

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED 2012 MAY - 6 AM 9:09

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12 FEB 4 5 SEC MAIL CENTER

Castle for New Jersey

ADDRESS (number and street)

P.O. Box 95

Check if different than previously reported. (ACC)

Hackensack

NJ

07601

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C 00495978

3. IS THIS REPORT

N

NEW (N)

OR

AMENDED (A)

NJ

05

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

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

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

01

01

2012

through

03

31

2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jason-Paul Nezmer Castle

Signature of Treasurer

Jason Castle

Date

04

13

2012

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

Office Use Only

FEC FORM 3 (Revised 02/2008)

12030800929

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

**Castle for New Jersey**

Report Covering the Period: From:

01 / 01 / 2012

To:

03 / 31 / 2012

**COLUMN A**  
This Period

**COLUMN B**  
Election Cycle-to-Date

6. Net Contributions (other than loans)

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

3930.00

3930.00

(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)).....

3930.00

3930.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17).....

8,911.07

8,911.07

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

0.00

0.00

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

8,911.07

8,911.07

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

4018.93

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).....

0.00

**For further information contact:**

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

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

12030800930

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

**Castle for New Jersey**

Report Covering the Period: From:

**01** / **01** / **2012**

To:

**03** / **31** / **2012**

**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).....

3930.00

3930.00

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions from individuals ▶

3930.00

3930.00

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

0.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

9,000.00

9,000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

9,000.00

9,000.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

12,930.00

12,930.00

12030800931

**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	8,911.07	8,911.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	8,911.07	8,911.07

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13,930.00
25. SUBTOTAL (add Line 23 and Line 24).....	13,930.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8,911.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4018.93

12030800932

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

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

FOR LINE NUMBER: PAGE 1 OF 8  
(check only one)  
11a 11b 11c 11d  
12 13a 13b 13c 14 15

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

NAME OF COMMITTEE (In Full)  
**Castle for New Jersey**

A. Full Name (Last, First, Middle Initial)  
**Watson, Sarah, S**

Mailing Address  
**24 Courter Avenue**

City **Maplewood** State **NJ** Zip Code **07040**

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

Name of Employer **Horizon Blue Cross-Blue Shield** Occupation **Health Care Administrator**

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt  
**03 / 04 / 2012**

Amount of Each Receipt this Period  
**25.00**

B. Full Name (Last, First, Middle Initial)  
**Hayward-Bowden, Diana**

Mailing Address  
**47 Shelly Drive**

City **Somerset** State **NJ** Zip Code **08873**

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

Name of Employer **Jersey City Board of Ed** Occupation **Social Worker**

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date **100.00**

Date of Receipt  
**03 / 04 / 2012**

Amount of Each Receipt this Period  
**100.00**

C. Full Name (Last, First, Middle Initial)  
**Jackson Gray, Tamika**

Mailing Address  
**169 Armstrong Drive**

City **Roselle** State **NJ** Zip Code **07203**

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

Name of Employer **Jersey City Board of Ed** Occupation **Teacher**

Receipt For:  Primary  General  
 Other (specify)

Election Cycle-to-Date **45.00**

Date of Receipt  
**03 / 04 / 2012**

Amount of Each Receipt this Period  
**45.00**

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

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

**\$170.00**

**\$3930.00**

12030800933

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 8

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

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NAME OF COMMITTEE (In Full)  
**Castle for New Jersey**

Full Name (Last, First, Middle Initial) <b>Morgan, Nakeia</b>		Date of Receipt 03 / 04 / 2012
Mailing Address <b>87 Stockman Place</b>		Amount of Each Receipt this Period 40.00
City <b>Irvington</b>	State Zip Code <b>NJ 07111</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer <b>Jersey City Board of Ed</b>	Occupation <b>Teacher</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 40.00	

Full Name (Last, First, Middle Initial) <b>Cavera, Margaret</b>		Date of Receipt 03 / 04 / 2012
Mailing Address <b>447 Jefferson Street</b>		Amount of Each Receipt this Period 50.00
City <b>Carstadt</b>	State Zip Code <b>NJ 07072</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer <b>Jersey City Board of Ed</b>	Occupation <b>Teacher</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>Bessie Fair</b>		Date of Receipt 03 / 04 / 2012
Mailing Address <b>446 McMillan Road</b>		Amount of Each Receipt this Period 100.00
City <b>Whiteville</b>	State Zip Code <b>NC 28472</b>	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> This Period (last page this line number only).....	

