

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

New Jersey Democratic State Committee

ADDRESS (number and street)

196 West State Street

☐ Check if different than previously reported. (ACC)

Trenton

NJ

08608

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00104471

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 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)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

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

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2013

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 Ruben J Ramos Jr

Signature of Treasurer

Ruben J Ramos Jr

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 20 2013

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 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Jersey Democratic State Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">118406.08</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">118406.08</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">13841.00</span>	<span style="border: 1px solid black; padding: 2px;">13841.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">132247.08</span>	<span style="border: 1px solid black; padding: 2px;">132247.08</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">78736.43</span>	<span style="border: 1px solid black; padding: 2px;">78736.43</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">53510.65</span>	<span style="border: 1px solid black; padding: 2px;">53510.65</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">87371.60</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

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

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Jersey Democratic State Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
01	/	01	/	2013

To:

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

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

2658.00

2658.00

(ii) Unitemized .....

463.00

463.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

3121.00

3121.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

2500.00

2500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

5621.00

5621.00

## 12. Transfers From Affiliated/Other

Party Committees.....

8220.00

8220.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

13841.00

13841.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

13841.00

13841.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	15847.33	15847.33
(ii) Non-Federal Share.....	51412.50	51412.50
(b) Other Federal Operating Expenditures .....	3220.00	3220.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	70479.83	70479.83
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	8256.60	8256.60
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	8256.60	8256.60
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78736.43	78736.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27323.93	27323.93

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5621.00	5621.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5621.00	5621.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	19067.33	19067.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	19067.33	19067.33

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XN

Transaction ID :

Administrative Expenses (2013) - The committee's reports do not identify rent payments because the committee purchased a building in 2003. The committee makes mortgage payments on the property it purchased through a party building fund. The activity of the party building fund is contained on the committee's non-federal campaign finance reports.

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 99

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Jason Fajgier**

Mailing Address 533 Garden Street

City

Mount Holly

State

NJ

Zip Code

08060

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TD Bank

Occupation

Retail Sales Strategy Specialist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

01 / 13 / 2013

**Transaction ID : 11ai-000038804**

Amount of Each Receipt this Period

226.00

Earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

**B. Mary F. Foster**

Mailing Address 10 Pape Drive

City

Atlantic Highlands

State

NJ

Zip Code

07716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

01 / 13 / 2013

**Transaction ID : 11ai-000038805**

Amount of Each Receipt this Period

226.00

Earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

**C. Gilda M. Morales**

Mailing Address 202 Jesse Way

City

Piscataway

State

NJ

Zip Code

08854-6401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rutgers University

Occupation

Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

01 / 13 / 2013

**Transaction ID : 11ai-000038806**

Amount of Each Receipt this Period

226.00

Earmarked through ActBlue.

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

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

678.00

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

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

FOR LINE NUMBER: PAGE 8 OF 99  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Gilda M. Morales**

Mailing Address 202 Jesse Way

City State Zip Code  
Piscataway NJ 08854-6401

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
Rutgers University Researcher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2013

**Transaction ID : 11ai-000038807**

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

**B. Ann Ormsby**

Mailing Address 2 Amy Drive

City State Zip Code  
Westfield NJ 07090

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
None Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2013

**Transaction ID : 11ai-000038762**

Amount of Each Receipt this Period

250.00

Earmarked through ActBlue.

Full Name (Last, First, Middle Initial)

**C. Letitia C. Coughlin**

Mailing Address One Stern Place

City State Zip Code  
Fords NJ 08863

FEC ID number of contributing  
federal political committee.

C

Name of Employer Occupation  
None Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 21 / 2013

**Transaction ID : 11ai-000038760**

Amount of Each Receipt this Period

480.00

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

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

980.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 99

<input checked="checked" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
--	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Raul Garcia

Mailing Address 2023 Palisades Avenue

City

State

Zip Code

Union City

NJ

07087

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MBI GluckShaw Inc

Occupation

Government Relations

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2013

Transaction ID : 11ai-000038769

Amount of Each Receipt this Period

1000.00

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) ▼

Aggregate Year-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) ▼

Aggregate Year-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)..... ►

1000.00

2658.00

# **SCHEDULE A (FEC Form 3X)** **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 ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. ActBlue**

Mailing Address PO Box 390728

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

22.00

Date of Receipt

01 / 06 / 2013

**Transaction ID : 11c-000038801**

Amount of Each Receipt this Period

22.00

**[MEMO ITEM]**

Earmarked Contributions Through ActBlue

Full Name (Last, First, Middle Initial)

## **B. ActBlue**

Mailing Address PO Box 390728

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

950.00

Date of Receipt

01 / 13 / 2013

**Transaction ID : 11c-000038802**

Amount of Each Receipt this Period

928.00

**[MEMO ITEM]**

Earmarked Contributions Through ActBlue

Full Name (Last, First, Middle Initial)

## **C. ActBlue**

Mailing Address PO Box 390728

City

Cambridge

State

MA

Zip Code

02139

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1621.00

Date of Receipt

01 / 21 / 2013

**Transaction ID : 11c-000038767**

Amount of Each Receipt this Period

671.00

**[MEMO ITEM]**

Earmarked Contributions Through ActBlue

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

0.00

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

# **SCHEDULE A (FEC Form 3X)** **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 ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. ActBlue**

Mailing Address PO Box 390728

City State Zip Code  
 Cambridge MA 02139

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1631.00

Date of Receipt

**01 / 31 / 2013**

**Transaction ID : 11c-000038814**

Amount of Each Receipt this Period

10.00

**[MEMO ITEM]**

Earmarked Contributions Through ActBlue

Full Name (Last, First, Middle Initial)

## **B. Plumbers & Pipefitters Local Union No. 9 PAC**

Mailing Address 2 Iron Ore Road At Route 33

City State Zip Code  
 Englishtown NJ 07726

FEC ID number of contributing  
federal political committee.

**C** C00155440

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**01 / 31 / 2013**

**Transaction ID : 11c-000038800**

Amount of Each Receipt this Period

2500.00

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) ▼

Aggregate Year-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)..... ►

2500.00

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 99

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Democratic National Committee**

Mailing Address 430 South Capitol Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**01** / **25** / **2013**

**Transaction ID : 12-01-09905-16344**

Amount of Each Receipt this Period

5000.00

Transfer

Full Name (Last, First, Middle Initial)

## **B. Democratic National Committee**

Mailing Address 430 South Capitol Street SE

City State Zip Code  
Washington DC 20003

FEC ID number of contributing  
federal political committee.

