5 ^M / P12 ^D / Y 2013 Y M M / P D / Y	None Inte	0.00	Securion (apr)		No_	
	List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employ	er	_			
	Mailing Address	Occupation					
	City State ZIP Code	Amount Guaranteed Outstanding:					
	2. Full Name (Last, First, Middle Initial)	Name of Employ	er				
	Mailing Address	Occupation		-			
	City State ZIP Code	Amount Guaranteed Outstanding:					
	3. Full Name (Last, First, Middle Initial)	Name of Employ	er			_	
	Mailing Address	Occupation					
	City State ZIP Code	Guaranteed					
	4. Full Nama (Last, First, Middle Initial)	Name of Employ	er				
	Mailing Address	Occupation					
	City State ZIP Code	Amount Guaranteed Outstanding:					
	SUBTOTALS This Period This Page (optional)						
_	arry outstanding balance only to LINE 3, Schedule D, for this line. I	f no Schedule D. c	arry forward	to appropriate line of	Sumi	marv.	
	and offering paramos only to first of concours of tol dis inter-	<del> </del>		abbrabilities into Ol	~~		

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FOR LINE NUMBER:

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DANS				ummary Page		(check only one	")	<b>~</b> ]¦	13a 13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc	c.			Transact	ion ID	: SC/10.4286			
LOAN SOURCE Full Name (Last	, First, Middle Ir	nitial)	[PERSONA	L FUNDS1	Election	on: 2014			
Mike Assad						rimary ieneral			
Mailing Address 3101 Boardwalk # 2209-1						other (specify)	<u>.</u>		
City	State	e ZIP Coo	de						
Atlantic City	NJ	08401							
Original Amount of Loan	Cur	nulative Payment To	Date			tstanding at Ck			
	31.66	<u> </u>	0.00			<u> </u>		.66	
TERMS  Date incurred	- AM	Date Due		Interest Rate			Secured:		
M05M / 13D / Y 2013	T T	/ [ · ] / [ ·	Ňone	0.00		% (apr)	Yes	×	No
List All Endorsers or Guarantors	(if any) to Loa	an Source					163	<u> </u>	_140
1. Full Name (Last, First, Middle	Initial)		Name of Emp	oloyer					
Mailing Address	<del></del>		Occupation	<del></del>					
			Amount	<u>                                     </u>	<b>√</b>			=	
City	State ZII	P Code	Guaranteed Outstanding:						
2. Full Name (Last, First, Middle	Initial)		Name of Emp	oloyer					
Mailing Address			Occupation	. <u>-</u>					
City	State ZII	P Code	Amount Guaranteed Outstanding:			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
3. Full Name (Last, First, Middle	Initial)		Name of Em	oloyer					
Mailing Address			Occupation						
			Amount		~~~·			<del></del>	
City	State ZII	P Code	Guaranteed Outstanding:	لبب	<u></u>				
4. Full Name (Last, First, Middle	Initial)		Name of Em	ployer		· · · · · · · · · · · · · · · · · · ·			
Mailing Address			Occupation						
0.1	04-4-	D. O. da	Amount Guaranteed		VV			<u> </u>	
City	State ZII	P Code	Outstanding:	ليحيب	<u></u>	<u>~_•</u> _~_		<u></u>	
SUBTOTALS This Period This Page	(optional)			<b>→</b> [			31	.66	
FOTALS This Period (last page in the	nis line only)	••••••••••••••••••				<b>ॏ</b> ── <u>८</u> ─ <u>८</u> ─ <b>ॏ</b> ─	~~ <u>~~</u>		
Carry outstanding balance only to I	LINE 3, Schedule	D, for this line. If	no Schedule I	D, carry forw	ard to	appropriate li	ne of Su	—— mm	ary.

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DANS			Detailed Summ		(check only one	) <u> </u>	13a 13b
AME OF COMMITTEE (In Full Citizens for Mike Assa	•			Transaction	ID : SC/10.4287		
LOAN SOURCE Full Name Mike Assad	e (Last, First, Midd	dle Initial)	[PERSONAL FU		ection: 2014 Primary General		
Mailing Address 3101 Boardwalk # 2209-1					Other (specify)	,	
City		State ZIP C	ode				
Atlantic City	······	NJ 08401					
Original Amount of Loan	35.93	Cumulative Payment To			Outstanding at Ck	ose of Thi	
TERMS							
Date Incurre	d 2013 Y	Date Due	None	est Rate 0.00	% (apr)	Secured:	× No
List All Endorsers or Gua	rantors (if any) to	Loan Source				103	
1. Full Name (Last, First, I	Middle Initial)		Name of Employe	r			
Mailing Address		<del></del>	Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
2. Full Name (Last, First, M	Middle Initial)		Name of Employe	er		<del></del>	
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
3. Full Name (Last, First, N	fiddle Initial)	<del></del>	Name of Employe	er			
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:	_//		**************************************	
4. Full Name (Last, First, N	fiddle Initial)		Name of Employe	er _.			
Mailing Address			Occupation				
City	State	ZIP Code	Amount Guaranteed Outstanding:				
UBTOTALS This Period This Page (optional)							
TOTALS This Period (last pag					<u></u>	<u>/</u>	
Carry outstanding balance or	nly to LINE 3, Sch	edule D, for this line.	f no Schedule D, ca	arry forward	to appropriate li	ne of Sun	nmary.

Use separate schedule(s) | FOR LINE NUMBER:

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DANS	for each category of the Detailed Summary Page (check only one)
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4288
LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Assad	[PERSONAL FUNDS] Election: 2014  Primary  General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify)
	P Code
	8401
Original Amount of Loan Cumulative Payme	nt To Date  Balance Outstanding at Close of This Period 20.00  30.00
Date Incurred  Date 17D  Date Incurred  Date Incurr	Due Interest Rate Secured:  V None 0.00 % (apr) Yes
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)	
Carry outstanding balance only to LINE 3. Schedule D. for this line	ne. If no Schedule D, carry forward to appropriate line of Summa

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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¥ 130

DANS	Detailed Summary Page (cneck only one)				
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4289				
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014 Primary General				
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼				
City State ZIP Code Atlantic City NJ 08401					
Original Amount of Loan  Cumulative Payment To D	· · · · · · · · · · · · · · · · · · ·				
	Interest Rate Secured:  10.00 % (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				
	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)					
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**1**30

DANS		Detailed Summary Page	(cneck only one)
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transact	ion ID : SC/10.4290
LOAN SOURCE Full Name (Last, First	t, Middle Initial)	[PERSONAL FUNDS]	Election: 2014
Mike Assad			Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City	State ZIP Co	de	
Atlantic City	NJ 08401		
Original Amount of Loan	Cumulative Payment To		nce Outstanding at Close of This Period
28.62	المستحدث المسالح	0.00	28.62
Date Incurred  Mo5M / P19 / Y Z013 Y	Date Due	None 1.000	Secured:
List All Endorsers or Guarantors (if a	ny) to Loan Source		Yes No
1. Full Name (Last, First, Middle Initia	••	Name of Employer	
Mailing Address		Occupation	
City Sta	ite ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	·	Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City Sta	ate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (option			28.62
Carry outstanding balance only to LINE :	3. Schedule D. for this line. If	no Schedule D. carry forw	ard to appropriate line of Summary.