12030800934

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **3** OF **8**

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

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NAME OF COMMITTEE (In Full)

**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

**James, Joan**

**A.** Mailing Address

**642 Saw Creek Estates**

City **Bushkill** State **PA** Zip Code **18324**

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**Self Employed**

Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**100.00**

Date of Receipt

**03 / 04 / 2012**

Amount of Each Receipt this Period

**100.00**

Full Name (Last, First, Middle Initial)

**Hare, Berthel**

**B.** Mailing Address

**138 Garfield Avenue**

City **Plainfield** State **NJ** Zip Code **07062**

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**Retired**

Occupation  
**Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**20.00**

Date of Receipt

**03 / 04 / 2012**

Amount of Each Receipt this Period

**20.00**

Full Name (Last, First, Middle Initial)

**Amanda Graves**

**C.** Mailing Address

**138 Garfield Avenue**

City **Plainfield** State **NJ** Zip Code **07062**

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
**Retired**

Occupation  
**Retired**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**20.00**

Date of Receipt

**03 / 04 / 2012**

Amount of Each Receipt this Period

**20.00**

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

**\$140.00**

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

12030800935

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **4** OF **8**

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

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NAME OF COMMITTEE (In Full)

**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

**Carbonell, Vincent**

**A.** Mailing Address

**232 Truman Drive**

City **Cresskill** State **NJ** Zip Code **07626**

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

Name of Employer **Self-Employed** Occupation **Lawyer**

Receipt For:  Primary  General  
 Other (specify) Election Cycle-to-Date **1500.00**

Date of Receipt

**03** / **04** / **2012**

Amount of Each Receipt this Period

**1000.00**

Full Name (Last, First, Middle Initial)

**Carbonell, Vincent**

**B.** Mailing Address

**232 Truman Drive**

City **Cresskill** State **NJ** Zip Code **07626**

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

Name of Employer **Self-Employed** Occupation **Lawyer**

Receipt For:  Primary  General  
 Other (specify) Election Cycle-to-Date **1500.00**

Date of Receipt

**03** / **12** / **2012**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**Herbert, Raleigh, D**

**C.** Mailing Address

**103 Hillside Avenue**

City **Chatham** State **NJ** Zip Code **07869**

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

Name of Employer **Self-Employed** Occupation **Lawyer**

Receipt For:  Primary  General  
 Other (specify) Election Cycle-to-Date **250.00**

Date of Receipt

**03** / **04** / **2012**

Amount of Each Receipt this Period

**150.00**

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

**1650.00**

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

**1650.00**

12030800936

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **5** OF **8**

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

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NAME OF COMMITTEE (In Full)  
**Castle for New Jersey**

Full Name (Last, First, Middle Initial) <b>Graves, Patricia</b>		Date of Receipt MM / DD / YYYY <b>03 / 04 / 2012</b>
A. Mailing Address <b>138 Garfield Avenue</b>		Amount of Each Receipt this Period <b>40.00</b>
City <b>Plainfield</b>	State <b>NJ</b>	
Zip Code <b>07062</b>		Election Cycle-to-Date <b>40.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Valerie Graves</b>		Date of Receipt MM / DD / YYYY <b>03 / 12 / 2012</b>
B. Mailing Address <b>138 Garfield Avenue</b>		Amount of Each Receipt this Period <b>40.00</b>
City <b>Plainfield</b>	State <b>NJ</b>	
Zip Code <b>07062</b>		Election Cycle-to-Date <b>40.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Retired</b>	Occupation <b>Retired</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>Douglas Herbert</b>		Date of Receipt MM / DD / YYYY <b>02 / 02 / 2012</b>
C. Mailing Address <b>103 Hillside Avenue</b>		Amount of Each Receipt this Period <b>100.00</b>
City <b>Chatham</b>	State <b>NJ</b>	
Zip Code <b>07869</b>		Election Cycle-to-Date <b>250.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Self-Employed</b>	Occupation <b>Lawyer</b>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