**C** C00010603

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8220.00

Date of Receipt

**01** / **31** / **2013**

**Transaction ID : 12-00-00531-00531**

Amount of Each Receipt this Period

3220.00

InKind-Voter File Access

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) ▼

Aggregate Year-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)..... ►

8220.00

8220.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Democratic National Committee**

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
01		31		2013

Mailing Address 430 South Capitol Street SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
InKind-Voter File Access

Candidate Name

**Democratic National Committee**Category/  
Type

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:

**Transaction ID : 21b-00-00532-00532**

Amount of Each Disbursement this Period

3220.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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:

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

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

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

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:

Amount of Each Disbursement this Period

--

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

3220.00
---------

3220.00
---------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Karin Elkins**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	3		

Mailing Address 247 Kings Highway West

**Transaction ID : 30b-16-10688-0000**

City	State	Zip Code
Haddonfield	NJ	08033

Amount of Each Disbursement this Period

Purpose of Disbursement  
See Memo ItemsCategory/  
Type

1519.73

Candidate Name

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. New Brunswick Parking Authority**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	3		

Mailing Address One Penn Plaza

**Transaction ID : 30b-16-10688-12359**

Amount of Each Disbursement this Period

City	State	Zip Code
New Brunswick	NJ	08901

8.00

Purpose of Disbursement  
Travel Expenses - ParkingCategory/  
Type

Candidate Name

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:

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Trenton Parking Authority**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	8			2	0	1	3		

Mailing Address 110 North Warren Street

**Transaction ID : 30b-16-10688-12349**

Amount of Each Disbursement this Period

City	State	Zip Code
Trenton	NJ	08608

8.00

Purpose of Disbursement  
Travel Expenses - ParkingCategory/  
Type

Candidate Name

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:

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1519.73
8.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Hoboken Parking Utility**

Mailing Address 101 First Street

City	State	Zip Code
Hoboken	NJ	07030

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12350**

Amount of Each Disbursement this Period

2.00
------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12351**

Amount of Each Disbursement this Period

11.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12352**

Amount of Each Disbursement this Period

6.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12353**

Amount of Each Disbursement this Period

11.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12355**

Amount of Each Disbursement this Period

8.00
------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12348**

Amount of Each Disbursement this Period

11.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input checked="" type="checkbox"/>	30b

New Jersey Democratic State Committee

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '18'. The third display is labeled 'Y Y Y Y' and shows the year '2013'.

8.00

**[MEMO ITEM]**

MM / DD / YYYY

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	9.00

[MEMO ITEM]

553.70

**[MEMO ITEM]**

0.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 99

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Karin Elkis**

Mailing Address 247 Kings Highway West

City Haddonfield State NJ Zip Code 08033

Purpose of Disbursement  
Travel Expenses - Tolls

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 18 / 2013

**Transaction ID : 30b-16-10688-12361**

Amount of Each Disbursement this Period

24.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Karin Elkis**

Mailing Address 247 Kings Highway West

City Haddonfield State NJ Zip Code 08033

Purpose of Disbursement  
Travel Expenses - Lodging

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 18 / 2013

**Transaction ID : 30b-16-10688-12362**

Amount of Each Disbursement this Period

200.54

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Karin Elkis**

Mailing Address 247 Kings Highway West

City Haddonfield State NJ Zip Code 08033

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 18 / 2013

**Transaction ID : 30b-16-10688-12363**

Amount of Each Disbursement this Period

65.09

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Karin Elkis**

Mailing Address 247 Kings Highway West

City	State	Zip Code
Haddonfield	NJ	08033

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12427**

Amount of Each Disbursement this Period

118.10
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Karin Elkis**

Mailing Address 247 Kings Highway West

City	State	Zip Code
Haddonfield	NJ	08033

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12428**

Amount of Each Disbursement this Period

196.00
--------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Karin Elkis**

Mailing Address 247 Kings Highway West

City	State	Zip Code
Haddonfield	NJ	08033

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12426**

Amount of Each Disbursement this Period

122.80
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12357**

Amount of Each Disbursement this Period

8.00
------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12338**

Amount of Each Disbursement this Period

5.00
------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12356**

Amount of Each Disbursement this Period

8.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Observer Highway Parking**

Mailing Address 256 Observer Highway

City	State	Zip Code
Hoboken	NJ	07030

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12337**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12347**

Amount of Each Disbursement this Period

11.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12339**

Amount of Each Disbursement this Period

7.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Observer Highway Parking**

Mailing Address 256 Observer Highway

City	State	Zip Code
Hoboken	NJ	07030

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12340**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12341**

Amount of Each Disbursement this Period

8.00
------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12343**

Amount of Each Disbursement this Period

5.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Central Parking**

Mailing Address 1 Washington Street

City	State	Zip Code
Hoboken	NJ	07030

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12336**

Amount of Each Disbursement this Period

25.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12346**

Amount of Each Disbursement this Period

14.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. New Brunswick Parking Authority**

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement  
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10688-12345**

Amount of Each Disbursement this Period

9.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

New Jersey Democratic State Committee

### A. New Brunswick Parking Authority

Mailing Address One Penn Plaza

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement	Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : 30b-16-10688-12344

Amount of Each Disbursement this Period

3.50

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### B. Hilton - East Brunswick

Mailing Address 3 Tower Center Boulevard

City	State	Zip Code
East Brunswick	NJ	08816

Purpose of Disbursement
Travel Expenses - Parking

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : 30b-16-10688-12342

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

### C. American Express

Mailing Address PO Box 2855

City	State	Zip Code
New York	NY	10116

Purpose of Disbursement	
See Memo Items	

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

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement



Transaction ID : 30b-16-10689-0000

Amount of Each Disbursement this Period

1756.39

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

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

1756.39



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12402**

Amount of Each Disbursement this Period

69.01
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Valero**

Mailing Address 1080 US 206

City	State	Zip Code
Bordentown	NJ	08505

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12401**

Amount of Each Disbursement this Period

40.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ExxonMobil**

Mailing Address I-95 Mile Marker 82

City	State	Zip Code
Aberdeen	MD	21001

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12364**

Amount of Each Disbursement this Period

20.21
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Shell Oil**

Mailing Address 12700 Northborough Drive

City Houston State TX Zip Code 77067

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 18 / 2013

**Transaction ID : 30b-16-10689-12403**

Amount of Each Disbursement this Period

72.69

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **B. AstroGas**

Mailing Address 314 White Horse Pike North

City Lawnside State NJ Zip Code 08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 18 / 2013

**Transaction ID : 30b-16-10689-12397**

Amount of Each Disbursement this Period

65.52

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

## **C. AstroGas**

Mailing Address 314 White Horse Pike North

City Lawnside State NJ Zip Code 08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 18 / 2013

**Transaction ID : 30b-16-10689-12404**

Amount of Each Disbursement this Period

69.00

**[MEMO ITEM]**

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12399**

Amount of Each Disbursement this Period

69.01
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Hess - North Brunswick**