Use separate schedule(s) FOR LINE NUMBER:

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.0	ANS					ategory of the ummary Page	(check only one)	×	13a 135
	ME OF COMMITTEE (In Full) itizens for Mike Assad,	Inc.				Transaction	n ID : SC/10.4291		
	LOAN SOURCE Full Name (L. Mike Assad	ast, First, Mic	ddle Initial)		[PERSONAL		lection: 2014 Primary General	-	
	Mailing Address 3101 Boardwalk # 2209-1						Other (specify) ▼		
	City		State	ZIP Code	)				
	Atlantic City		NJ	08401					
	Original Amount of Loan	30.00	Cumulative	Payment To D	ate 0.00	the same	Outstanding at Clos		Append 1
		oiš Y	M M / D		None Y	nterest Rate	0/ (-)	ecured:	≺ _{No}
	List All Endorsers or Guarant  1. Full Name (Last, First, Midd		- Loan Sourc		Name of Emp	oloyer			
	Mailing Address				Occupation	····			
	, and the second		·	-	Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	2. Full Name (Last, First, Midd	le Initial)			Name of Emp	oloyer			
	Mailing Address				Occupation				
	City	State	ZIP Code		Amount Guaranteed Outstanding:				
	3. Full Name (Last, First, Midd	lle Initial)			Name of Emp	oloyer	-		
	Mailing Address				Occupation	· _	<del> </del>		
					Amount				
	City	State	ZIP Code		Guaranteed Outstanding:				
	4. Full Name (Last, First, Midd	lle Initial)			Name of Emp	oloyer			
	Mailing Address				Occupation		-	<del></del>	
	City	State	ZIP Code		Amount Guaranteed Outstanding:				
_	SUBTOTALS This Period This Page (optional)								
T	OTALS This Period (last page in	this line only	y)						
(	Carry outstanding balance only t	to LINE 3, Sci	hedule D, for	this line. If n	o Schedule [	, carry forwar	d to appropriate line	of Sumi	mary.

Use separate schedule(s) FOR LINE NUMBER:

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DANS		Detailed Summary Pag				
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transact	tion ID : SC/10.4292			
LOAN SOURCE Full Name (Last, F Mike Assad Mailing Address 3101 Boardwalk # 2209-1	irst, Middle Initial)	[PERSONAL FUNDS]	Election: 2014  ☐ Primary  General  Other (specify) ▼			
City Atlantic City	State ZIP Coo	de				
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period			
l			34.86			
Date Incurred  M05 / P25 / Y 2013  List All Endorsers or Guarantors (i		Interest Rate  None  0.00				
Full Name (Last, First, Middle In		Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle Init	ial)	Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Guaranteed				
3. Full Name (Last, First, Middle Init	tial)	Name of Employer				
Mailing Address		Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
4. Full Name (Last, First, Middle Ini	tial)	Name of Employer				
Mailing Address	100	Occupation				
City	State ZIP Code	Amount Guaranteed Outstanding:	<u></u>			
OTALS This Period (last page in this line only)						
Carry outstanding balance only to LIN	IE 3, Schedule D, for this line. If	no Schedule D, carry forv	vard to appropriate line of Summary.			

Use separate schedule(s) FOR LINE NUMBER:

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OANS	Detailed Summary Page					
NAME OF COMMITTEE (In Full)	Transac	tion ID : SC/10.4293				
Citizens for Mike Assad, Inc.						
LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Assad	[PERSONAL FUNDS]	Election: 2014 Primary General				
Mailing Address 3101 Boardwalk # 2209-1		Other (specify)				
City State ZIP Cod	le					
Atlantic City NJ 08401						
Original Amount of Loan Cumulative Payment To I		nce Outstanding at Close of This Period				
	None Interest Rate	Secured:  % (apr)  Yes  No				
List All Endorsers or Guarantors (if any) to Loan Source						
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:	/J				
4. Full Name (Last, First, Middle Initial)	Name of Employer					
Mailing Address	Occupation					
City State ZIP Code	Amount Guaranteed Outstanding:	7				
SUBTOTALS This Period This Page (optional)						
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedule D. carry forward to appropriate line of Summary.						

Use separate schedule(s) FOR LINE NUMBER:

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OANS		for each category of t Detailed Summary Pa	
IAME OF COMMITTEE (in Full)		Transa	ction ID : SC/10.4294
Citizens for Mike Assad, Inc.			
LOAN SOURCE Full Name (Last, First, Middle Initia Mike Assad  Mailing Address	I)	[PERSONAL FUNDS]	Election: 2014  Primary General Other (specify)
3101 Boardwalk # 2209-1			
City State	ZIP Code	•	
Atlantic City NJ	08401		
Original Amount of Loan Cumula 30.01	ative Payment To D	0.00	ance Outstanding at Close of This Period
Date Incurred  MO5M  Date Incurred  2013  List All Endorsers or Guarantors (if any) to Loan 5		Interest Rat	<del>7</del>
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
Mailing Address	<u>l</u>	Occupation	
City State ZIP C	ode	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP C	ode	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP C	ode	Amount Guaranteed Outstanding:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State ZIP C	ode	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)		• • • • • • • • • • • • • • • • • • •	30.01
Carry outstanding balance only to LINE 3. Schedule D.	, tor this line. If n	o Schedule D. carry for	ward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS		Use separate schedule for each category of th Detailed Summery Page	(check only one) X 13a
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transact	tion ID : SC/10.4295
LOAN SOURCE Full Name (Last, First, M) Mike Assad	liddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify)
City	State ZIP	Code	
Atlantic City	NJ 084	01	
Original Amount of Loan	Cumulative Payment		nce Outstanding at Close of This Period
Date Incurred  Mo6 ^M / Po3 ^P / Y 2013 Y	Date C	Due Interest Rate  V None  0.00	
List All Endorsers or Guarantors (if any)	to Loan Source		
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	<u> </u>	Occupation	
City State	ZIP Code	Amount Guaranteed	
City State	ZIP Code	1	
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	· · · · · · · · · · · · · · · · · · ·
City State	ZIP Code	Guaranteed	
4. Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Name of Employer	<del> </del>
Mailing Address	· · · ·	Occupation	······································
•		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional TOTALS This Period (last page in this line o	<u> </u>	<b></b>	30.00
Carry outstanding balance only to LINE 3, S	schedule D, for this line	e. If no Schedule D, carry forw	vard to appropriate line of Summary.

CHEDULE C (FEC Form 3) DANS		Use separate schedule(s for each category of the Detailed Summary Page	(check only one) X 13a
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transacti	on ID : SC/10.4296
LOAN SOURCE Full Name (Last, First, Mike Assad	Aiddle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City	State ZIP 0	Code	
Atlantic City	NJ 0840	i1	
Original Amount of Loan	Cumulative Payment		ce Outstanding at Close of This Per
Date Incurred  Mo6 CONTROL  Date Incurred  T 2013  List All Endorsers or Guarantors (if any  1. Full Name (Last, First, Middle Initial)	to Loan Source	Name of Employer	Secured:  % (apr)  Yes
	<del></del>	Occupation	
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	<del> </del>	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 (options		<b>→</b>	32.54
Carry outstanding balance only to LINE 3			and to appropriate line of Summar

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS	Detailed Summary Page (cneck only one)
AME OF COMMITTEE (In Full)  Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4298
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014   Primary
Mailing Address 3101 Boardwalk # 2209-1	General  Other (specify) ▼
City State ZIP Code	
Atlantic City NJ 08401	
Original Amount of Loan  Cumulative Payment To D  25.00	
06 05 2013 N	Interest Rate Secured:  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
1. Full Name (Last, First, Middle midal)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
	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	o schedule b, carry lorward to appropriate line of summary.