1203080937

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 8

<input 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

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NAME OF COMMITTEE (In Full)  
**Castle for New Jersey**

Full Name (Last, First, Middle Initial)  
**Fair-Boyd, Flossie**

A. Mailing Address  
**1589 Main Street**

City **Rahway** State **NJ** Zip Code **07065**

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

Name of Employer **Jersey City Board of Ed.** Occupation **Teacher**

Receipt For:  Primary  General  
 Other (specify) Election Cycle-to-Date **500.00**

Date of Receipt  
**03 / 04 / 2012**

Amount of Each Receipt this Period  
**500.00**

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

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

12030800938

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

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

FOR LINE NUMBER: PAGE **7** OF **8**

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

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NAME OF COMMITTEE (In Full)  
**Castle for New Jersey**

**A.** Full Name (Last, First, Middle Initial)  
**Williams, Allison**

Mailing Address  
**7017 The Greens**

City **Charlotte** State **NC** Zip Code **28277**

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

Name of Employer **Massage Envy** Occupation **Clinic Administrator**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
**02 / 24 / 2012**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Reynolds, Beverly**

Mailing Address  
**7017 The Greens**

City **Charlotte** State **NC** Zip Code **28277**

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

Name of Employer **Wells Fargo** Occupation **VP of Fair Lending**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**200.00**

Date of Receipt  
**02 / 24 / 2012**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Boyd, Calvin**

Mailing Address  
**1589 Main Street**

City **Rahway** State **NJ** Zip Code **07065**

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

Name of Employer **Morris County** Occupation **Communications Officer**

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**50.00**

Date of Receipt  
**03 / 02 / 2012**

Amount of Each Receipt this Period  
**50.00**

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

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

**\$500.00**

12030800939

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 8

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

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NAME OF COMMITTEE (In Full)

**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

**Castle, Tara**

**A.**

Mailing Address

**551 Anderson Avenue**

City

**Cliffside Park**

State

**NJ**

Zip Code

**07010**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**NYC Department of Ed**

Occupation

**Teacher**

Receipt For:

Primary  General

Other (specify)

Election Cycle-to-Date

**25.00**

Date of Receipt

**03 / 04 / 2012**

Amount of Each Receipt this Period

**25.00**

Full Name (Last, First, Middle Initial)

**Lerner, David**

**B.**

Mailing Address

**146 West 4th Street, Apt. 3B**

City

**New York**

State

**NY**

Zip Code

**10012**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**TekServe**

Occupation

**Executive**

Receipt For:

Primary  General

Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**01 / 24 / 2012**

Amount of Each Receipt this Period

**500.00**

Full Name (Last, First, Middle Initial)

**Felice, Timothy**

**C.**

Mailing Address

**95 Warner Street**

City

**Fords**

State

**NJ**

Zip Code

**08863**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

**Zucker, Goldberg & Ackerman**

Occupation

**Paralegal**

Receipt For:

Primary  General

Other (specify)

