

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

RECEIVED

2014 APR 16 AM 11:59
Office Use Only1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12 FEEMS MAIL CENTER

Citizens for Mike Assad, Inc.

ADDRESS (number and street)

3101 Boardwalk # 2209-1

Check if different
than previously
reported. (ACC)

Atlantic City

NJ

08401

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00546416

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NJ

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y

in the
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the
State of

5. Covering Period

M M /
01D D /
01Y Y Y Y Y
2014

through

M M /
03D D /
31Y Y Y Y Y
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

Dorothy L Assad

Signature of Treasurer

Dorothy L. Assad

Date

04 /

12 /

2014

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Citizens for Mike Assad, Inc.

ADDRESS (number and street)

3101 Boardwalk # 2209-1

Check if different
than previously
reported. (ACC)

Atlantic City

NJ

08401

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00546416

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NJ

02

4. TYPE OF REPORT (Choose One)

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General (12G)



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Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
01 / 01 / 2014

through

M M / D D / Y Y Y Y
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

M M / D D / Y Y Y Y

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

Citizens for Mike Assad, Inc.

Report Covering the Period:

From:

MM
01DD
01YYYY
2014

To:

MM
03DD
31YYYY
2014

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

904.00

4587.00

(b) Total Contribution Refunds
(from Line 20(d))

0.00

0.00

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

904.00

4587.00

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

2112.82

7363.58

(b) Total Offsets to Operating
Expenditures (from Line 14)

20.25

20.25

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

2092.57

7343.33

8. Cash on Hand at Close of
Reporting Period (from Line 27)

394.70

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

0.00

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

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

14031220883

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Citizens for Mike Assad, Inc.

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2014

MM / DD / YYYY
01 / 01 / 2014

MM / DD / YYYY
01 / 01 / 2014

To:

MM / DD / YYYY
03 / 31 / 2014

MM / DD / YYYY
03 / 31 / 2014

MM / DD / YYYY
03 / 31 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

300.00

1305.00

(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.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(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

FEC Form 3 (Revised 02/2003)

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II. DISBURSEMENTS

COLUMN A
Total This Period

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
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	249.00	388.52
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2361.82	7752.10

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1789.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	967.25
25. SUBTOTAL (add Line 23 and Line 24).....	2756.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2361.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	394.70

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
---	------------------------------	------------------------------	------------------------------	-----------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

A. Full Name (Last, First, Middle Initial)
Dorothy L. Assad
Mailing Address **106 Minnetonka Ave**

City **Absecon** State **NJ** Zip Code **08201**

FEC ID number of contributing federal political committee.

C

Name of Employer
Atlantic Oncology

Occupation
Office Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

229.00

Date of Receipt

03 / 01 / 2014

Transaction ID : SA11AL4736

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Dorothy L. Assad
Mailing Address **106 Minnetonka Ave**

City **Absecon** State **NJ** Zip Code **08201**

FEC ID number of contributing federal political committee.

C

Name of Employer
Atlantic Oncology

Occupation
Office Manager

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

329.00

Date of Receipt

03 / 05 / 2014

Transaction ID : SA11AL4737

Amount of Each Receipt this Period

100.00

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

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

300.00

300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)
Mike Assad

A. Mailing Address **3101 Boardwalk # 2209-1**

City State Zip Code
Atlantic City NJ 08401

FEC ID number of contributing
federal political committee.

C **H2NJ02128**

Name of Employer
Apple Inc.

Occupation
Genius Admin

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3539.43

Date of Receipt

03 / 03 / 2014

Transaction ID : **SA13A.4745**

Amount of Each Receipt this Period

43.00

Loan

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

43.00

43.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 98

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. 3dna Corp.