Use separate schedule(s) FOR LINE NUMBER:

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DANS		for each category of the Detailed Summary Page	(check only one) X 13a
AME OF COMMITTEE (In Full)  Citizens for Mike Assad, Inc.		Transactio	n ID : SC/10.4299
LOAN SOURCE Full Name (Last, First, Mike Assad	Viddle Initial)	f. EuropityE i duradi	Election: 2014  Primary  General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify)
City	State ZIP (	Code	
Atlantic City	NJ 0840	)1 	
Original Amount of Loan	Cumulative Payment	the second second	e Outstanding at Close of This Period
25.00		0.00	25.00
Date Incurred  M06	Date Du	Je Interest Rate  V None 0.00	Secured:
List All Endorsers or Guarantors (if any	) to Loan Source	,	Yes No
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	<del></del>
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	<del></del>
Mailing Address		Occupation	<del></del>
City State	ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)	<del> </del>	Name of Employer	
Mailing Address	<del></del>	Occupation	<del></del>
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (options	al)		25.00
TOTALS This Period (last page in this line of	only)	••••••••••••••••••••••••••••••••••••••	
Carry outstanding balance only to LINE 3,	Schedule D, for this line.	If no Schedule D, carry forwar	rd to appropriate line of Summary.

HEDULE C (FE	C Form 3)		for each ca	ate schedule(s) ategory of the ummary Page	(aa., a,	98 13a 13b
ME OF COMMITTEE (In			<u> </u>	Transaction	ID : SC/10.4300	30
LOAN SOURCE Full Mike Assad	Name (Last, First, Mid	dle Initial)	[PERSONAL	FUNDS]	ection: 2014 Primary	
Mailing Address 3101 Boardwalk # 2209-	1			——  <u> </u>	General Other (specify) ▼	
City	· · · · · · · · · · · · · · · · · · ·	State ZIP	Code			_
Atlantic City		NJ 084	101			
Original Amount of Lo		Cumulative Payment			Outstanding at Close of This P	
	25.00		0.00		25.00	
TERMS Date in	aurod	Date D		nterest Rate	Secured:	_
M06 ^M / D07 ^D	Ž013 Y	M M / D D /	None	0.00	Secured.	3
List All Endorsers or	Guarantors (if any) to	Loan Source	····			_
1. Full Name (Last, F	irst, Middle Initial)		Name of Emp	loyer		
Mailing Address			Occupation			_
			Amount			
City	State	ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, Fir	rst, Middle Initial)		Name of Emp	loyer		_
Mailing Address			Occupation			_
			Amount			_
City	State	ZIP Code	Guaranteed Outstanding:			
3. Full Name (Last, Fi	rst, Middle Initial)		Name of Emp	loyer	· · · · · · · · · · · · · · · · · · ·	
Mailing Address			Occupation			_
		•				
City	State	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, Fi	rst, Middle Initial)	<u> </u>	Name of Emp	oloyer		_
Mailing Address	<del></del>		Occupation			
		•	Ameunt			
City	State	ZIP Code	Amount Guaranteed			

Outstanding:

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OANS		Detailed Summary Pag		13a 13b
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4301	
LOAN SOURCE Full Name (Last, First	, Middle Initial)	[PERSONAL FUNDS]	Election: 2014	<del></del>
Mike Assad			Primary General	
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼	
City	State ZIP C	Code	· · · · · · · · · · · · · · · · · · ·	
Atlantic City	NJ 0840	1 		
Original Amount of Loan	Cumulative Payment		nce Outstanding at Close of	
25.00		0.00	~	25.00
TERMS  Date Incurred  M06  OB  OB  OB  OB  OB  OB  OB  OB  OB  O	Date Du	e Interest Rate		
			% (apr)	es No
List All Endorsers or Guarantors (if a  1. Full Name (Last, First, Middle Initial	<u> </u>	Name of Employer		
Mailing Address		Occupation		
		Amount		
City Sta	te ZIP Code	Guaranteed Outstanding:	~ <del></del>	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount Guaranteed	· · · · · · · · · · · · · · · · · · ·	
City Sta	te ZIP Code	1	<u></u>	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
		Amount	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
City Sta	te ZIP Code	Guaranteed Outstanding:		لـــه
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Occupation	····	
		Amount	· · · · · · · · · · · · · · · · · · ·	
City Sta	te ZIP Code	Guaranteed Outstanding:		<u></u>
SUBTOTALS This Period This Page (option	onal)		· · · · · · · · · · · · · · · · · · ·	25.00
TOTALS This Period (last page in this line	e only)	·····		•
Carry outstanding balance only to LINE	3, Schedule D, for this line.	If no Schedule D, carry for	ward to appropriate line of	Summary.

SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Detailed Summary Page	for each category of the (check only one)			
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction	n ID : SC/10.4302			
LOAN SOURCE Full Name (Last, First, Middle Initial)	ין בווסטויאב ו טוישטן	lection: 2014			

itizens for Mike Assad, Inc.			
LOAN SOURCE Full Name (Last, First, Mid	ddle Initial)	[PERSONAL FUNDS]	Election: 2014
Mike Assad			Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify)
City	State ZIP Co	de	<u> </u>
Atlantic City	NJ 08401		
Original Amount of Loan	Cumulative Payment To		ance Outstanding at Close of This Period
25.00		0.00	25.00
TERMS Date Incomed	Date Due	Internet Dat	San wadi
Date Incurred  M 06 / P09 / Y 2013		Interest Rat	7
List All Endorsers or Guarantors (if any) to	o Loan Source	<del></del>	
Full Name (Last, First, Middle Initial)	<del> </del>	Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Name of Employer	
Mailing Address	<del></del>	Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount [	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address	·	Occupation	
<u> </u>		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
		<u></u>	
SUBTOTALS This Period This Page (optional).		<b></b>	25.00
OTALS This Period (last page in this line only	y)		

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

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SCHEDULE C	(FEC	Form	3)
LOANS			

Use separate schedule(s) FOR LINE NUMBER:

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DANS	•	for each category of t Detailed Summary Pag	
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	ction ID : SC/10.4249
LOAN SOURCE Full Name (Last, First, Mi Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	ddle Initial)	[PERSONAL FUNDS]	Election: 2014  ☐ Primary ☐ General ☐ Other (specify) ▼
City Atlantic City	State ZIP Code NJ 08401	e	
Original Amount of Loan	Cumulative Payment To [	Date Bala	ance Outstanding at Close of This Period
Date Incurred    Date Incurred		None 0.00	<del>777</del> ]
Full Name (Last, First, Middle Initial)		Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address	-	Occupation	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	· ·
Mailing Address		Occupation Amount	
City State	ZIP Code	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	<del></del>
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (optional)			25.00
TOTALS This Period (last page in this line on Carry outstanding balance only to LINE 3, Se			ward to appropriate line of Summarv.

Use separate schedule(s) FOR LINE NUMBER:

PAGE 61

OANS		Detailed Sum		(check only one)	×	13a 13b
IAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.			Transaction	n ID : SC/10.4250		
LOAN SOURCE Full Name (Last, First, Middle Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	le Initial)	[PERSONAL F	J.1.20,   _	ection: 2014 Primary General Other (specify)		
City	state ZIP Cod	de		<del></del>		
Atlantic City	NJ 08401			<del></del>		<del> </del>
41.90	Cumulative Payment To	0.00		Outstanding at Clo		
TERMS  Date Incurred  M06 / 017 / Y 2013 / M	Date Due	None V	erest Rate	% (apr)	Secured:	X _{No}
List All Endorsers or Guarantors (if any) to  1. Full Name (Last, First, Middle Initial)	Loan Source	Name of Employ	yer	<del></del>		
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:			- V - V	]
2. Full Name (Last, First, Middle Initial)		Name of Emplo	yer		,	
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:			1 1	
3. Full Name (Last, First, Middle Initial)		Name of Emplo	yer			
Mailing Address		Occupation	<u> </u>			
City State	ZIP Code	Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Middle Initial)		Name of Emplo	yer			
Mailing Address	<del></del>	Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:		_1_^		
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)					41.9	30
Carry outstanding balance only to LINE 3. Sche	dule D. for this line. If	no Schedule D.	carry forwar	d to appropriate lin	e of Sum	marv.