Election Cycle-to-Date

**25.00**

Date of Receipt

**02 / 08 / 2012**

Amount of Each Receipt this Period

**25.00**

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

**\$600.00**

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

12030800940

**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 1 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

**A. Best Buy**

Date of Disbursement

Mailing Address

**125 18th Street**

03	07	2012
----	----	------

City

**Jersey City**

State

**NJ**

Zip Code

**07310**

Amount of Each Disbursement this Period

Purpose of Disbursement

**Tripod to Film Video**

<b>004</b>
------------

<b>41.39</b>
--------------

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Staples**

Date of Disbursement

Mailing Address

**547 River Road**

02	03	2012
----	----	------

City

**Edgewater**

State

**NJ**

Zip Code

**07020**

Amount of Each Disbursement this Period

Purpose of Disbursement

**Printer Ink**

<b>001</b>
------------

<b>73.81</b>
--------------

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Target**

Date of Disbursement

Mailing Address

**543 River Road**

02	03	2012
----	----	------

City

**Edgewater**

State

**NJ**

Zip Code

**07020**

Amount of Each Disbursement this Period

Purpose of Disbursement

**Office Supplies**

<b>001</b>
------------

<b>37.64</b>
--------------

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

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

<b>152.84</b>
---------------

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

<b>9411.07</b>
----------------

12030800941

**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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Castle for New Jersey**

**A.**  
**FedEx Office**  
 Mailing Address: **166 Linwood Plaza**  
 City: **Fort Lee** State: **NJ** Zip Code: **07024**  
 Purpose of Disbursement: **Printing Campaign Materials for Kickoff**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **03 / 04 / 2012**  
 Amount of Each Disbursement this Period: **57.22**  
 Category/Type: **007**

**B.**  
**Staples**  
 Mailing Address: **461-469 West Street**  
 City: **Fort Lee** State: **NJ** Zip Code: **07024**  
 Purpose of Disbursement: **Paper Shredder/Paper**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **03 / 03 / 2012**  
 Amount of Each Disbursement this Period: **168.95**  
 Category/Type: **001**

**C.**  
**Staples**  
 Mailing Address: **33 Nathaniel Place**  
 City: **Englewood** State: **NJ** Zip Code: **07631**  
 Purpose of Disbursement: **Paper**  
 Candidate Name: \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **03 / 03 / 2012**  
 Amount of Each Disbursement this Period: **14.97**  
 Category/Type: **001**

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

**241.14**

12030800942

**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 **3** OF **14**

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)

Full Name (Last, First, Middle Initial)

Date of Disbursement

M  M '  D  D '  Y  Y  Y  Y

02 / 02 / 2012

**A. TekServe**

Mailing Address: 113 West 23rd Street

City: New York State: NY Zip Code: 10011

Purpose of Disbursement: Computer

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period

779.00

001

Category/  
Type

Full Name (Last, First, Middle Initial)

Date of Disbursement

M  M '  D  D '  Y  Y  Y  Y

02 / 02 / 2012

**B. Target**

Mailing Address: 543 River Road

City: Edgewater State: NJ Zip Code: 07020

Purpose of Disbursement: Office Fridge

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period

117.69

001

Category/  
Type

Full Name (Last, First, Middle Initial)

Date of Disbursement

M  M '  D  D '  Y  Y  Y  Y

02 / 02 / 2012

**C. US Postal Service**

Mailing Address: 226 State Street

City: Hackensack State: NJ Zip Code: 07601

Purpose of Disbursement: PO Box

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period

60.00

001

Category/  
Type

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

956.69

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

\_\_\_\_\_

12030800943

**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 4 OF 14

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
------------------------------------	------------------------------------	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full) **Castle for New Jersey**

**A. Smokey Joe's Tex Mex Barbeque**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: **02** / **28** / **2012**

Mailing Address: **494 Cedar Lane**

City: **Teaneck** State: **NJ** Zip Code: **07666**

Purpose of Disbursement: **Lunch Meeting** Category/Type: **007**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **70.00**

**B. Smokey Joe's Tex Mex Barbeque**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: **03** / **01** / **2012**

Mailing Address: **494 Cedar Lane**

City: **Teaneck** State: **NJ** Zip Code: **07666**

Purpose of Disbursement: **Kick-off Event Food** Category/Type: **007**

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **247.57**

**C. Smokey Joe's Tex Mex Barbeque**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement: **03** / **04** / **2012**

Mailing Address: **494 Cedar Lane**

City: **Teaneck** State: **NJ** Zip Code: **07666**

Purpose of Disbursement: **Kick-off Event Food--Contribution In-Kind** Category/Type: **001**

Candidate Name: **from Flossie Fair-Boyd**

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period: **500.00**

**SUBTOTAL** of Disbursements This Page (optional)..... **817.57**

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

12030800944

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

Date of Disbursement

A.