Mailing Address 2800 US Route 1 North

City	State	Zip Code
North Brunswick	NJ	08902

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12398**

Amount of Each Disbursement this Period

69.71
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Sunoco**

Mailing Address 705 Mullica Hill Road

City	State	Zip Code
Richwood	NJ	08062

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12400**

Amount of Each Disbursement this Period

10.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Lukoil**

Mailing Address 921 State Highway 73 North

City	State	Zip Code
Mount Laurel	NJ	08054

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12396**

Amount of Each Disbursement this Period

20.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12395**

Amount of Each Disbursement this Period

33.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12393**

Amount of Each Disbursement this Period

64.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Citgo**

Mailing Address 3034 New Jersey 73

City	State	Zip Code
Maple Shade	NJ	08052

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12407**

Amount of Each Disbursement this Period

74.91
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12413**

Amount of Each Disbursement this Period

38.75
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Wawa**

Mailing Address 421 South White Horse Pike

City	State	Zip Code
Lindenwold	NJ	08021

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12414**

Amount of Each Disbursement this Period

66.35
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12415**

Amount of Each Disbursement this Period

55.01
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Wawa**

Mailing Address 332 South Black Horse Pike

City	State	Zip Code
Williamstown	NJ	08094

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12416**

Amount of Each Disbursement this Period

61.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12417**

Amount of Each Disbursement this Period

34.51
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☒ 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

## **A. Sunoco**

Mailing Address Atlantic City Expressway

City State Zip Code  
 Hammon NJ 08037

Purpose of Disbursement  
 Travel Expenses - Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
 01 / 18 / 2013

**Transaction ID : 30b-16-10689-12418**

Amount of Each Disbursement this Period

71.35

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **B. Wawa**

Mailing Address 1030 Route 70

City State Zip Code  
 Cherry Hill NJ 08003

Purpose of Disbursement  
 Travel Expenses - Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
 01 / 18 / 2013

**Transaction ID : 30b-16-10689-12394**

Amount of Each Disbursement this Period

40.90

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

## **C. AstroGas**

Mailing Address 314 White Horse Pike North

City State Zip Code  
 Lawnside NJ 08045

Purpose of Disbursement  
 Travel Expenses - Gas

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y  
 01 / 18 / 2013

**Transaction ID : 30b-16-10689-12423**

Amount of Each Disbursement this Period

53.00

[MEMO ITEM]

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

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

0.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12406**

Amount of Each Disbursement this Period

73.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Valero**

Mailing Address 1080 US 206

City	State	Zip Code
Bordentown	NJ	08505

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12405**

Amount of Each Disbursement this Period

10.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12424**

Amount of Each Disbursement this Period

30.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12422**

Amount of Each Disbursement this Period

62.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12421**

Amount of Each Disbursement this Period

75.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Sunoco**

Mailing Address New Jersey Turnpike

City	State	Zip Code
Woodbridge	NJ	07095

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12420**

Amount of Each Disbursement this Period

71.40
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12419**

Amount of Each Disbursement this Period

55.55
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12412**

Amount of Each Disbursement this Period

54.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Wawa**

Mailing Address 825 North Black Horse Pike

City	State	Zip Code
Runnemede	NJ	08078

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12411**

Amount of Each Disbursement this Period

54.40
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12410**

Amount of Each Disbursement this Period

53.01
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Pioneer**

Mailing Address 798 Berlin Road

City	State	Zip Code
Cherry Hill	NJ	08034

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12409**

Amount of Each Disbursement this Period

10.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Wawa**

Mailing Address 800 North Black Horse Pike

City	State	Zip Code
Blackwood	NJ	08012

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12408**

Amount of Each Disbursement this Period

47.60
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10689-12425**

Amount of Each Disbursement this Period

62.50
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Bank of America - Visa**

Mailing Address PO Box 15019

City	State	Zip Code
Wilmington	DE	19886-5019

Purpose of Disbursement  
See Memo Items

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-0000**

Amount of Each Disbursement this Period

1802.03
---------

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12462**

Amount of Each Disbursement this Period

57.50
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1802.03
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12454**

Amount of Each Disbursement this Period

40.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12449**

Amount of Each Disbursement this Period

30.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12450**

Amount of Each Disbursement this Period

61.01
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Wawa**

Mailing Address 1700 Center Square Road

City	State	Zip Code
Logan	NJ	08085

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12451**

Amount of Each Disbursement this Period

74.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12452**

Amount of Each Disbursement this Period

63.01
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12453**

Amount of Each Disbursement this Period

58.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12455**

Amount of Each Disbursement this Period

70.00
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**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Shell Oil**

Mailing Address 12700 Northborough Drive

City	State	Zip Code
Houston	TX	77067

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12456**

Amount of Each Disbursement this Period

10.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12457**

Amount of Each Disbursement this Period

51.01
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Riggins**

Mailing Address Fries Mill Road

City	State	Zip Code
Washington	NJ	08080

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12458**

Amount of Each Disbursement this Period

60.47
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12459**

Amount of Each Disbursement this Period

51.03
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12448**

Amount of Each Disbursement this Period

67.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	18	/	2013

**Transaction ID : 30b-16-10690-12461**

Amount of Each Disbursement this Period

51.05
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Lukoil**

Mailing Address 771 West Route 70

City	State	Zip Code
Marlton	NJ	08053

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	18	/	2013

**Transaction ID : 30b-16-10690-12441**

Amount of Each Disbursement this Period

10.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Wawa**

Mailing Address 716 White Horse Pike

City	State	Zip Code
Absecon	NJ	08201

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	18	/	2013

**Transaction ID : 30b-16-10690-12463**

Amount of Each Disbursement this Period

30.00
-------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Sunoco - Cranbury**

Mailing Address New Jersey Turnpike

City	State	Zip Code
Cranbury	NJ	08512

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12460**

Amount of Each Disbursement this Period

30.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Sunoco**

Mailing Address New Jersey Turnpike

City	State	Zip Code
Woodbridge	NJ	07095

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12435**

Amount of Each Disbursement this Period

20.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Wawa**

Mailing Address 1505 New Jersey 73

City	State	Zip Code
Pennsauken	NJ	08110

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12392**

Amount of Each Disbursement this Period

63.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12429**

Amount of Each Disbursement this Period

61.40
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Valero**

Mailing Address 1080 US 206

City	State	Zip Code
Bordentown	NJ	08505

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12430**

Amount of Each Disbursement this Period

69.43
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. Shell Oil**

Mailing Address 12700 Northborough Drive

City	State	Zip Code
Houston	TX	77067

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12431**

Amount of Each Disbursement this Period

10.00
-------

**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Sunoco - Cranbury**

Mailing Address New Jersey Turnpike

City	State	Zip Code
Cranbury	NJ	08512

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12432**

Amount of Each Disbursement this Period

74.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12443**

Amount of Each Disbursement this Period

48.04
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12434**

Amount of Each Disbursement this Period

70.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12447**

Amount of Each Disbursement this Period

59.25
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12436**

Amount of Each Disbursement this Period

68.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12437**

Amount of Each Disbursement this Period

68.75
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Wawa**

Mailing Address 6678 Black Horse Pike

City	State	Zip Code
Egg Harbor	NJ	08234

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12438**

Amount of Each Disbursement this Period

56.01
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Riggins**

Mailing Address Fries Mill Road

City	State	Zip Code
Washington	NJ	08080

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12439**

Amount of Each Disbursement this Period

33.54
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12440**

Amount of Each Disbursement this Period

66.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Wawa**

Mailing Address 1030 Route 70

City	State	Zip Code
Cherry Hill	NJ	08003

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12442**

Amount of Each Disbursement this Period

66.11
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Citgo**

Mailing Address 355 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12444**

Amount of Each Disbursement this Period

53.42
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. AstroGas**

Mailing Address 314 White Horse Pike North

City	State	Zip Code
Lawnside	NJ	08045

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12445**

Amount of Each Disbursement this Period

66.00
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**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