Mailing Address 448 S Hill St
Suite 200

City Los Angeles State CA Zip Code 90013

Purpose of Disbursement
Web Development

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2014

Amount of Each Disbursement this Period

43.00

Transaction ID : SB17.4758

B. Amazon.com

Mailing Address 440 Terry Ave N

City Seattle State WA Zip Code 98109

Purpose of Disbursement
Office Supplies

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2014

Amount of Each Disbursement this Period

11.99

Transaction ID : SB17.4766

C. Amazon.com

Mailing Address 440 Terry Ave N

City Seattle State WA Zip Code 98109

Purpose of Disbursement
Office Supplies

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
01 / 21 / 2014

Amount of Each Disbursement this Period

95.46

Transaction ID : SB17.4767

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

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

150.45

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 98

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. Amazon.com

Mailing Address 440 Terry Ave N

City State Zip Code
Seattle WA 98109

Purpose of Disbursement
Office Supplies

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
02 / 21 / 2014

Amount of Each Disbursement this Period

10.10

Transaction ID : SB17.4769

B. Capital One, N.A.

Mailing Address PO Box 71083

City State Zip Code
Charlotte NC 28272

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
02 / 05 / 2014

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.4789

C. First Data Corp.

Mailing Address 5565 Glenridge Connector #2000

City State Zip Code
Atlanta GA 30342

Purpose of Disbursement
Merchant Account Fee

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 03 / 2014

Amount of Each Disbursement this Period

60.89

Transaction ID : SB17.4774

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

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

120.99

14031220889

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 98

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. Ramada Vineland

Mailing Address 2216 W Landis Ave

City Vineland State NJ Zip Code 08360

Purpose of Disbursement
Catering

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2014

Amount of Each Disbursement this Period

380.92

Transaction ID : SB17.4743

B. United States Postal Service

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement
Postage

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
01 / 04 / 2014

Amount of Each Disbursement this Period

2.20

Transaction ID : SB17.4753

C. United States Postal Service

Mailing Address 475 L'Enfant Plaza SW

City Washington State DC Zip Code 20260

Purpose of Disbursement
Postage

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 13 / 2014

Amount of Each Disbursement this Period

5.05

Transaction ID : SB17.4754

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

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

388.17

14031220890

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 98

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name (Last, First, Middle Initial)

A. VoterTrove Inc.

Mailing Address 921 Cavalry Ride Trail

City Austin State TX Zip Code 78732

Purpose of Disbursement
Software Expense

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
01 / 08 / 2014

Amount of Each Disbursement this Period

550.00

Transaction ID : SB17.4786

B. VoterTrove Inc.

Mailing Address 921 Cavalry Ride Trail

City Austin State TX Zip Code 78732

Purpose of Disbursement
Software Expense

Candidate Name
Mike Assad

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
03 / 01 / 2014

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4755

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

1050.00

1709.61

14031220891

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

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

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☒ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Full Name* (Last, First, Middle Initial)

A. Mike Assad

Mailing Address 3101 Boardwalk # 2209-1

City Atlantic City State NJ Zip Code 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
01 / 20 / 2014

Amount of Each Disbursement this Period

149.00

Transaction ID : SB19A.4741

B. Mike Assad

Full Name (Last, First, Middle Initial)

Mailing Address 3101 Boardwalk # 2209-1

City Atlantic City State NJ Zip Code 08401

Purpose of Disbursement
Debt Reduction

Candidate Name
Mike Assad

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify)

State: NJ District: 02

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2014

Amount of Each Disbursement this Period

100.00

Transaction ID : SB19A.4742

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

249.00

249.00

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 12 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4183

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

75.00

0.00

75.00

TERMS

Date Incurred

03 / 06 / 2013

Date Due

None

Interest Rate

0.00 % (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:

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

75.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 13 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4185

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

34.81

0.00

34.81

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YY
03 / 11 / 2013

MM / DD / YY
None

MM / DD / YY
None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

34.81

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 14 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4186

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

43.72

0.00

43.72

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 M

D 20 D

Y 2013 Y

M M

D D

Y None Y

0.00 % (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

43.72

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 15 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4189

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ 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 Date

Balance Outstanding at Close of This Period

31.43

0.00

31.43

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03

D 21

Y 2013

M M

D D

Y None

0.00 % (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

31.43

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.

14031220896

SCHEDULE C (FEC Form 3)

LOANS

PAGE 16 OF 98

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

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4190

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

30.40

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.40

TERMS

Date Incurred

M 03

D 23

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

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:

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

30.40

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.

14031220897

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 17 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4191

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25.85

0.00

25.85

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 03 M

D 25 D

Y 2013 Y

M M

D D

Y None Y

0.00 % (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

25.85

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 18 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4192

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.07

0.00

30.07

TERMS

Date Incurred

M 03

D 27

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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

30.07

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.