Use separate schedule(s) for each category of the

PAGE 62 OF 98

FOR LINE NUMBER:

X	13a
	466

DANS	Detailed Summary Page (check only one)			
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4251			
LOAN SOURCE Full Name (Last, First, Middle Initial				
Mike Assad	Primary General			
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼			
City State	ZIP Code			
Atlantic City NJ	08401			
	tive Payment To Date  Balance Outstanding at Close of This Period  0.00  26.00			
Date Incurred    Mode   18°   Y Z013 Y M M M /	Date Due Interest Rate Secured:  O.00 % (apr)  Yes No			
List All Endorsers or Guarantors (if any) to Loan S				
Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP C	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP C	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP C	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP C	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.			

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE 63 OF

X	13a
	13b

		Detailed Summary Pag	13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4252
LOAN SCURCE Full Name (Last, First, Midd	dle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City	State ZIP Co	de	
Atlantic City	NJ 08401		
Original Amount of Loan	Cumulative Payment To	Date Bala	nce Outstanding at Close of This Period
20.00		0.00	20.00
Date Incurred  MO6M / P23D / Y 2013  MO6M / P23D / P3D	Date Due	Interest Rate	% (apr)
List All Endorsers or Guarantors (if any) to	Loan Source		Yes No
Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	7
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	~ <u></u>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	~ <u></u>
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)  FOTALS This Period (last page in this line only)		<b>-</b>	20,00

SCHEDULE C (FEC F LOANS	orm 3)			Use separate for each cate Detailed Sun		FOR LINE NU (check only o	JMBER:	X 13a 13b
NAME OF COMMITTEE (In Full) Citizens for Mike Assac					Transaction	ID : SC/10.4253		
LOAN SOURCE Full Name Mike Assad	(Last, First, Mid	ldle Initial)		[PERSONAL I	FUNDSJ Ele	ection: 2014 Primary General		
Mailing Address 3101 Boardwalk # 2209-1						Other (specify)	▼	
City		State	ZIP Cod	e				
Atlantic City		NJ	08401					
Original Amount of Loan	35.00	Cumulative P	ayment To [	0.00		Outstanding at (	ar franks	
Date incurred  M 06 / 23 / Y  List All Endorsers or Guara	ž013 ^Y	M M / D		in None Y	terest Rate 0.00	<b>%</b> (apr)	Secure	ed: es No
Full Name (Last, First, M.)		- Loan Source	,	Name of Emplo	oyer			<del></del>
Mailing Address	<u> </u>			Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Mi	ddle Initial)			Name of Emplo	oyer			
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		^ 0 1 2	-	
3. Full Name (Last, First, Mi	ddle Initial)			Name of Emplo	oyer			
Mailing Address		· · · · · · · · · · · · · · · · · · ·		Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
4. Full Name (Last, First, Mi	ddle Initial)			Name of Emplo	oyer	<del></del>	<u>.                                    </u>	
Mailing Address		<del></del>	•	Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:				
SUBTOTALS This Period This	Page (optional).							35.00
TOTALS This Period (last page Carry outstanding balance only					carry forward	to appropriate	line of	Summer

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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**▼** 13a

OF

JANS	Detailed Summary Page (Check Only One) 13a			
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4254			
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014  Primary  General			
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼			
City State Z	ZIP Code			
Atlantic City NJ	08401			
Original Amount of Loan Cumulative Paym	nent To Date  Balance Outstanding at Close of This Period			
47.17	0.00			
Date Incurred  Date Due  Interest Rate  Secured:  None  (apr)  Secured:  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:			
COTALS 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 F OANS	iorm 3)			Use separate so for each categor Detailed Summa	y of the	PAGE 66 FOR LINE NUMBER: (check only one)	OF 98
NAME OF COMMITTEE (In Full Citizens for Mike Assa				Ţ	ransaction	ID : SC/10.4255	<u></u>
LOAN SOURCE Full Name Mike Assad	(Last, First, Mid	dle Initial)		[PERSONAL FUN		ction: 2014 Primary General	
Mailing Address 3101 Boardwalk # 2209-1						Other (specify)	
City		State	ZIP Code	)			
Atlantic City	· · · · · · · · · · · · · · · · · · ·	NJ	08401				
Original Amount of Loan	29.00	Cumulative Pay	<b>a</b> nne Ganes Jen	ate 0.00		Outstanding at Close of	29.00
TERMS Date Incurre	<del></del>		ate Due	Interes	st Rate	Secur	ed:
M 06M / D 24D / Y	Ž013 Y	M M / D D	, Y N		0.00		ed. es <u>No</u>
List All Endorsers or Guar		Loan Source					
1. Full Name (Last, First, I	/liddle initial)		] '	Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:			
2. Full Name (Last, First, M	liddle Initial)			Name of Employer			
Mailing Address	<del></del>			Occupation		<del></del>	
				Amount Guaranteed	<b>V</b>	7 7 7 7 8 B	7
City	State	ZIP Code	- 1	Outstanding:	<u> </u>		•
3. Full Name (Last, First, M	liddle Initial)			Name of Employer			
Mailing Address				Occupation			
City	State	ZIP Code		Guaranteed			
4. Full Name (Last, First, N	liddle Initial)	<del></del>		Name of Employer	<del></del>		
Mailing Address	<del> </del>			Occupation			
City	State	ZIP Code		Amount Guaranteed Outstanding:	nn		
SUBTOTALS This Period This	Page (optional)						29.00
TOTALS This Period (last pag	e in this line only	/)					
Carry outstanding balance or	ily to LINE 3, Sch	nedule D, for this	line. If n	o Schedule D, car	ry forward	to appropriate line of	Summary.

SCHEDULE C (FEC Form 3 LOANS	)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)    PAGE 67 OF 98
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transaction	1 ID : SC/10.4256
LOAN SOURCE Full Name (Last, Find Mike Assad	rst, Middle Initial)		ection: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City	State ZIP 0	ode	······································
Atlantic City	NJ 0840	1	
Original Amount of Loan	Cumulative Payment	0.00	Outstanding at Close of This Period
Date Incurred  "06" / "25" / " 2013  List All Endorsers or Guarantors (if	Date Du	ie Interest Rate	Secured:  % (apr)  Ves  No
1. Full Name (Last, First, Middle Init	ial)	Name of Employer	
Mailing Address	<del></del>	Occupation	
City	state ZIP Code	Guaranteed	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address	<del> </del>	Occupation	
City	State ZIP Code	Guaranteed	
3. Full Name (Last, First, Middle Initia	al)	Name of Employer	
Mailing Address		Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initi	al)	Name of Employer	
Mailing Address	<del></del>	Occupation	
City	State ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (op	<del></del>		35.00
TOTALS This Period (last page in this I	· · · · · · · · · · · · · · · · · · ·	Box max Carpon	
Carry outstanding balance only to LINI	3, Schedule D, for this line.	If no Schedule D, carry forward	d to appropriate line of Summary.