0.00
------

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 48 OF 99

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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)

**New Jersey Democratic State Committee**

Full Name (Last, First, Middle Initial)

**A. Speedy Mart**

Mailing Address 201 US Highway 130

City	State	Zip Code
Burlington	NJ	08016

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12446**

Amount of Each Disbursement this Period

15.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Sunoco - Cranbury**

Mailing Address New Jersey Turnpike

City	State	Zip Code
Cranbury	NJ	08512

Purpose of Disbursement  
Travel Expenses - Gas

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		18		2013

**Transaction ID : 30b-16-10690-12433**

Amount of Each Disbursement this Period

20.00
-------

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**C. ADP, Inc**

Mailing Address 1125 Virginia Drive

City	State	Zip Code
Fort Washington	PA	19034

Purpose of Disbursement  
Payroll Taxes

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		28		2013

**Transaction ID : 30b-16-10695-12468**

Amount of Each Disbursement this Period

1386.09
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1386.09
---------

6464.24
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**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 49 OF 99

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

CPI Inc

Nature of Debt (Purpose):

Telecommunications Services

Mailing Address PO Box 664

City State

Zip Code

Long Valley

NJ

07853

Outstanding Balance Beginning This Period

823.91

Transaction ID : 10-000096

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

823.91

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

Royal Printing Service

Nature of Debt (Purpose):

Printing Services

Mailing Address PO Box 1000

City State

Zip Code

West New York

NJ

07093

Outstanding Balance Beginning This Period

16151.65

Transaction ID : 10-000085

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

16151.65

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City

State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

18964.86

Transaction ID : 10-000092

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18964.86

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

35940.42

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) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 50 OF 99

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

9741.23

Transaction ID : 10-000093

Amount Incurred This Period

0.00

Payment This Period

224.12

Outstanding Balance at Close of This Period

9517.11

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

7625.55

Transaction ID : 10-000094

Amount Incurred This Period

0.00

Payment This Period

177.59

Outstanding Balance at Close of This Period

7447.96

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

TD Bank - Visa

Nature of Debt (Purpose):

General Fundraising Expenses

Mailing Address PO Box 2580

City

State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

8281.03

Transaction ID : 10-000095

Amount Incurred This Period

0.00

Payment This Period

200.00

Outstanding Balance at Close of This Period

8081.03

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

25046.10

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) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 51 OF 99

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

3373.87

Transaction ID : 10-000099

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3373.87

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

4659.76

Transaction ID : 10-000100

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4659.76

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City

State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

1548.55

Transaction ID : 10-000104

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1548.55

1) **SUBTOTALS** This Period This Page (optional)..... ►

9582.18

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) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 52 OF 99

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

8557.14

Transaction ID : 10-000105

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8557.14

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

4983.10

Transaction ID : 10-000108

Amount Incurred This Period

0.00

Payment This Period

3146.63

Outstanding Balance at Close of This Period

1836.47

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

TD Bank - Visa

Nature of Debt (Purpose):

Travel &amp; Other Expenses

Mailing Address PO Box 2580

City

State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

645.69

Transaction ID : 10-000109

Amount Incurred This Period

0.00

Payment This Period

645.69

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

10393.61

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) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 53 OF 99

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

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

TD Bank - Visa

Nature of Debt (Purpose):  
Travel & Other Expenses

Mailing Address PO Box 2580

City State

Zip Code

Cherry Hill

NJ

08034

Outstanding Balance Beginning This Period

9895.13

Transaction ID : 10-000110

Amount Incurred This Period

0.00

Payment This Period

3485.84

Outstanding Balance at Close of This Period

6409.29

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

6409.29

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

87371.60

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

0.00

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

87371.60

**SCHEDULE H1 (FEC Form 3X)****METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

Transaction ID : H1-000001

**USE ONLY ONE SECTION, A or B****A. State and Local Party Committees****Fixed Percentage (select one)**

\_\_\_\_\_ Presidential-Only Election Year (28% Federal)

\_\_\_\_\_ Presidential and Senate Election Year (36% Federal)

☒ \_\_\_\_\_ Senate-Only Election Year (21% Federal)

\_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees****Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐  
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

**SCHEDULE H2 (FEC Form 3X)****ALLOCATION RATIOS**

PAGE 55 OF 99

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

<b>ACTIVITY OR EVENT IDENTIFIER</b> General Fundraising <hr/> <b>ACTIVITY IS:</b> <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Same as Previously Reported <b>Transaction ID : H2-16</b>	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">25.00</div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">75.00</div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b> <hr/> <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b> <hr/> <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b> <hr/> <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b> <hr/> <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %
<b>ACTIVITY OR EVENT IDENTIFIER</b> <hr/> <b>ACTIVITY IS:</b> <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support <b>CHECK IF THE RATIO IS:</b> <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	<b>FEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %	<b>NONFEDERAL %</b> <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div> %

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 56 OF 99

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ADP Payroll Services</b>		<b>Transaction ID : 21a-01-09997-16564</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1125 Virginia Drive					
City Fort Washington	State NJ	Zip Code 19034			
Purpose of Disbursement: Payroll Processing Fees				Allocated Activity or Event Year-To-Date 253.45	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date 01 / 04 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
91.24			162.21		253.45

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Med-I-Bank</b>		<b>Transaction ID : 21a-01-09998-16565</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400-2 Totten Pond Road					
City Waltham	State MA	Zip Code 02451			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 378.45	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 07 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
26.25			98.75		125.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Med-I-Bank</b>		<b>Transaction ID : 21a-01-09998-16603</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400-2 Totten Pond Road					
City Waltham	State MA	Zip Code 02451			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 429.64	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 07 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
10.75			40.44		51.19

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
128.24		301.40		429.64

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: H4  
Transaction ID :

No transactions reported this period on schedule H4 for salary or insurance relate to employees who spent more than 25% of their time on FEA.