14031220899

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 19 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4193

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

48.30

0.00

48.30

TERMS

Date Incurred

MM / DD / YY
03 / 29 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00

% (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:

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

48.30

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 20 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4229

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.02

0.00

30.02

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

03^M

30^D

2013

None

0.00

% (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

30.02

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 21 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4232

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

39.30

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

39.30

TERMS

Date Incurred

MM / DD / YY
04 / 01 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00

% (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:

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

39.30

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 22 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4233

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

26.61

0.00

26.61

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 / D 03 / Y 2013

M M / D D / Y None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

26.61

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.

14031220903

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 23 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4234

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

43.36

0.00

43.36

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY
04 / 06 / 2013

MM / DD / YYYY
None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

43.36

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.

14031220904

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 24 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4235

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

34.03

0.00

34.03

TERMS

Date Incurred

MM / DD / YYYY
04 / 08 / 2013

Date Due

MM / DD / YYYY
None

Interest Rate

0.00 % (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:

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

34.03

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 25 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4236

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

28.71

0.00

28.71

TERMS

Date Incurred

M M / D D / Y Y Y Y
04 / 10 / 2013

Date Due

M M / D D / Y Y Y Y
None

Interest Rate

0.00 % (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:

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

28.71

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 26 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4237

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ 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 Date

Balance Outstanding at Close of This Period

40.00

0.00

40.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YY
04 / 12 / 2013

MM / DD / YY
04 / 12 / 2013

MM / DD / YY
04 / 12 / 2013

MM / DD / YY
04 / 12 / 2013

MM / DD / YY
04 / 12 / 2013

MM / DD / YY
04 / 12 / 2013

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount

Guaranteed
Outstanding:

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

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.

14031220907

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 27 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

28.04

0.00

28.04

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 M

D 14 D

Y 2013 Y

M M M

D D D

Y None Y

0.00

% (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

28.04

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 28 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

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

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

26.60

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

26.60

TERMS

Date Incurred

MM / DD / YY
04 / 16 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00 % (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:

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

26.60

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 29 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4240

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

27.17

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

27.17

TERMS

Date Incurred

M 04

D 17

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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

27.17

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 30 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4241

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

49.36

0.00

49.36

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04

D 20

Y 2013

M M

D D

Y None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount
Guaranteed
Outstanding:

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

49.36

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.

14031220911

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 31 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4242

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

33.00

0.00

33.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04 / D 20 / Y 2013

M M / D D / Y Y Y Y

None

0.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

33.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 32 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4243

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

Mike Assad

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
68.19	0.00	68.19

TERMS

Date Incurred: M 04 / D 23 / Y 2013
Date Due: M M / D D / Y None
Interest Rate: 0.00 % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

68.19

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.

14031220913

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 33 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4244

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

35.71

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35.71

TERMS

Date Incurred

M 04 M

D 24 D

Y 2013 Y

Date Due

M M

D D

Y None Y

Interest Rate

0.00

Secured:

☐ Yes ☒ No

% (apr)

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).....

35.71

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

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

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 34 OF 98

FOR LINE NUMBER:
(check only one)

☒ 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)

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

37.49

0.00

37.49

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

04

25

2013

None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

37.49

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 35 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4246

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

29.49

0.00

29.49

TERMS

Date Incurred

M 04 / D 26 / Y 2013

Date Due

M M / D D / Y None

Interest Rate

0.00 % (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:

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

29.49

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.

14031220916

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 36 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4247

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

78.38

0.00

78.38

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 04

D 28

Y 2013

M M

D D

Y None

0.00

% (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

78.38

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 37 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4303

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

M 04

D 29

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00 % (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:

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

30.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 38 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4276

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

40.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40.00

TERMS

Date Incurred

MM / DD / YY
05 / 01 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00

% (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:

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 39 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4280

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

35.61

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35.61

TERMS

Date Incurred

M 05 / D 03 / Y 2013

Date Due

M M / D D / Y None

Interest Rate

0.00

% (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:

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

35.61

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 40 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

35.65

0.00

35.65

TERMS

Date Incurred

M 05

D 05

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00 % (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:

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

35.65

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 41 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4282