**Watts, William, S**

MM / DD / YYYY  
02 / 24 / 2012

Mailing Address

**69 Erie St. Apt. 4**

City

**Jersey City**

State

**NJ**

Zip Code

**07302**

Purpose of Disbursement

**Consulting Fees**

001

Amount of Each Disbursement this Period

675.00

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

B.

**Watts, William, S**

MM / DD / YYYY  
03 / 02 / 2012

Mailing Address

**69 Erie St. Apt. 4**

City

**Jersey City**

State

**NJ**

Zip Code

**07302**

Purpose of Disbursement

**Consulting Fees**

001

Amount of Each Disbursement this Period

675.00

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

**Watts, William, S**

MM / DD / YYYY  
03 / 09 / 2012

Mailing Address

**69 Erie St. Apt. 4**

City

**Jersey City**

State

**NJ**

Zip Code

**07302**

Purpose of Disbursement

**Consulting Fees**

001

Amount of Each Disbursement this Period

675.00

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

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

2025.00

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

12030800945

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full) **Castle for New Jersey**

Full Name (Last, First, Middle Initial) <b>A. Watts, William, S</b>		Date of Disbursement <b>03 / 16 / 2012</b>
Mailing Address <b>69 Erie St. Apt. 4</b>		Amount of Each Disbursement this Period <b>675.00</b>
City <b>Jersey City</b>	State <b>NJ</b>	
Zip Code <b>07302</b>		Amount of Each Disbursement this Period <b>675.00</b>
Purpose of Disbursement <b>Consulting Fees</b>		
Candidate Name		Category/ Type <b>001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Watts, William, S</b>		Date of Disbursement <b>03 / 23 / 2012</b>
Mailing Address <b>69 Erie St. Apt. 4</b>		Amount of Each Disbursement this Period <b>675.00</b>
City <b>Jersey City</b>	State <b>NJ</b>	
Zip Code <b>07302</b>		Amount of Each Disbursement this Period <b>675.00</b>
Purpose of Disbursement <b>Consulting Fees</b>		
Candidate Name		Category/ Type <b>001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Watts, William, S</b>		Date of Disbursement <b>03 / 30 / 2012</b>
Mailing Address <b>69 Erie St. Apt. 4</b>		Amount of Each Disbursement this Period <b>675.00</b>
City <b>Jersey City</b>	State <b>NJ</b>	
Zip Code <b>07302</b>		Amount of Each Disbursement this Period <b>675.00</b>
Purpose of Disbursement <b>Consulting Fees</b>		
Candidate Name		Category/ Type <b>001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2025.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

12030800946

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **7** OF **14**

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**A. FedEx Office**

M M	D D	Y Y
03	03	2012

Mailing Address  
**166 Linwood Plaza**

Amount of Each Disbursement this Period

City **Fort Lee** State **NJ** Zip Code **07024**

Amount
106.99

Purpose of Disbursement  
**Printing Banners/Materials**

Category/Type
007

Candidate Name

Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/>	General <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
----------------	--------------------------------	---------------------------------	------------------------------------	-------------------	----------------------------------	----------------------------------	--

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B. FedEx Office**

M M	D D	Y Y
03	05	2012

Mailing Address  
**166 Linwood Plaza**

Amount of Each Disbursement this Period

City **Fort Lee** State **NJ** Zip Code **07024**

Amount
32.00

Purpose of Disbursement  
**Printing Event Flyers**

Category/Type
007

Candidate Name

Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/>	General <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
----------------	--------------------------------	---------------------------------	------------------------------------	-------------------	----------------------------------	----------------------------------	--