CHEDULE C. (FEC FO	orm 3)		Use separate schedule(s) for each category of the Detailed Summmry Page    PAGE 68 OF 9   Street   FOR LINE NUMBER: (check only one)   X   13   13
NAME OF COMMITTEE (In Full) Citizens for Mike Assad	, Inc.		Transaction ID : SC/10.4257
LOAN SOURCE Full, Name Mike Assad	(Last, First, Mic	ddle Initial)	[PERSONAL FUNDS] Election: 2014   Primary   General
Mailing Address 3101 Boardwalk # 2209-1		,	Other (specify) ▼
City Atlantic City	· · · · · · · · · · · · · · · · · · ·		Code 401
Original Amount of Loan	35.00	Cumulative Payme	0.00 35.00
TERMS  Date Incurred  M06 / P26 / Y	ž013 ^v	Date M M / D 0 /	<del></del>
1. Full Name (Last, First, M	<u> </u>	o Loan Source	Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address		<del></del>	Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address		<del> </del>	Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Mic	ddle Initial)		Name of Employer
Mailing Address			Occupation
City	State	ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This I			

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

Use separate schedule(s) for each category of the

PAGE 69 FOR LINE NUMBER:

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OF

DANS	Detailed Suramery Page (check only one)
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4258
LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Assad	[PERSONAL FUNDS] Election: 2014  Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Code Atlantic City NJ 08401	
Original Amount of Loan  Cumulative Payment To Da  28.48	Balance Outstanding at Close of This Period  0.00 28.48
	Interest Rate Secured:    O.00
	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Dutstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no	Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) FOR LINE NUMBER:

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DANS				category of ti Summary Pag		(check only one	) [	13a 13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.			·	Transac	ction ID	: SC/10.4259	<u> </u>	
LOAN SOURCE Full Name (Last, I Mike Assad			[PERSONA	AL FUNDS)		on: 2014 rimary	<del></del>	
Mailing Address 3101 Boardwalk # 2209-1				<del></del> ,	┧╚	ther (specify)	,	
City	State	ZIP Code				- II. "		
Atlantic City	NJ	08401						
Original Amount of Loan	Cumulative	Payment To D	ate 0.0	<u> </u>	ance Ou	tstanding at Ck	<del>√ √</del>	
Date Incurred  MO7M  Date Incurred  2013	W M / D	Date Due	one	Interest Rate	<u>V                                    </u>	% (apr)	Secured:	$\boxtimes$
List All Endorsers or Guarantors	if any) to Loan Sour	ce					Yes	No
1. Full Name (Last, First, Middle In	itial)	. 1	Name of Em	ployer	-	<del></del>		
Mailing Address			Occupation					
City	State ZIP Code		Amount Guaranteed Outstanding:	:		~~~~		
2. Full Name (Last, First, Middle Ini	tial)		Name of Em	nployer	_			
Mailing Address		(	Occupation					
City	State ZIP Code	<del></del>	Amount Guaranteed Outstanding	:				
3. Full Name (Last, First, Middle In	tial)		Name of Em	nployer				
Mailing Address		,	Occupation					
City	State ZIP Code		Amount Guaranteed Outstanding	:		~~~~~		
4. Full Name (Last, First, Middle In	tial)		Name of Em	nployer				
Mailing Address			Occupation	····				
City	State ZIP Code		Amount Guaranteed Outstanding	:	~~			
SUBTOTALS This Period This Page (o	pptional)				<u>т</u> т_		30	0.00
TOTALS This Period (last page in this	line only)			•		<u></u>	~~~~~	
Carry outstanding balance only to LII	NE 3, Schedule D. for	this line. If no	Schedule	D, carry for	ward to	appropriate li	ne of Su	mmary.

CHEDULE C. (FEC Form 3) DANS		Use separate schedule for each category of the Detailed Summary Pag	(check only one) X 13a			
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4260			
LOAN SOURCE Full Name (Last, First, Mike Assad	Middle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General			
Mailing Address 3101 Boardwalk # 2209-1			Other (specify)			
City Atlantic City	State ZIP Co	ode				
Original Amount of Loan	Cumulative Payment To	0.00	nce Outstanding at Close of This Perio			
Date Incurred  M07 ^M / P04 ^P / Y Z013 Y	Date Due	interest Rate				
1. Full Name (Last, First, Middle Initial)	) to Loan Source	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	Guaranteed				
3. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Guaranteed				
4. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Guaranteed				
SUBTOTALS This Period This Page (option			30.00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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**₩** 13a

JANS	Detailed Summery Page (check only one)
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4261
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014
Mike Assad	Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Co	ode
Atlantic City NJ 08401	
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close of This Period 0.00 27.00
TERMS  Date Incurred  Date Due  MO7M  Date Due  Date Due	Interest Rate Secured:  None V 0.00 % (apr) Yes No
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)	

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	13b

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OF

JANS	Detailed Summary Page (Check only one) 13a 13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4262
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State Z	ZIP Code
Atlantic City NJ	08401
Original Amount of Loan Cumulative Paym	
TERMS  Date Incurred  Date  Mo7 ^M / Po7 ^D / Y 2013 Y	e Due Interest Rate Secured:
List All Endorsers or Guarantors (if any) to Loan Source	
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)	
	ine. If no Schedule D, carry forward to appropriate line of Summary.
building building only to mile of contound of tot and t	

SCHEDULE C (FEC Form 3) LOANS	Use separate schedule(s) for each category of the Detailed Summary Page  PAGE 74 OF 98  FOR LINE NUMBER: (check only one)    X   13a   13b
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4263
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014  Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Cox Atlantic City NJ 08401	de
Original Amount of Loan  Cumulative Payment To  33.59	Date Balance Outstanding at Close of This Period  0.00 33.59
Date Incurred  Date Due  MO7M  Date Due  Date Due	Interest Rate Secured:  None Y 0.00 % (apr) Yes No
Full Name (Last, First, Middle Initial)     Mailing Address	Name of Employer  Occupation
	Amount Guaranteed
City State ZIP Code  2. Full Name (Last, First, Middle Initial)	Outstanding:
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)	33.59
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.

Use separate schedule(s) FOR LINE NUMBER:

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OANS		Detailed Summary Pag		13a 13b
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4264	
LOAN SOURCE Full Name (Last, First, M Mike Assad	iddle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary General	-
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼	·
City	State ZIP Code	e		
Atlantic City	NJ 08401		<del></del>	
Original Amount of Loan 42.67	Cumulative Payment To D		nce Outstanding at Close of T	
Date Incurred  Date Incurred  Date Incurred		Interest Rate		$\boxtimes$
List All Endorsers or Guarantors (if any)  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:	/ <del>}</del> // <b>-}</b> // - <b>/</b> - / - / - / - / - / - / - / - / - / -	
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		-
City State	ZIP Code	Amount Guaranteed Outstanding:	7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State	ZIP Code	Amount Guaranteed Outstanding:	<u></u>	
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line or			4	2.67
Carry outstanding balance only to LINE 3, Se	chedule D, for this line. If n	o Schedule D, carry forv	vard to appropriate line of S	ummary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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OANS	Detailed Summary Page	
IAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transact	tion ID : SC/10.4266
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	[PERSONAL FUNDS]	Election: 2014  ☐ Primary  General  Other (specify) ▼
City State ZIP Cod Atlantic City NJ 08401	le	
Original Amount of Loan Cumulative Payment To I		nce Outstanding at Close of This Period
35.00	0.00	35.00
07 19 2013	interest Rate	Secured:  % (apr)  Secured:  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:	~~~ <u>*</u> ~~~~~~~~
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)		35.00

#### PAGE 77 OF 98 SCHEDULE C (FEC Form 3) LOA NAM Citi

OANS	Use separate schedule(s) for each category of the Detailed Summary Page  FOR LINE NUMBER: (check only one)    X   13a   13b
IAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4268
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014  Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Cod	de
Atlantic City NJ 08401	
Original Amount of Loan Cumulative Payment To	
40.00	0.00 40.00
Date Incurred  Date Due	Interest Rate Secured:  None (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)	40.00
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.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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OANS	Detailed Summary Page (check only one)
IAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4269
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014   Primary   General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Cod	de
Atlantic City NJ 08401	
Original Amount of Loan  Cumulative Payment To I	Date Balance Outstanding at Close of This Period  0.00 40.00
2013	Interest Rate Secured:  None (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
	Amount
City State ZIP Code	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 r	no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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UANS	Detailed Summary Page (check only one)
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4332
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014  Primary  General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Code Atlantic City NJ 08401	
Original Amount of Loan  Cumulative Payment To D	Balance Outstanding at Close of This Period
	Interest Rate Secured:  O.00 % (apr) Yes No
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
	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.