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

33.00

0.00

33.00

TERMS

Date Incurred

M 05

D 06

Y 2013 Y

Date Due

M M

D D

Y None Y

Interest Rate

0.00 % (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:

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

33.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 42 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4283

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

42.52

0.00

42.52

TERMS

Date Incurred

MM / DD / Y
05 / 08 / 2013

Date Due

MM / DD / Y
None

Interest Rate

0.00 % (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:

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

42.52

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 43 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4285

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ 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 Date

Balance Outstanding at Close of This Period

46.50

0.00

46.50

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 05

D 12

Y 2013

M M

D D

Y None

0.00 % (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

46.50

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 44 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4286

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

31.66

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

31.66

TERMS

Date Incurred

M 05 M

D 13 D

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00

% (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:

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

31.66

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 45 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4287

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

35.93

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

35.93

TERMS

Date Incurred

M 05

D 15

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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

35.93

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 46 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4288

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

MM / DD / YY
05 / 17 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00 % (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:

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

30.00

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

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

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 47 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M 05

D 17

Y 2013 Y

Date Due

M M

D D

Y None Y

Interest Rate

0.00

% (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:

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

30.00

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 48 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4290

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

28.62

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

28.62

TERMS

Date Incurred

M 05

D 19

Y 2013 Y

Date Due

M M

D D

Y None Y

Interest Rate

0.00

% (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:

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

28.62

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 49 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4291

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M 05 / D 22 / Y 2013

Date Due

M M / D D / Y None

Interest Rate

0.00

% (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:

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

30.00

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.

14031220930

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 50 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4292

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

34.86

0.00

34.86

TERMS

Date Incurred

M 05

D 25

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00 % (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:

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

34.86

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 51 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4293

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

37.51

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

37.51

TERMS

Date Incurred

M 05 /

D 28 /

Y 2013 Y

Date Due

M M /

D D /

Y None Y

Interest Rate

0.00

% (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:

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

37.51

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 52 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4294

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

30.01

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.01

TERMS

Date Incurred

M 05

D 31

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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

30.01

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 53 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4295

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30.00	0.00	30.00

TERMS

Date Incurred: M 06 / D 03 / Y 2013
Date Due: M M / D D / Y None
Interest Rate: 0.00 % (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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

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

30.00

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.

14031220934

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 54 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4296

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

32.54

0.00

32.54

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M M / D D / Y Y
06 / 04 / 2013

M M / D D / Y Y
None

0.00

% (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

32.54

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 55 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25.00

0.00

25.00

TERMS

Date Incurred

MM / DD / YY
06 / 05 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00 % (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:

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

25.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 56 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4299

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

MM / DD / YYYY
06 / 06 / 2013

Date Due

MM / DD / YYYY
None

Interest Rate

0.00

% (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:

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

25.00

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.

14031220937

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 57 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4300

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

M 06 / D 07 / Y 2013

Date Due

M M / D D / Y None

Interest Rate

0.00

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:

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

25.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 58 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4301

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25.00

0.00

25.00

TERMS

Date Incurred
M 06 / D 08 / Y 2013

Date Due
M M / D D / Y None

Interest Rate
0.00 % (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:

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

25.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 59 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4302

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25.00

0.00

25.00

TERMS

Date Incurred

MM / DD / YY
06 / 09 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00 % (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:

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

25.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 60 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4249

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25.00

0.00

25.00

TERMS

Date Incurred

MM / DD / YY
06 / 10 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00

% (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:

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

25.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 61 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4250

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

Mailing Address

☐ General

3101 Boardwalk # 2209-1

☐ Other (specify) ▼

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

41.90

0.00

41.90

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 06

D 17

Y 2013 Y

M M

D D

Y None Y

0.00 % (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

41.90

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 62 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4251

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

26.00

0.00

26.00

TERMS

Date Incurred

06

18

2013

Date Due

None

Interest Rate

0.00

% (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:

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

26.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 63 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4252

LOAN SOURCE Full Name¹ (Last, First, Middle Initial)

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

20.00

0.00

20.00

TERMS

Date Incurred

M 06

D 23

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00 % (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:

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

20.00

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.