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C.**

M M	D D	Y Y

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Amount

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought:	House <input type="checkbox"/>	Senate <input type="checkbox"/>	President <input type="checkbox"/>	Disbursement For:	Primary <input type="checkbox"/>	General <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
----------------	--------------------------------	---------------------------------	------------------------------------	-------------------	----------------------------------	----------------------------------	--

State: District:

Full Name (Last, First, Middle Initial)

Amount
138.99

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

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

12030800947

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **6** OF **14**

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

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NAME OF COMMITTEE (In Full) **Castle for New Jersey**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**A. United States Postal Service**

**03** / **12** / **2012**

Mailing Address **289 Gorge Road**

Amount of Each Disbursement this Period

City **Cliffside Park** State **NJ** Zip Code **07010**

**270.00**

Purpose of Disbursement **Stamps for mailing**

**003**

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**B. Staples**

**03** / **12** / **2012**

Mailing Address **547 River Road**

Amount of Each Disbursement this Period

City **Edgewater** State **NJ** Zip Code **07020**

**40.09**

Purpose of Disbursement **Mailing Supplies**

**003**

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C. FedEx Office**

**03** / **10** / **2012**

Mailing Address **166 Linwood Plaza**

Amount of Each Disbursement this Period

City **Fort Lee** State **NJ** Zip Code **07024**

**34.51**

Purpose of Disbursement **Printing Campaign Materials for Event**

**007**

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

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

**344.60**

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

**344.60**

12030800948

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

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

FOR LINE NUMBER:  
(check only one)

PAGE **9** OF **14**

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

Date of Disbursement

**03** / **12** / **2012**

**A.**

**Rite Aid**

Mailing Address

**490 Chamberlain Ave # 1**

City

**Paterson**

State

**NJ**

Zip Code

**07522**

Purpose of Disbursement

**White Out**

**001**

Category/  
Type

Amount of Each Disbursement this Period

**4.16**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**03** / **19** / **2012**

**B.**

**Staples**

Mailing Address

**2933 Vauxhall Road #7**

City

**Vauxhall**

State

**NJ**

Zip Code

**07088**

Purpose of Disbursement

**Pens**

**001**

Category/  
Type

Amount of Each Disbursement this Period

**4.27**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

**03** / **19** / **2012**

**C.**

**Rite Aid**

Mailing Address

**237 Spring Street**

City

**Newton**

State

**NJ**

Zip Code

**07860**

Purpose of Disbursement

**Office Supplies**

**001**

Category/  
Type

Amount of Each Disbursement this Period

**11.03**

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

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

**19.46**

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

12030800949

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (in Full)

**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M  D  Y  
**03 / 03 / 2012**

**A.**

**FedEx Office**

Mailing Address

**166 Linwood Plaza**

City

**Fort Lee**

State

**NJ**

Zip Code

**07024**

Purpose of Disbursement

**Printing Banners/Materials**

**007**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Amount of Each Disbursement this Period

**106.99**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M  D  Y  
**03 / 05 / 2012**

**B.**

**FedEx Office**

Mailing Address

**166 Linwood Plaza**

City

**Fort Lee**

State

**NJ**

Zip Code

**07024**

Purpose of Disbursement

**Printing Event Flyers**

**007**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Amount of Each Disbursement this Period

**32.00**

**C.**

**United Reprographic Services**

Mailing Address

**40 W 25th St # 5**

City

**New York**

State

**NY**

Zip Code

**10010**

Purpose of Disbursement

**County Committee Mailing--In Kind  
Contribution from Vincent Carbonelle**

**003**

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Date of Disbursement

M  D  Y  
**03 / 10 / 2012**

Amount of Each Disbursement this Period

**500.00**

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

**638.99**

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

12030800950

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
------------------------------------	------------------------------------	-------------------------------------	------------------------------------