Use separate schedule(s) FOR LINE NUMBER:

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DANS			for each of Detailed S	category of the Summury Page	(check only one)	13a 13b
AME OF COMMITTEE (In Ful Citizens for Mike Assa	•		•	Transaction	ID : SC/10.4270	
LOAN SOURCE Full Nam Mike Assad	ଖ (Last, First, Middle	Initial)	[PERSONA	L FUNDS] Ele	oction: 2014 Primary General	
Mailing Address 3101 Boardwalk # 2209-1	·				Other (specify) ▼	
City	Stat		de	· ·		
Atlantic City  Original Amount of Loan	N.	J 08401 Imulative Payment To	Data	Ralance	Outstanding at Class o	of This Boriod
Original Amount of Loan	40.00	Indiative Payment 10	0.00		Outstanding at Close of	
Date Incurre	ed	Date Due	Ňoně	Interest Rate 0.00	Secu % (apr)	ured: Yes No
List All Endorsers or Gua	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	an Source	Name of Em	niover		
•	Wilder William			рюуе:		
Mailing Address			Occupation			
City	State Z	IP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, N	viiddle Initial)		Name of Em	ployer	<del></del>	•
Mailing Address			Occupation	<del></del>		
City	State Z	IP Code	Amount Guaranteed Outstanding:	2.63		
3. Full Name (Last, First, N	Viiddle Initial)		Name of Em	ployer		
Mailing Address			Occupation		· · · · · · · · · · · · · · · · · · ·	
City	Stat <del>e</del> Z	IP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, N	Viiddle Initial)		Name of Em	ployer		
Mailing Address			Occupation			
City	State Z	IP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This						40.00
Carry outstanding balance o	only to LINE 3, Schedu	le D, for this line. If	no Schedule	D, carry forward	to appropriate line of	f Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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DANS		Detailed Summary Pag	
AME OF COMMITTEE (In Full)  Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4271
LOAN SOURCE Full Name (Last, First, Midd	le Initial)	[PERSONAL FUNDS]	Election: 2014
Mike Assad			Primary General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City	State ZIP Cod	е	
Atlantic City	NJ 08401		
Original Amount of Loan	Cumulative Payment To [		nce Outstanding at Close of This Period
40.00		0.00	40.00
TERMS Date Incurred	Date Due	Interest Rate	Secured:
M07M / P24  / Y 2013 Y	M / D D / Y	None 0.00	
List All Endorsers or Guarantors (if any) to	Loan Source		Yes No
1. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initial)		Name of Employer	· · · · · · · · · · · · · · · · · · ·
Mailing Address		Occupation	1 <del>2 10 .                                  </del>
			<del></del>
City State	ZIP Code	Guaranteed Outstanding:	<u> </u>
3. Full Name (Last, First, Middle Initial)		Name of Employer	, . <u></u> -
Mailing Address		Occupation	
		Amount	
City State	ZIP Code	Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
		Amount [	
City State	ZIP Code	Guaranteed Outstanding:	<u></u>
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)			40.00
Come autotandian balance callete LIMP C. Cb.	adula D. Sau Mila lina 15	as Cahadula D. same fam	would be appropriate that of Community
Carry outstanding balance only to LINE 3, Sche	equie v, for this line. If r	10 Schedule D, carry forv	varo to appropriate line of Summary.

Use separate schedule(s) FOR LINE NUMBER:

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OANS	for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transacti	on ID : SC/10.4273
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	[. =::00::0:= . 0::20]	Election: 2014  Primary General Other (specify)
City State ZIP Code Atlantic City NJ 08401		
Atlantic City NJ 08401  Original Amount of Loan Cumulative Payment To D	Date Balan	ce Outstanding at Close of This Period
39.28	0.00	39.28
Date Incurred  Date Due  TERMS  Date Incurred  Date Due  Total Control Control  List All Endorsers or Guarantors (if any) to Loan Source	Interest Rate 0.00	Secured:  % (apr)  Yes No
	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:	<u> </u>
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)		39.28

Use separate schedule(s) FOR LINE NUMBER:

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DANS	•			ategory of the ummary Page	(check only one)	13a
AME OF COMMITTEE (In Ful Citizens for Mike Assa	•			Transaction	ID : SC/10.4274	
LOAN SOURCE Full Nam Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	e' (Last, First, Middle Initial)		[PERSONA		ection: 2014 Primary General Other (specify)	<u> </u>
City	State	ZIP Code	)			
Atlantic City	· NJ	08401			<del></del>	
Original Amount of Loan	Cumulati	ve Payment To D	oate 0.00		Outstanding at Close	of This Period
Date Incurre	2013 Y M M /	Date Due	lone Y	Interest Rate 0.00	Sec	ured: Yes No
List All Endorsers or Gua  1. Full Name (Last, First,	rantors (if any) to Loan So Middle Initial)		Name of Emp	oloyer		<del></del>
Mailing Address		<del></del>	Occupation	· <del></del>		<del></del>
City	State ZIP Cod	de	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, N	/liddle Initial)		Name of Em	oloyer.		
Mailing Address			Occupation			
City	State ZIP Cod	de	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, N	Aiddle Initial)		Name of Em	ployer		
Mailing Address			Occupation			
City	State ZIP Cod	de	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, N	Aiddle Initial)		Name of Em	ployer		
Mailing Address			Occupation			
City	State ZIP Con	de	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This		- 1		<b>—</b>		30.00
Carry outstanding balance o	nly to LINE 3, Schedule D, 1	for this line. If n	Schedule I	D, carry forward	to appropriate line	of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

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OANS	Detailed Summary Pag	
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transac	etion ID : SC/10.4448
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	[PERSONAL FUNDS]	Election: 2014  Primary  General  Other (specify)
	Code 9401	,
Original Amount of Loan  Cumulative Paymer  36.28		ance Outstanding at Close of This Period
Date Incurred  Date  Date  Date  Date	Due Interest Rate  None  0.00	<u></u>
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:	7
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:	7
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)	<b>_</b>	36.28
Carry outstanding balance only to LINE 3. Schedule D. for this lin	e. If no Schedule D. carry for	ward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)		Use separate schedule(s	, I LOU FINE MOIMBEU
LOANS		Detailed Summary Page	
NAME OF COMMITTEE (In Full)  Citizens for Mike Assad, Inc.		Transacti	on ID : SC/10.4449
LOAN SOURCE Full Name (Last, First, Midd Mike Assad	dle Initial)	[PERSONAL FUNDS]	Election: 2014  Primary  General
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼
City Atlantic City	State ZIP Coc NJ 08401	de 	
Original Amount of Loan	Cumulative Payment To	Date Balance	ce Outstanding at Close of This Period
Date Incurred  M10M  Date Incurred  TERMS  Date Incurred		None 0.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if any) to  1. Full Name (Last, First, Middle Initial)	Loan Source	Name of Employer	<u> </u>
Mailing Address		Occupation	<del></del>
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:	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City State	ZIP Code	Amount Guaranteed Outstanding:	<u></u>
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)			25.82
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.

#### PAGE 86 98 OF SCHEDULE C (FEC Form 3) Use separate schedule(s) FOR LINE NUMBER: for each category of the X 13a **LOANS** (check only one) **Detailed Summary Page** 13b Transaction ID: SC/10.4475 NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc. LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] **Primary** Mike Assad General Mailing Address Other (specify) 3101 Boardwalk # 2209-1 ZIP Code City State NJ 08401 Atlantic City Cumulative Payment To Date Balance Outstanding at Close of This Period Original Amount of Loan 7) W. L. W. 40.00 0.00 40.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 Ňoně $\boxtimes$ % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City ZIP Code State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** State **ZIP Code** Guaranteed City Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation **Amount** State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional).....