14031220944

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 64 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4253

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

35.00

0.00

35.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06 / 23 / 2013

None

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

35.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 65 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4254

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

47.17

0.00

47.17

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

06 M

23 D

2013 Y

M M

D D

None Y

0.00

% (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

47.17

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 66 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4255

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

29.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

29.00

TERMS

Date Incurred

MM / DD / YY
06 / 24 / 2013

Date Due

MM / DD / YY
None

Interest Rate

0.00

% (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:

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

29.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 67 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4256

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
35.00 0.00 35.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 06 / D 25 / Y 2013 M M / D D / Y None 0.00 % (apr) ☐ Yes ☒ No

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

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

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

35.00

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.

14031220948

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 68 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4257

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

35.00

0.00

35.00

TERMS

Date Incurred

M 06

D 26

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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

35.00

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.

14031220949

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 69 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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
☐ Other (specify) ▼

Mailing Address
3101 Boardwalk # 2209-1

City State ZIP Code
Atlantic City NJ 08401

Original Amount of Loan

28.48

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

28.48

TERMS

Date Incurred
M 06 / D 28 / Y 2013

Date Due
M M / D D / Y None

Interest Rate
0.00 % (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:

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

28.48

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.

14031220950

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 70 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4259

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

M 07

D 01

Y 2013 Y

Date Due

M M

D D

Y None Y Y

Interest Rate

0.00 % (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:

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

30.00

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 71 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4260

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M 07 M

D 04 D

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00

% (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:

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

30.00

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.

14031220952

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 72 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4261

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

27.00

0.00

27.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07

D 07

Y 2013

M M

D D

Y None

0.00

% (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

27.00

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.

14031220953

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 73 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

30.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30.00

TERMS

Date Incurred

M 07 M

D 07 D

Y 2013 Y

Date Due

M M

D D

Y None Y

Interest Rate

0.00

% (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:

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

30.00

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.

14031220954

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)

☒ 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
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

33.59

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

33.59

TERMS

Date Incurred

M 07 / D 09 / Y 2013

Date Due

M M / D D / Y None Y Y

Interest Rate

0.00 % (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:

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 75 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4264

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

42.67

0.00

42.67

TERMS

Date Incurred

M 07 M

D 12 D

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00

% (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:

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

42.67

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 76 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4266

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

[PERSONAL FUNDS]

Election: 2014

Mike Assad

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

35.00

0.00

35.00

TERMS

Date Incurred

M 07 M

D 19 D

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00

% (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:

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

35.00

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

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

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 77 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40.00

0.00

40.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 20 D

Y 2013 Y

M M M

D D D

Y None Y

0.00 % (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 78 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40.00

0.00

40.00

TERMS

Date Incurred

M 07

D 20

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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.

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 79 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

149.00

149.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

M 07 M

D 20 D

Y 2013 Y

M M

D D

Y None Y

0.00

% (apr)

☐ Yes

☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

0.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 80 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4270

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40.00

0.00

40.00

TERMS

Date Incurred

M 07 / D 22 / Y 2013

Date Due

M M / D D / Y None

Interest Rate

0.00 % (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:

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 81 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4271

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

40.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40.00

TERMS

Date Incurred

M 07

D 24

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00 % (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:

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 82 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4273

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

39.28

0.00

39.28

TERMS

Date Incurred

M 07

D 26

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00 % (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:

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

39.28

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 83 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4274

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30.00

0.00

30.00

TERMS

Date Incurred

07

29

2013

Date Due

None

Interest Rate

0.00

% (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:

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

30.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

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FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)
Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4448

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

36.28

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

36.28

TERMS

Date Incurred

M 10 / D 08 / Y 2013

Date Due

M M / D D / Y None

Interest Rate

0.00

% (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:

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

36.28

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4449

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25.82

0.00

25.82

TERMS

Date Incurred

M 10

D 09

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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.

SCHEDULE C (FEC Form 3)
LOANS

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

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4475

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

40.00

0.00

40.00

TERMS

Date Incurred

M 10

D 15

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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.

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 87 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4476

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

23.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

23.00

TERMS

Date Incurred

M 10 M

D 22 D

Y 2013 Y

Date Due

M M

D D

Y None Y

Interest Rate

0.00

% (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:

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

23.00

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.

