

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name **New Jersey Education Association Pac**

(b) Address (number and street) check if different than previously reported
180 West State Street

(c) City, State and ZIP Code
Trenton NJ 08607

(d) Name of Employer or Principal Place of Business (e) Occupation

2. FEC Identification Number

C C30002133

3. Is This Statement

New
or
 Amended

4. Covering Period

10 / 26 / 2012
through
10 / 27 / 2012

5. (a) Date of Public Distribution(s)

10 / 27 / 2012

(b) Communication Title

TV and Web Ads

6. The filer is a(n):

- (a) Individual
- (b) Unincorporated Organization
- (c) Qualified Nonprofit Corporation (11 CFR 114.10)
- (d) Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
- (e) Other, specify: Organization

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name
Ginger Gold Schnitzer

(b) Address (number and street)
180 WEST STATE STREET

(c) City, State and ZIP Code
Trenton NJ 08607

(d) Name of Employer or Principal Place of Business (e) Occupation
NEW JERSEY EDUCATION ASSOCIATION Director

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

134190.60

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Ginger Gold Schnitzer

SIGNATURE Ginger Gold Schnitzer

[Electronically Filed] DATE 10/26/2012

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

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A. (a) Name		Transaction ID : F91.000001	
Ed Richardson			
(b) Address (number and street)	180 WEST STATE STREET		
(c) City, State and ZIP Code			
Trenton		NJ	08607
(d) Name of Employer or Principal Place of Business	(e) Occupation		
NEW JERSEY EDUCATION ASSOCIATION	Manager		
B. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
C. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
D. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	
E. (a) Name			
(b) Address (number and street)			
(c) City, State and ZIP Code			
(d) Name of Employer or Principal Place of Business		(e) Occupation	

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

A. Full Name (Last, First, Middle Initial) of Payee The New Media Firm			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012		
Mailing Address of Payee 1730 Rhode Island Ave, NW			Amount 134190.60		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2012		
Washington	DC	20036			
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) TV and Web Ads			Transaction ID : F93.000001		
Name of Federal Candidate	Office Sought:	<input checked="" type="checkbox"/> House	State: <u>NJ</u>	Disbursement/Obligation For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Jon Runyan		<input type="checkbox"/> Senate	District: <u>03</u>		
		<input type="checkbox"/> President			
Transaction ID : F94.000002					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Senate	District: _____		
		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Senate	District: _____		
		<input type="checkbox"/> President			

B. Full Name (Last, First, Middle Initial) of Payee			Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Mailing Address of Payee			Amount		
City	State	Zip Code	Communication Date M M M / D D D / Y Y Y Y Y Y		
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s))					
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Senate	District: _____		
		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Senate	District: _____		
		<input type="checkbox"/> President			
Name of Federal Candidate	Office Sought:	<input type="checkbox"/> House	State: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
		<input type="checkbox"/> Senate	District: _____		
		<input type="checkbox"/> President			

SUBTOTAL of Disbursements/Obligations This Page (optional) ▶		134190.60
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)		134190.60