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

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

Use separate schedule(s) for each category of the (check only one)

FOR LINE NUMBER:

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		Detailed Summary Pag		13b
ME OF COMMITTEE (In Full)		Transac	tion ID : SC/10.4476	
LOAN SOURCE Full Name (Last, First, Mid Mike Assad	ddle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 3101 Boardwalk # 2209-1		· · · · · ·	Other (specify) ▼	
City Atlantic City	State ZIP Co NJ 08401	de		
Original Amount of Loan	Cumulative Payment To	Date Bala	ince Outstanding at Close of This	7
TERMS  Date Incurred  10 10 20 1 2013	Date Due	None 0.00		⊠ _{No}
List All Endorsers or Guarantors (if any) t  1. Full Name (Last, First, Middle Initial)	to Loan Source	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:	79.7.4.	
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).  OTALS This Period (last page in this line onl			23.00	) 
Carry outstanding balance only to LINE 3. Sc	hedule D for this line If	no Schedule D. carry for	yard to appropriate line of Summ	

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

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JANG	Detailed Summary Page		
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4477		
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad	[PERSONAL FUNDS] Election: 2014 Primary General		
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼		
City State ZIP Code	θ		
Atlantic City NJ 08401	<b>₩</b> ~~~		
Original Amount of Loan Cumulative Payment To [	Date Balance Outstanding at Close of This Period		
31.85	0.00		
TERMS Date Incurred Date Due	Interest Rate Secured:		
M 10 M / 26 D / Y 2013 Y M M / D O / Y	None Y 0.00 % (apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source	Name of Employer		
Full Name (Last, First, Middle Initial)			
Mailing Address	Occupation		
	Amount Guaranteed		
City State ZIP Code	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		
4. Full Name (Last, First, Middle Initial)	Outstanding:  Name of Employer		
Mailing Address	Occupation		
·	Amount Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If r	no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) FOR LINE NUMBER:

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OANS		for each category of Detailed Summary F		X 13a
NAME OF COMMITTEE (In Full)		Trans	action ID : SC/10.4478	
Citizens for Mike Assad, Inc.				
LOAN SOURCE Full Name (Last, First, Middle In Mike Assad	nitial)	[PERSONAL FUNDS]	Primary	
Mailing Address 3101 Boardwalk # 2209-1			General Other (specify) ▼	
City State	ZIP Code	)		
Atlantic City NJ	08401			
<del>_</del>	nulative Payment To D		alance Outstanding at Close	
158.00		100.00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	58.00
Date Incurred	Date Due	Interest R	.00	ured:
List All Endorsers or Guarantors (if any) to Loa	In Source		% (apr)	Yes No
Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZIF	Code	Amount Guaranteed Outstanding:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZIF	P Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZIF	Code	Amount Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)		Name of Employer		
Mailing Address		Occupation		
City State ZII	Code	Amount Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)		······ •		<u> </u>
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If n	o Schedule D, carry f	orward to appropriate line of	of Summary.

SCHEDULE (	C	(FEC	Form	3)
LOANS				

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C	ANS	for each category of the Detailed Summary Page  FOR LINE NUMBER:  (check only one)    13a   13b
	ME OF COMMITTEE (In Full) itizens for Mike Assad, Inc.	Transaction ID : SC/10.4479
	LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Assad	[PERSONAL FUNDS] Election: 2014  Primary  General
	Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
	City State ZIP Cod	de
	Atlantic City NJ 08401	
	Original Amount of Loan Cumulative Payment To  72.48	Date Balance Outstanding at Close of This Period  0.00 72.48
	Date Incurred  Date Due  11 M / 29 D / Y 2013 Y M M M / D D / Y  List All Endorsers or Guarantors (if any) to Loan Source	Interest Rate Secured:  None   O.00   (apr)   Yes No
	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:
s	UBTOTALS This Period This Page (optional)	72.48
T	OTALS This Period (last page in this line only)	
4	Corp. outstanding halance only to LINE 3. Schedule D. for this line. If	no Schedula D. carry forward to appropriate line of Summany

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.		Trans	action	ID : SC/10.4480		
LOAN SOURCE Full Name (Last, First, Mid	dle Initial)	[PERSONAL FUNDS]		ction: 2014		
Mike Assad				Primary General		
Mailing Address 3101 Boardwalk # 2209-1				Other (specify) ▼		
City	State ZIP Coo	le				
Atlantic City	NJ 08401					
Original Amount of Loan	Cumulative Payment To	Date Ba		Outstanding at Close of 1		
11.99		0.00		1 	1.9	9
TERMS  Date Incurred  M 11 M  / D 30 D  / Y 2013 Y	Date Due	Interest Ra	nte 00	Secured % (apr)	d:	— <b>⊠</b>
List All Endorsers or Guarantors (if any) to	Loan Source			Yes	3	No
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Mailing Address		Occupation				
City State	ZIP Code	Amount Guaranteed Outstanding:		~~~ <del>~</del> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
2. Full Name (Last, First, Middle Initial)		Name of Employer		<del></del>		
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)						
Carry outstanding balance only to LINE 3, Sch				to appropriate line of S	-4	marv
variy vulstariviriy varafice viriy to LINE 3, 3Cf	readic D, IVI BIIS IIIIG. II I	io ociredule D, carry to	walu	to appropriate mic of 9	will	Hai y.

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FOR LINE NUMBER: (check only one)

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	Detailed Suramary Page 13b
IAME OF COMMITTEE (In Full)	Transaction ID : SC/10.4481
Citizens for Mike Assad, Inc.	·
LOAN SOURCE Full Name (Last, First, Middle Initial)	[PERSONAL FUNDS] Election: 2014
Mike Assad	Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Coo	de .
Atlantic City NJ 08401	· · · · · · · · · · · · · · · · · · ·
Original Amount of Loan Cumulative Payment To	Date Balance Outstanding at Close, of This Period
44.00	0.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M12M / 000 / Y 2013 Y M M / D 0 / Y	None (apr) $\square$
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount Guaranteed
City State ZIP Code	Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
City State ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City Santa 719 Co. 1-	Amount Guaranteed
City State ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
CLIDITATALS This Desired This Description II	
SUBTOTALS This Period This Page (optional)	44.00
TOTALS This Period (last page in this line only)	<u> </u>
Carry outstanding balance only to LINE 3, Schedule D, for this line. If	no Schedule D, carry forward to appropriate line of Summary.

CHEDULE C (FEC Form 3 DANS	3)	Use separate schedule(s) for each category of the Detailed Summary Page    PAGE 93 OF 98
ME OF COMMITTEE (In Full)		Transaction ID : SC/10.4482
LOAN SOURCE Full Name (Last, F Mike Assad Mailing Address 3101 Boardwalk # 2209-1	rst, Middle Initial)	[PERSONAL FUNDS]  Election: 2014  Primary  General  Other (specify) ▼
City Atlantic City		P Code 8401
Original Amount of Loan 50.	- 1) 1)	nt To Date  Balance Outstanding at Close of This Perio  0.00  50.00
Date Incurred  M12 / 20 / 2013  List All Endorsers or Guarantors (i		
1. Full Name (Last, First, Middle Ini	••	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Init	al)	Name of Employer
Mailing Address		Occupation
City	State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Init	al)	Name of Employer
Mailing Address		Occupation

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D,	carry f	forward to	appropria	te line of	Summary	
TOTALS This Period (last page in this line only)	16					٦
SUBTOTALS This Period This Page (optional)			J		50.00	

State

State

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

Mailing Address

City

ZIP Code

ZIP Code

Amount Guaranteed

Outstanding:

Occupation

Guaranteed Outstanding:

Amount

Name of Employer

X	13a
	13h

DANS	for each category of the Detailed Suramary Page  FOR LINE NUMBER: (check only one)  X 13a
AME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transaction ID : SC/10.4484
LOAN SOURCE Full Name (Last, First, Middle Initial) Mike Assad	[PERSONAL FUNDS] Election: 2014 Primary General
Mailing Address 3101 Boardwalk # 2209-1	Other (specify) ▼
City State ZIP Code	
Atlantic City NJ 08401	· <del></del>
Original Amount of Loan  Cumulative Payment To D  200.00	Date Balance Outstanding at Close of This Period  200.00  200.00
	Interest Rate Secured:  Vone 0.00 % (apr) Yes No
	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	o Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) FOR LINE NUMBER:

PAGE 95

X	13a
	13b

98

OF

OANS	for each category of the Detailed Summary Page	
NAME OF COMMITTEE (In Full) Citizens for Mike Assad, Inc.	Transacti	on ID : SC/10.4486
LOAN SOURCE Full Name (Last, First, Middle Initial)  Mike Assad  Mailing Address 3101 Boardwalk # 2209-1	[PERSONAL FUNDS]	Election: 2014  Primary  General  Other (specify) ▼
City State ZIP Code Atlantic City NJ 08401		
Original Amount of Loan  Cumulative Payment To E	Date Balance	ce Outstanding at Close of This Period
12 30 2013	None 10.00	Secured:  % (apr)  Yes  No
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer	
	Occupation	
City State ZIP Code	Amount Guaranteed Outstanding:	
	Name of Employer	·
Mailing Address	Occupation Amount	
City State ZIP Code	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:	<u></u>
SUBTOTALS This Period This Page (optional)  TOTALS This Period (last page in this line only)		19.95

CHEDULE C (FEC Form 3)  DANS		Use separate schedule for each category of th Detailed Summary Pag	PAGE 96 OF 98  FOR LINE NUMBER: (check only one)  X 13a 13b	
AME OF COMMITTEE (In Full)  Citizens for Mike Assad, Inc.		Transac	tion ID : SC/10.4745	
LOAN SOURCE Full Name (Last, Find Mike Assad	rst, Middle Initial)	[PERSONAL FUNDS]	Election: 2014 Primary General	
Mailing Address 3101 Boardwalk # 2209-1			Other (specify) ▼	
City	State ZIP	Code		
Atlantic City	NJ 084	01		
Original Amount of Loan	Cumulative Payment		nce Outstanding at Close of This Period	
43.0		0.00	43.00	
TERMS Date Incurred	Date D	ue Interest Rate	Secured:	
M03M / 03° / ¥ 2014		None 0.00		
List All Endorsers or Guarantors (if	any) to Loan Source			
1. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
		Amount	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
City S	itate ZIP Code	Guaranteed Outstanding:	<u></u>	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer		
Mailing Address	<del></del>	Occupation		
City S	tate ZIP Code	Amount Guaranteed Outstanding:		
City S  3. Full Name (Last, First, Middle Initial		Guaranteed		
		Guaranteed Outstanding:	<u></u>	
Full Name (Last, First, Middle Initial     Mailing Address		Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed		
Full Name (Last, First, Middle Initial     Mailing Address	al) State ZIP Code	Guaranteed Outstanding:  Name of Employer  Occupation  Amount		
3. Full Name (Last, First, Middle Initial Mailing Address  City	al) State ZIP Code	Guaranteed Outstanding:  Name of Employer  Occupation  Amount Guaranteed Outstanding:		

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

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

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

SCHEDULE D (FEC Form 3)	·		(LISE	separate	PAGE 97 OF 98
DEBTS AND OBLIGATIONS			schedule(s) FO		FO# LINE NUMBER:
xcluding Loans		for each numbered line)		(check only one) 9	
NAME OF COMMITTEE (In Full)	<del></del> _		- Halling	Jerea IIIIej	X 10
Citizens for Mike Assa	d, Inc.				
A. Full Name (Last, First, Middle Initial) of Deb	tor or Creditor				ebt (Purpose):
Capital One, N.A.	•			Credit Card	Debt
Mailing Address PO Box 71083					
City State	Zip Code				
Charlotte	NC	28272			
Outstanding Balance Beginning This Period 620.83		and This Reside	•		on ID : SD10.4413
Amount Incurred This Period	Payn	nent This Period		Outstandii	ng Balance at Close of This Period
0.00		50	.00		570.83
D. Cull Marco (I and Circh Middle In Mal) of Daha	an an One dikan			AL-1	
B. Full Name (Last, First, Middle Initial) of Debt Capital One, N.A.	or or Creditor			Credit Card	ebt (Purpose): I Debt
Mailing Address PO Box 71083		***		!	
City State	Zip Code	<del></del>			
Charlotte	NC	28272			
Outstanding Balance Beginning This Period				Transaction	on ID : SD10.4587
605.18		•			
Amount Incurred This Period	Payr	nent This Period		Outstandi	ng Balance at Close of This Period
0.00		- 1		605.18	
			2		
C. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor			Nature of D	ebt (Purpose):
Capital One, N.A.				Credit Car	
**					·
Mailing Address PO Box 71083		-	'		
City	State	Zip Code			
Charlotte	NC	28272			
Outstanding Balance Beginning This Period				Transact	lon ID : SD10.4740
0.00					
. Amount Incurred This Period	Payr	ment This Period		Outstandi	ng Balance at Close of This Period
258.18		(	0.00	-3-6	258.18
1) SUBTOTALS This Period This Page (optional)			▶		1434.19
2) TOTALS This Period (last page this line numb	er only)				
2) TOTALS This Period (last page this line numb	ы Опту/				
3) TOTAL OUTSTANDING LOANS from Schedul	le C (last page on	ly)	<u> </u>		
4) ADD 2) and 3) and carry forward to appropria	ate line of Summa	rv Page (last page o	niv) 🕨		

#### SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE 98 OF FOR LINE NUMBER:

	9
X	10

EBIS AND OBLIGATIONS cluding Loans		for each numbered line)	(check only one)	9 X 10
AME OF COMMITTEE (In Full)	<del></del>	<u> </u>	<del></del>	12110
Citizens for Mike Assad, Inc	<b>)</b> .			
A. Full Name (Latt, First, Middle Initiamof Delator or Credi Ramada Vineland	dor	Nature of Catering	Debt (Purpose):	<u> </u>
Mailing Address 2216 W Landis Ave				
City State Zip C Vineland NJ	ode 08360		,	
Outstanding Balance Beginning This Period 380.92		Transac	tion ID : SD10.4581	
Amount Incurred This Period	Payment This Period	Outstand	ding Balance at Close	of This Period
0.00	380	0.92		0.00
B. Full Name (Last, First, Middle Initial) of Debtor or Credit Uline	or	Nature of Office Su	Debt (Purpose): pplies	
Mailing Address PO Box 88741	<del></del>			
City State Zip C Chicago IL	ode 60680			
Outstanding Balance Beginning This Period 67.86		Transac	tion ID : SD10.4465	
Amount Incurred This Period	Payment This Period		ding Balance at Close	of This Period
0.00		.86		0.00
C. Full Name (Last, First, Middle Initial) of Debtor or Credi VoterTrove Inc.	tor		Debt (Purpose): Expense	
Mailing Address 921 Cavalry Ride Trail				
City State Austin TX	Zip Code 78732			
Outstanding Balance Beginning This Period		Transa	ction ID : SD10.4707	
0.00 Amount Incurred This Period	Payment This Period	Outstan	ding Balance at Close	of This Period
599.52		0.00		599.52
) SUBTOTALS This Period This Page (optional)				599.52
2) TOTALS This Period (last page this line number only)				2033.71
TOTAL OUTSTANDING LOANS from Schedule C (last pa				3150.91
ADD 2) and 3) and carry forward to appropriate line of S				5184.62

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> > **USPS TRACKING #**



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# Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Busi	ness Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
(AQ) PRÉPARER	4/16/14 DATE PREPARED

(8/2013)