Form/Schedule:  
Transaction ID:

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 58 OF 99

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Aetna US Health Care</b>		<b>Transaction ID : 21a-01-09871-16235</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia State PA Zip Code 19170-0233				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Insurance				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>Admin 13/14</b>		Category/ Type		Allocated Activity or Event Year-To-Date 762.64	
				Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.93			263.07		333.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Aetna US Health Care</b>		<b>Transaction ID : 21a-01-09871-16236</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia State PA Zip Code 19170-0233				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Insurance				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 13/14		Category/ Type		Allocated Activity or Event Year-To-Date 1095.64	
				Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.93			263.07		333.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Aetna US Health Care</b>		<b>Transaction ID : 21a-01-09871-16237</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia State PA Zip Code 19170-0233				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Insurance				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 13/14		Category/ Type		Allocated Activity or Event Year-To-Date 1428.64	
				Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
69.93			263.07		333.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
209.79		789.21		999.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 59 OF 99

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Aetna US Health Care</b>		<b>Transaction ID : 21a-01-09871-16238</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia State PA Zip Code 19170-0233				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Insurance				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>Admin 13/14</b>		Category/ Type		Allocated Activity or Event Year-To-Date 1761.64	
Date		MM / DD / YYYY 01 / 11 / 2013			
FEDERAL SHARE		+		NONFEDERAL SHARE	
69.93				263.07	
		=		TOTAL AMOUNT	
				333.00	

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Aetna US Health Care</b>		<b>Transaction ID : 21a-01-09871-16240</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO Box 7247-0233				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Philadelphia State PA Zip Code 19170-0233				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Insurance				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 13/14		Category/ Type		Allocated Activity or Event Year-To-Date 2094.64	
Date		MM / DD / YYYY 01 / 11 / 2013			
FEDERAL SHARE		+		NONFEDERAL SHARE	
69.93				263.07	
		=		TOTAL AMOUNT	
				333.00	

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Horizon Blue Cross Blue Shield of NJ</b>		<b>Transaction ID : 21a-01-09872-16242</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO Box 1738				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Newark State NJ Zip Code 07101				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Insurance				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 13/14		Category/ Type		Allocated Activity or Event Year-To-Date 2132.56	
Date		MM / DD / YYYY 01 / 11 / 2013			
FEDERAL SHARE		+		NONFEDERAL SHARE	
7.96				29.96	
		=		TOTAL AMOUNT	
				37.92	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
147.82		556.10		703.92

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Horizon Blue Cross Blue Shield of NJ</b>			<b>Transaction ID : 21a-01-09872-16243</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1738						Allocated Activity or Event Year-To-Date 2170.48		
City Newark		State NJ		Zip Code 07101		Date MM / DD / YYYY 01 / 11 / 2013		
Purpose of Disbursement: Insurance				Category/ Type		Allocated Activity or Event Year-To-Date 2170.48		
Activity or Event Identifier: Admin 13/14						Date MM / DD / YYYY 01 / 11 / 2013		
FEDERAL SHARE			+			NONFEDERAL SHARE		
7.96						29.96		
			=			TOTAL AMOUNT		
						37.92		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Horizon Blue Cross Blue Shield of NJ</b>			<b>Transaction ID : 21a-01-09872-16244</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1738						Allocated Activity or Event Year-To-Date 2208.40		
City Newark		State NJ		Zip Code 07101		Date MM / DD / YYYY 01 / 11 / 2013		
Purpose of Disbursement: Insurance				Category/ Type		Allocated Activity or Event Year-To-Date 2208.40		
Activity or Event Identifier: Admin 13/14						Date MM / DD / YYYY 01 / 11 / 2013		
FEDERAL SHARE			+			NONFEDERAL SHARE		
7.96						29.96		
			=			TOTAL AMOUNT		
						37.92		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Horizon Blue Cross Blue Shield of NJ</b>			<b>Transaction ID : 21a-01-09872-16245</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1738						Allocated Activity or Event Year-To-Date 2246.32		
City Newark		State NJ		Zip Code 07101		Date MM / DD / YYYY 01 / 11 / 2013		
Purpose of Disbursement: Insurance				Category/ Type		Allocated Activity or Event Year-To-Date 2246.32		
Activity or Event Identifier: Admin 13/14						Date MM / DD / YYYY 01 / 11 / 2013		
FEDERAL SHARE			+			NONFEDERAL SHARE		
7.96						29.96		
			=			TOTAL AMOUNT		
						37.92		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
23.88		89.88		113.76

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Horizon Blue Cross Blue Shield of NJ</b>			<b>Transaction ID : 21a-01-09872-16246</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 1738						Allocated Activity or Event Year-To-Date 2284.24		
City Newark		State NJ		Zip Code 07101		Date MM / DD / YYYY 01 / 11 / 2013		
Purpose of Disbursement: Insurance				Category/ Type		Allocated Activity or Event Year-To-Date 2284.24		
Activity or Event Identifier: Admin 13/14						Date MM / DD / YYYY 01 / 11 / 2013		
FEDERAL SHARE			+			NONFEDERAL SHARE		
7.96						29.96		
			=			TOTAL AMOUNT		
						37.92		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Brown &amp; Brown of NJ Inc</b>			<b>Transaction ID : 21a-01-09873-16247</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 206 West High Street - Box 160						Allocated Activity or Event Year-To-Date 2829.91		
City Glassboro		State NJ		Zip Code 08028		Date MM / DD / YYYY 01 / 11 / 2013		
Purpose of Disbursement: Insurance				Category/ Type		Allocated Activity or Event Year-To-Date 2829.91		
Activity or Event Identifier: Admin 13/14						Date MM / DD / YYYY 01 / 11 / 2013		
FEDERAL SHARE			+			NONFEDERAL SHARE		
114.59						431.08		
			=			TOTAL AMOUNT		
						545.67		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Commercial Cleaning Corporation</b>			<b>Transaction ID : 21a-01-09874-16248</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1602 Pennington Road						Allocated Activity or Event Year-To-Date 3456.93		
City Trenton		State NJ		Zip Code 08618		Date MM / DD / YYYY 01 / 11 / 2013		
Purpose of Disbursement: Office Services - Facilities Maintenance				Category/ Type		Allocated Activity or Event Year-To-Date 3456.93		
Activity or Event Identifier: Admin 11/12						Date MM / DD / YYYY 01 / 11 / 2013		
FEDERAL SHARE			+			NONFEDERAL SHARE		
225.73						401.29		
			=			TOTAL AMOUNT		
						627.02		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
348.28		862.33		1210.61

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 62 OF 99

FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Supreme Security Systems</b>		<b>Transaction ID : 21a-01-09875-16250</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1565 Union Avenue					
City Union	State NJ	Zip Code 07083			
Purpose of Disbursement: Office Services - Security				Allocated Activity or Event Year-To-Date 3864.09	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
85.50			321.66		407.16

<b>B. Full Name (Last, First, Middle Initial)</b> <b>PSE&amp;G</b>		<b>Transaction ID : 21a-01-09876-16251</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 14444					
City New Brunswick	State NJ	Zip Code 08906			
Purpose of Disbursement: Utilities				Allocated Activity or Event Year-To-Date 4034.47	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
35.78			134.60		170.38

<b>C. Full Name (Last, First, Middle Initial)</b> <b>PSE&amp;G</b>		<b>Transaction ID : 21a-01-09877-16252</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 14444					
City New Brunswick	State NJ	Zip Code 08906			
Purpose of Disbursement: Utilities				Allocated Activity or Event Year-To-Date 4309.93	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
57.85			217.61		275.46

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
179.13		673.87		853.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>PSE&amp;G</b>		<b>Transaction ID : 21a-01-09878-16253</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 14444					
City New Brunswick	State NJ	Zip Code 08906			
Purpose of Disbursement: Utilities				Allocated Activity or Event Year-To-Date 4559.86	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
52.49			197.44		249.93