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

NAME OF COMMITTEE (In Full)

**Castle for New Jersey**

Full Name (Last, First, Middle Initial)

**A. B&H**

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2012

Mailing Address

**420 9th Avenue**

City

**New York**

State  
**NY**

Zip Code

**10001**

Purpose of Disbursement

**Mic for Video**

004

Amount of Each Disbursement this Period

122.92

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. Nationbuilder**

Date of Disbursement

MM / DD / YYYY  
03 / 26 / 2012

Mailing Address

**448 S. Hill St. #808**

City

**Los Angeles**

State

**CA**

Zip Code

**90013**

Purpose of Disbursement

**List Access**

003

Amount of Each Disbursement this Period

19.00

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C. Constant Contact**

Date of Disbursement

MM / DD / YYYY  
03 / 28 / 2012

Mailing Address

**Reservoir Place--1601 Trapelo Road**

City

**Waltham**

State

**MA**

Zip Code

**02451**

Purpose of Disbursement

**Email Outreach**

003

Amount of Each Disbursement this Period

15.00

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify)

State:

District:

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

156.92

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

12030800951

**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 2 OF 11

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full) **Castle for New Jersey**

**A. Efficient Park NYC**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement **02** / **28** / **2012**

Mailing Address **170 W 23rd St.**

City **New York** State **NY** Zip Code **10011**

Purpose of Disbursement **Event Parking** Category/Type **003**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period **35.00**

**B. AT&T**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement **03** / **05** / **2012**

Mailing Address **208 S. Akard St.**

City **Dallas** State **TX** Zip Code **75202**

Purpose of Disbursement **Wireless Data Plan** Category/Type **001**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period **30.00**

**C. 40 40 Club**

Full Name (Last, First, Middle Initial) \_\_\_\_\_

Date of Disbursement **03** / **28** / **2012**

Mailing Address **6 West 25th Street**

City **New York** State **NY** Zip Code **10010**

Purpose of Disbursement **Meeting** Category/Type **007**

Candidate Name \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_

State: \_\_\_\_\_ District: \_\_\_\_\_

Amount of Each Disbursement this Period **76.04**

**SUBTOTAL** of Disbursements This Page (optional)..... **141.04**

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

12030800952

**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)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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

NAME OF COMMITTEE (In Full) **Castle for New Jersey**

Full Name (Last, First, Middle Initial)

**A. Amtrak**

Mailing Address **60 Massachusetts Avenue**

City **Washington** State **DC** Zip Code **20002**

Purpose of Disbursement **Travel to DC**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Envato**

Mailing Address **13/2 Elizabeth Street**

City **Melbourne** State **VIC** Zip Code **3000** **Australia**

Purpose of Disbursement **Website Template**

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**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

/  /

Amount of Each Disbursement this Period

Category/  
Type

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

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

12030800953

**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 19 OF 14	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full) **Castle for New Jersey**

Full Name (Last, First, Middle Initial) <b>Watts, William, S</b>		Date of Disbursement <b>02 / 03 / 2012</b>
Mailing Address <b>69 Erie St. Apt. 4</b>		Amount of Each Disbursement this Period <b>405.00</b>
City <b>Jersey City</b>	State <b>NJ</b>	
Zip Code <b>07302</b>		Amount of Each Disbursement this Period <b>405.00</b>
Purpose of Disbursement <b>Consulting Fees</b>		
Candidate Name		Category/ Type <b>001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>Watts, William, S</b>		Date of Disbursement <b>02 / 10 / 2012</b>
Mailing Address <b>69 Erie St. Apt. 4</b>		Amount of Each Disbursement this Period <b>675.00</b>
City <b>Jersey City</b>	State <b>NJ</b>	
Zip Code <b>07302</b>		Amount of Each Disbursement this Period <b>675.00</b>
Purpose of Disbursement <b>Consulting Fees</b>		
Candidate Name		Category/ Type <b>001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) <b>Watts, William, S</b>		Date of Disbursement <b>02 / 17 / 2012</b>
Mailing Address <b>69 Erie St. Apt. 4</b>		Amount of Each Disbursement this Period <b>675.00</b>
City <b>Jersey City</b>	State <b>NJ</b>	
Zip Code <b>07302</b>		Amount of Each Disbursement this Period <b>675.00</b>
Purpose of Disbursement <b>Consulting Fees</b>		
Candidate Name		Category/ Type <b>001</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>2025.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