14031220968

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 88 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

31.85

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

31.85

TERMS

Date Incurred

M 10 M

D 26 D

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00

% (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:

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

31.85

TOTALS This Period (last page in this line only)

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 89 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4478

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

158.00

Cumulative Payment To Date

100.00

Balance Outstanding at Close of This Period

58.00

TERMS

Date Incurred

MM / DD / YYYY
10 / 27 / 2013

Date Due

MM / DD / YYYY
None

Interest Rate

0.00 % (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:

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

58.00

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.

14031220970

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 90 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens 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

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

72.48

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

72.48

TERMS

Date Incurred

M 11

D 29

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

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:

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

72.48

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 91 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4480

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

11.99

0.00

11.99

TERMS

Date Incurred

11 M

30 D

2013

Date Due

M M

D D

None

Interest Rate

0.00

% (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:

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

11.99

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 92 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4481

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

44.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

44.00

TERMS

Date Incurred

M 12 M

D 09 D

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00

% (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:

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

44.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 93 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4482

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

50.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50.00

TERMS

Date Incurred

M 12 M

D 20 D

Y 2013 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00

% (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:

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

50.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

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

PAGE 94 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME 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
☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

200.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

M 12 / D 26 / Y 2013

Date Due

M M / D D / Y None

Interest Rate

0.00 % (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:

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

200.00

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

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

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 95 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4486

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

19.95

0.00

19.95

TERMS

Date Incurred

M 12

D 30

Y 2013

Date Due

M M

D D

Y None

Interest Rate

0.00

% (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:

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

19.95

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

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

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 96 OF 98

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

Transaction ID : SC/10.4745

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

Mike Assad

[PERSONAL FUNDS]

Election: 2014

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

3101 Boardwalk # 2209-1

City

State

ZIP Code

Atlantic City

NJ

08401

Original Amount of Loan

43.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

43.00

TERMS

Date Incurred

M 03 M

D 03 D

Y 2014 Y

Date Due

M M M

D D D

Y None Y

Interest Rate

0.00

% (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:

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

43.00

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

3150.91

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 97 OF 98

FORM LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

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

Nature of Debt (Purpose):
Credit Card Debt

Mailing Address PO Box 71083

City State
Charlotte NC

Zip Code
28272

Outstanding Balance Beginning This Period

620.83

Transaction ID : SD10.4413

Amount Incurred This Period

0.00

Payment This Period

50.00

Outstanding Balance at Close of This Period

570.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital One, N.A.

Nature of Debt (Purpose):
Credit Card Debt

Mailing Address PO Box 71083

City State
Charlotte NC

Zip Code
28272

Outstanding Balance Beginning This Period

605.18

Transaction ID : SD10.4587

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

605.18

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
Capital One, N.A.

Nature of Debt (Purpose):
Credit Card Debt

Mailing Address PO Box 71083

City State
Charlotte NC

Zip Code
28272

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4740

Amount Incurred This Period

258.18

Payment This Period

0.00

Outstanding Balance at Close of This Period

258.18

1) SUBTOTALS This Period This Page (optional)

1434.19

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

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

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

14031220978

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 98 OF 98

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Citizens for Mike Assad, Inc.

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

Nature of Debt (Purpose):
Catering

Mailing Address 2216 W Landis Ave

City State
Vineland NJ

Zip Code
08360

Outstanding Balance Beginning This Period

380.92

Transaction ID : SD10.4581

Amount Incurred This Period

0.00

Payment This Period

380.92

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):
Office Supplies

Mailing Address PO Box 58741

City State
Chicago IL

Zip Code
60680

Outstanding Balance Beginning This Period

67.86

Transaction ID : SD10.4465

Amount Incurred This Period

0.00

Payment This Period

67.86

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):
Software Expense

Mailing Address 921 Cavalry Ride Trail

City State
Austin TX

Zip Code
78732

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4707

Amount Incurred This Period

599.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

599.52

1) SUBTOTALS This Period This Page (optional)

599.52

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

2033.71

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

3150.91

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

5184.62

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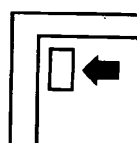
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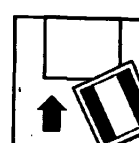
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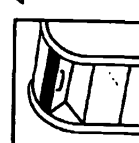
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for more information

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Federal Election Commission
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