<b>B. Full Name (Last, First, Middle Initial)</b> <b>GE Capital</b>		<b>Transaction ID : 21a-01-09879-16254</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 642111					
City Pittsburgh	State PA	Zip Code 15264-2111			
Purpose of Disbursement: Office Equipment				Allocated Activity or Event Year-To-Date 5048.20	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
102.55			385.79		488.34

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Staples</b>		<b>Transaction ID : 21a-01-09880-16255</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Staples Credit Plan - PO Box 68902 Dept 51					
City Des Moines	State IA	Zip Code 50368-9020			
Purpose of Disbursement: Office Supplies				Allocated Activity or Event Year-To-Date 5125.77	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
16.29			61.28		77.57

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
171.33		644.51		815.84

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Crossroads Consulting Inc</b>			<b>Transaction ID : 21a-01-09881-16256</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 707 H Street NW 3rd Floor								
City Washington		State DC		Zip Code 20001				
Purpose of Disbursement: Internet Services				Category/ Type		Allocated Activity or Event Year-To-Date 6050.77		
Activity or Event Identifier: Admin 13/14						Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
<input type="text" value="194.25"/>						<input type="text" value="925.00"/>		
						<input type="text" value="730.75"/>		
						<input type="text" value="925.00"/>		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Common Sense Consulting</b>			<b>Transaction ID : 21a-01-09882-16257</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address PO Box 21								
City Hopewell		State NJ		Zip Code 08525				
Purpose of Disbursement: Compliance Services				Category/ Type		Allocated Activity or Event Year-To-Date 12050.77		
Activity or Event Identifier: Admin 13/14						Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
<input type="text" value="1260.00"/>						<input type="text" value="6000.00"/>		
						<input type="text" value="4740.00"/>		
						<input type="text" value="6000.00"/>		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ADP Payroll Services</b>			<b>Transaction ID : 21a-01-09999-16568</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1125 Virginia Drive								
City Fort Washington		State NJ		Zip Code 19034				
Purpose of Disbursement: Payroll Processing Fees				Category/ Type		Allocated Activity or Event Year-To-Date 12173.47		
Activity or Event Identifier: Admin 13/14						Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
<input type="text" value="25.77"/>						<input type="text" value="122.70"/>		
						<input type="text" value="96.93"/>		
						<input type="text" value="122.70"/>		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="1480.02"/>		<input type="text" value="5567.68"/>		<input type="text" value="7047.70"/>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Med-I-Bank</b>		<b>Transaction ID : 21a-01-10000-16569</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400-2 Totten Pond Road				Allocated Activity or Event Year-To-Date 12213.47	
City Waltham	State MA	Zip Code 02451		Date <input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Insurance					
Activity or Event Identifier: <b>Admin 13/14</b>		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.40			31.60		40.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Med-I-Bank</b>		<b>Transaction ID : 21a-01-10001-16572</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 400-2 Totten Pond Road				Allocated Activity or Event Year-To-Date 12223.47	
City Waltham	State MA	Zip Code 02451		Date <input type="text" value="01"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Insurance					
Activity or Event Identifier: Admin 13/14		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.10			7.90		10.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Matthew Barron</b>		<b>Transaction ID : 21a-01-09891-16322</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Pheasant Hollow Drive				Allocated Activity or Event Year-To-Date 12780.57	
City Plainsboro	State NJ	Zip Code 08536		Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Salary					
Activity or Event Identifier: Admin 13/14		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
116.99			440.11		557.10

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.49		479.61		607.10

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Alicia R D'Alessandro</b>			<b>Transaction ID : 21a-01-09892-16323</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 111 Bond Avenue								
City Lavallette		State NJ		Zip Code 08735				
Purpose of Disbursement: Salary				Category/ Type		Allocated Activity or Event Year-To-Date 14367.56		
Activity or Event Identifier: Admin 13/14						Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
333.27						1253.72		
			=			TOTAL AMOUNT		
						1586.99		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Margaret L. Martin</b>			<b>Transaction ID : 21a-01-09893-16324</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 777 West State Street Apt 9B								
City Trenton		State NJ		Zip Code 08618				
Purpose of Disbursement: Salary				Category/ Type		Allocated Activity or Event Year-To-Date 15861.39		
Activity or Event Identifier: Admin 13/14						Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
313.70						1180.13		
			=			TOTAL AMOUNT		
						1493.83		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Paul Andrew Penna</b>			<b>Transaction ID : 21a-01-09894-16325</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 20 Vanderveer Drive								
City Lawrenceville		State NJ		Zip Code 08648				
Purpose of Disbursement: Salary				Category/ Type		Allocated Activity or Event Year-To-Date 18889.66		
Activity or Event Identifier: Admin 13/14						Date <input type="text" value="01"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
635.94						2392.33		
			=			TOTAL AMOUNT		
						3028.27		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1282.91		4826.18		6109.09

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Daniel C. Dollbaum</b>		<b>Transaction ID : 21a-01-09895-16326</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6 Butler Place					
City Kearny	State NJ	Zip Code 07032			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 21218.25	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
489.00			1839.59		2328.59

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Matthew Bonasia</b>		<b>Transaction ID : 21a-01-09896-16327</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2122 Newark Avenue					
City Scotch Plains	State NJ	Zip Code 07076			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 22762.08	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
324.20			1219.63		1543.83

<b>C. Full Name (Last, First, Middle Initial)</b> <b>United States Federal Government</b>		<b>Transaction ID : 21a-01-09897-16332</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Internal Revenue Service					
City Washington	State DC	Zip Code 20001			
Purpose of Disbursement: Payroll Taxes				Allocated Activity or Event Year-To-Date 27321.15	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
957.40			3601.67		4559.07

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1770.60		6660.89		8431.49

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>State of New Jersey</b>		<b>Transaction ID : 21a-01-09898-16333</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of Treasury					
City Trenton	State NJ	Zip Code 08625			
Purpose of Disbursement: Payroll Taxes				Allocated Activity or Event Year-To-Date 28960.54	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date MM / DD / YYYY 01 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
344.27			1295.12		1639.39

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Bank of America</b>		<b>Transaction ID : 21a-01-10002-16575</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 East State Street					
City Trenton	State NJ	Zip Code 08608			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 29181.80	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date MM / DD / YYYY 01 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
46.46			174.80		221.26

<b>C. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09883-0066</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: See Memo Items				Allocated Activity or Event Year-To-Date 32328.43	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1132.79			2013.84		3146.63

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1523.52		3483.76		5007.28

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09883-16258</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
114.92			204.29		319.21

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Hilton Hotels</b>		<b>Transaction ID : 21a-01-09883-16259</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1919 Connecticut Avenue NW					
City Washington	State DC	Zip Code 20005			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
53.63			95.35		148.98

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Dunkin Donuts</b>		<b>Transaction ID : 21a-01-09883-16260</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 4500 Bordentown Avenue					
City Sayreville	State NJ	Zip Code 08872			
Purpose of Disbursement: Food & Beverage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
0.81			1.43		2.24

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Marketplace Wines</b>		<b>Transaction ID : 21a-01-09883-16261</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 647-G Route 18					
City East Brunswick	State NJ	Zip Code 08816			
Purpose of Disbursement: Food & Beverage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.98			67.51		105.49