12030800954

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

NAME OF COMMITTEE (In Full) **Castle for New Jersey**

LOAN SOURCE Full Name (Last, First, Middle Initial)  
**Castle, Jason-Paul, N**

Mailing Address  
**551 Anderson Avenue**

Election:  
 Primary  
 General  
 Other (specify) ▼

City **Cliffside Park** State **NJ** ZIP Code **07010**

Original Amount of Loan <b>9,000.00</b>	Cumulative Payment To Date <b>0.00</b>	Balance Outstanding at Close of This Period <b>9,000.00</b>
--	---	--

TERMS

Date Incurred **02 / 01 / 2012** Date Due **12 / 31 / 2012** Interest Rate **0.0** % (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).....▶

**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.

12030800955

**SCHEDULE C-1 (FEC Form 3)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px;"> <span style="font-size: 1.5em; font-weight: bold;">C</span> </div>
-----------------------------	--

LENDING INSTITUTION (LENDER) Full Name	Amount of Loan <div style="border: 1px solid black; padding: 2px;"> </div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px;"> </div> %
---	---	--

Mailing Address	Date Incurred or Established <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
City State Zip Code	Date Due <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>

A. Has loan been restructured?  No  Yes If yes, date originally incurred 

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

B. If line of credit, Amount of this Draw:  Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit; chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).

Date account established: 

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

Location of account: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name Signature	DATE <div style="border: 1px solid black; padding: 2px;"> </div>
---	---

H. Attach a signed copy of the loan agreement.

- I. TO BE SIGNED BY THE LENDING INSTITUTION:
- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
  - II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
  - III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	Title	DATE <div style="border: 1px solid black; padding: 2px;"> </div>
--	-------	---

12030800956

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

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City                  State                  Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City                  State                  Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City                  State                  Zip Code	

Outstanding Balance Beginning This Period			
<input type="text"/>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

12030800957

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In-Full)  <b>Castle for New Jersey</b>	Report Covering Period: From:	To:													
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">M</td><td style="padding: 2px;">M</td></tr> <tr><td style="padding: 2px;">01</td><td style="padding: 2px;">01</td></tr> </table>	M	M	01	01	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">Y</td><td style="padding: 2px;">Y</td></tr> <tr><td style="padding: 2px;">2012</td><td style="padding: 2px;">2012</td></tr> </table>	Y	Y	2012	2012	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="padding: 2px;">M</td><td style="padding: 2px;">D</td></tr> <tr><td style="padding: 2px;">03</td><td style="padding: 2px;">31</td></tr> </table>	M	D	03	31
M	M														
01	01														
Y	Y														
2012	2012														
M	D														
03	31														

	Committee Name	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees			
A	<b>Castle for New Jersey</b>	<b>3,930.00</b>	<b>0.00</b>			
B	Column Total Last Page Only.....					
	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0.00	0.00	3,930.00	0.00	9,000.00	0.00
B						
	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	9,000.00	0.00	0.00	12,930.00	8,911.07	0.00
B						
	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0.00	0.00	0.00	0.00	0.00	0.00
B						
	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	0.00	0.00	8,911.07	0.00	4018.93	0.00
B						
	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures			
A	0.00	3,930.00	8,911.07			
B						

12030800958

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked  
4/17/12

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*Jen W*  
PREPARER  
(3/2005)

5/1/12  
DATE PREPARED

12030800959