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Amtrak</b>		<b>Transaction ID : 21a-01-09883-16262</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 Massachusetts Avenue NE					
City Washington	State DC	Zip Code 20002			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
466.56			829.44		1296.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Nexus Parking Systems</b>		<b>Transaction ID : 21a-01-09883-16263</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1333 Brunswick Pike					
City Lawrence	State NJ	Zip Code 08648			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.80			3.20		5.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Sundance Zoom</b>		<b>Transaction ID : 21a-01-09883-16264</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 660 Main Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Sundance State UT Zip Code 84060				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Food & Beverage				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
[MEMO ITEM]				Date 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
370.27			658.25		1028.52

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Montage Deer Valley</b>		<b>Transaction ID : 21a-01-09883-16265</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO Box 4680				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Park City State UT Zip Code 84060				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Travel Expenses				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 11/12		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
[MEMO ITEM]				Date 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.59			6.39		9.98

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Jacqueline's Florist &amp; Gifts</b>		<b>Transaction ID : 21a-01-09883-16266</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 369 Bordentown Avenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City South Amboy State NJ Zip Code 08879				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Office Expense				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 11/12		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
[MEMO ITEM]				Date 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
28.49			50.64		79.13

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Dunkin Donuts</b>		<b>Transaction ID : 21a-01-09883-16288</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 4500 Bordentown Avenue				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Sayreville State NJ Zip Code 08872				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Food & Beverage				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>Admin 11/12</b>				Allocated Activity or Event Year-To-Date 0.00	
[MEMO ITEM]		Category/ Type		Date 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.61			2.86		4.47

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Amtrak</b>		<b>Transaction ID : 21a-01-09883-16289</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 50 Massachusetts Avenue NE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Washington State DC Zip Code 20002				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Credit - Overpayment - Travel Expenses				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 11/12				Allocated Activity or Event Year-To-Date 0.00	
[MEMO ITEM]		Category/ Type		Date 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-155.52			-276.48		-432.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Amtrak</b>		<b>Transaction ID : 21a-01-09883-16290</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 50 Massachusetts Avenue NE				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Washington State DC Zip Code 20002				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Travel Expenses				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 11/12				Allocated Activity or Event Year-To-Date 0.00	
[MEMO ITEM]		Category/ Type		Date 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.71			3.04		4.75

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Amtrak</b>		<b>Transaction ID : 21a-01-09883-16291</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 50 Massachusetts Avenue NE				Allocated Activity or Event Year-To-Date 0.00	
City Washington	State DC	Zip Code 20002		Date MM / DD / YYYY 01 / 16 / 2013	
Purpose of Disbursement: Travel Expenses		Category/ Type			
Activity or Event Identifier: <b>Admin 11/12</b>					
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.80			3.20		5.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>LSA Limousines</b>		<b>Transaction ID : 21a-01-09883-16292</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 8401 Colesville Road				Allocated Activity or Event Year-To-Date 0.00	
City Silver Spring	State MD	Zip Code 20910		Date MM / DD / YYYY 01 / 16 / 2013	
Purpose of Disbursement: Travel Expenses		Category/ Type			
Activity or Event Identifier: Admin 11/12					
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.76			58.24		91.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Montage Deer Valley</b>		<b>Transaction ID : 21a-01-09883-16293</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4680				Allocated Activity or Event Year-To-Date 0.00	
City Park City	State UT	Zip Code 84060		Date MM / DD / YYYY 01 / 16 / 2013	
Purpose of Disbursement: Travel Expenses		Category/ Type			
Activity or Event Identifier: Admin 11/12					
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
172.39			306.47		478.86

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09884-0066</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: See Memo Items				Allocated Activity or Event Year-To-Date 35814.27	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1254.90			2230.94		3485.84

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Montage Deer Valley</b>		<b>Transaction ID : 21a-01-09884-16267</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4680					
City Park City	State UT	Zip Code 84060			
Purpose of Disbursement: Credit - Overpayment - Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
-71.18			-126.53		-197.71

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Montage Deer Valley</b>		<b>Transaction ID : 21a-01-09884-16268</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4680					
City Park City	State UT	Zip Code 84060			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
64.19			114.12		178.31

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1254.90		2230.94		3485.84

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Liberty Commons</b>		<b>Transaction ID : 21a-01-09884-16269</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 16 East Front Street					
City Trenton	State NJ	Zip Code 08608			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.16			3.84		6.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09884-16270</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.22			59.05		92.27

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Montage Deer Valley</b>		<b>Transaction ID : 21a-01-09884-16294</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4680					
City Park City	State UT	Zip Code 84060			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
82.17			146.07		228.24

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Montage Deer Valley</b>		<b>Transaction ID : 21a-01-09884-16295</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 4680					
City Park City	State UT	Zip Code 84060			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
142.35			253.07		395.42

<b>B. Full Name (Last, First, Middle Initial)</b> <b>All Resort Express</b>		<b>Transaction ID : 21a-01-09884-16296</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1555 Lower Iron Horse Loop Road					
City Park City	State UT	Zip Code 84060			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.52			20.48		32.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>New Brunswick Parking Authority</b>		<b>Transaction ID : 21a-01-09884-16297</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address One Penn Plaza					
City New Brunswick	State NJ	Zip Code 08901			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.44			2.56		4.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Old Man Rafferty's</b>		<b>Transaction ID : 21a-01-09884-16298</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 106 Albany Street					
City New Brunswick	State NJ	Zip Code 08901			
Purpose of Disbursement: Food & Beverage		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
12.87			22.89		35.76

<b>B. Full Name (Last, First, Middle Initial)</b> <b>A 1 Limousine</b>		<b>Transaction ID : 21a-01-09884-16299</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2 Emmons Drive					
City Princeton	State NJ	Zip Code 08540			
Purpose of Disbursement: Travel Expenses		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
78.72			139.94		218.66

<b>C. Full Name (Last, First, Middle Initial)</b> <b>No Name Saloon</b>		<b>Transaction ID : 21a-01-09884-16300</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 447 Main Street					
City Park City	State UT	Zip Code 84060			
Purpose of Disbursement: Food & Beverage		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
7.02			12.48		19.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>O'Shucks Bar</b>		<b>Transaction ID : 21a-01-09884-16301</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 427 Main Street					
City Park City	State UT	Zip Code 84060			
Purpose of Disbursement: Food & Beverage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.97			24.83		38.80

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Daly's Pub</b>		<b>Transaction ID : 21a-01-09884-16302</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 9100 Marsac Avenue					
City Park City	State UT	Zip Code 84060			
Purpose of Disbursement: Food & Beverage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.16			10.94		17.10

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Renaissance Charlotte Suites</b>		<b>Transaction ID : 21a-01-09884-16303</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2800 Coliseum Center Drive					
City Charlotte	State NJ	Zip Code 28217			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
149.01			264.90		413.91

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Old Man Rafferty's</b>		<b>Transaction ID : 21a-01-09884-16304</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 106 Albany Street					
City New Brunswick	State NJ	Zip Code 08901			
Purpose of Disbursement: Food & Beverage		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b> [MEMO ITEM]				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
17.46			31.04		48.50

<b>B. Full Name (Last, First, Middle Initial)</b> <b>A 1 Limousine</b>		<b>Transaction ID : 21a-01-09884-16305</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2 Emmons Drive					
City Princeton	State NJ	Zip Code 08540			
Purpose of Disbursement: Travel Expenses		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12 [MEMO ITEM]				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
84.67			150.53		235.20

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Witherspoon Grill</b>		<b>Transaction ID : 21a-01-09884-16306</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 25 Witherspoon Street					
City Princeton	State NJ	Zip Code 08540			
Purpose of Disbursement: Food & Beverage		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12 [MEMO ITEM]				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
101.50			180.45		281.95

**SUBTOTAL of Allocated Federal and NonFederal Activity This Page**

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))**

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Borough of Princeton Parking</b>		<b>Transaction ID : 21a-01-09884-16307</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Borough Hall				Allocated Activity or Event Year-To-Date 0.00	
City Princeton	State NJ	Zip Code 08540		Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Travel Expenses					
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.35			2.40		3.75

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Borough of Princeton Parking</b>		<b>Transaction ID : 21a-01-09884-16308</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Borough Hall				Allocated Activity or Event Year-To-Date 0.00	
City Princeton	State NJ	Zip Code 08540		Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Travel Expenses					
Activity or Event Identifier: Admin 11/12		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.35			2.40		3.75

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Staples</b>		<b>Transaction ID : 21a-01-09884-16309</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 670 Route 33				Allocated Activity or Event Year-To-Date 0.00	
City Hamilton	State NJ	Zip Code 08619		Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
Purpose of Disbursement: Office Supplies					
Activity or Event Identifier: Admin 11/12		Category/ Type			
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.34			11.28		17.62

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT





**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>US Postal Service - Trenton</b>			<b>Transaction ID : 21a-01-09884-16313</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 20 South Montgomery Street								
City Trenton		State NJ		Zip Code 08608				
Purpose of Disbursement: Postage				Category/ Type		Allocated Activity or Event Year-To-Date 0.00		
Activity or Event Identifier: <b>Admin 11/12</b> [MEMO ITEM]						Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
97.20						=		
			172.80			TOTAL AMOUNT		
						270.00		

<b>B. Full Name (Last, First, Middle Initial)</b> <b>US Postal Service - Trenton</b>			<b>Transaction ID : 21a-01-09884-16314</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 20 South Montgomery Street								
City Trenton		State NJ		Zip Code 08608				
Purpose of Disbursement: Postage				Category/ Type		Allocated Activity or Event Year-To-Date 0.00		
Activity or Event Identifier: Admin 11/12 [MEMO ITEM]						Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
129.60						=		
			230.40			TOTAL AMOUNT		
						360.00		

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Mack Industries Inc</b>			<b>Transaction ID : 21a-01-09884-16315</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 560 Perry Street								
City Trenton		State NJ		Zip Code 08618				
Purpose of Disbursement: Office Services - HVAC				Category/ Type		Allocated Activity or Event Year-To-Date 0.00		
Activity or Event Identifier: Admin 11/12 [MEMO ITEM]						Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>		
FEDERAL SHARE			+			NONFEDERAL SHARE		
14.19						=		
			25.22			TOTAL AMOUNT		
						39.41		

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Mack Industries Inc</b>		<b>Transaction ID : 21a-01-09884-16316</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 560 Perry Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Trenton	State NJ	Zip Code 08618			
Purpose of Disbursement: Office Services - HVAC				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
202.68			360.32		563.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Mack Industries Inc</b>		<b>Transaction ID : 21a-01-09884-16317</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 560 Perry Street				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Trenton	State NJ	Zip Code 08618			
Purpose of Disbursement: Office Services - HVAC				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.77			26.25		41.02

<b>C. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09885-0066</b>		<b>Allocated Activity or Event:</b>	
Mailing Address PO Box 2580				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: See Memo Items				Allocated Activity or Event Year-To-Date 36958.11	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
411.78			732.06		1143.84

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
411.78		732.06		1143.84

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09885-16271</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 11/12</b>				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
87.78			156.06		243.84

<b>B. Full Name (Last, First, Middle Initial)</b> <b>US Postal Service</b>		<b>Transaction ID : 21a-01-09885-16273</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 20 South Montgomery Street					
City Trenton	State NJ	Zip Code 08608			
Purpose of Disbursement: Postage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
232.45			413.24		645.69

<b>C. Full Name (Last, First, Middle Initial)</b> <b>US Postal Service</b>		<b>Transaction ID : 21a-01-09885-16382</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 20 South Montgomery Street					
City Trenton	State NJ	Zip Code 08608			
Purpose of Disbursement: Postage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12				Date <input type="text" value="01"/> / <input type="text" value="16"/> / <input type="text" value="2013"/>	
[MEMO ITEM]		Category/ Type			
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
91.55			162.76		254.31

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09886-0056</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: See Memo Items				Allocated Activity or Event Year-To-Date 37135.70	
Activity or Event Identifier: Admin 09/10		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
26.64			150.95		177.59

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Mulberry Street Restaurant</b>		<b>Transaction ID : 21a-01-09886-16275</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 739 Rahway Avenue					
City Woodbridge	State NJ	Zip Code 07095			
Purpose of Disbursement: Food & Beverage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 09/10		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
10.74			60.86		71.60

<b>C. Full Name (Last, First, Middle Initial)</b> <b>The Kilkenny House Restaurant</b>		<b>Transaction ID : 21a-01-09886-16276</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 112 South Avenue East					
City Cranford	State NJ	Zip Code 07016			
Purpose of Disbursement: Food & Beverage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 09/10		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
10.55			59.76		70.31

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
26.64		150.95		177.59

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Marriott</b>		<b>Transaction ID : 21a-01-09886-16279</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 700 Commons Way					
City Bridgewater	State NJ	Zip Code 08807			
Purpose of Disbursement: Food & Beverage				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 09/10</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.35			30.33		35.68

<b>B. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09886-0066</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: See Memo Items				Allocated Activity or Event Year-To-Date 37175.28	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.25			25.33		39.58

<b>C. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09886-16278</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.25			25.33		39.58

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.25		25.33		39.58

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09887-0056</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: See Memo Items				Allocated Activity or Event Year-To-Date 37399.40	
Activity or Event Identifier: <b>Admin 09/10</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
33.62			190.50		224.12

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Fonlogix LLC</b>		<b>Transaction ID : 21a-01-09887-16318</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 16726 146th Street SE					
City Monroe	State WA	Zip Code 98272			
Purpose of Disbursement: Office Supplies				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 09/10		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1.66			9.40		11.06

<b>C. Full Name (Last, First, Middle Initial)</b> <b>BuyDig.com</b>		<b>Transaction ID : 21a-01-09887-16281</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 80 Carter Drive					
City Edison	State NJ	Zip Code 08817			
Purpose of Disbursement: Office Supplies				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 09/10		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
28.70			162.65		191.35

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.62		190.50		224.12

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Broad Street Diner</b>		<b>Transaction ID : 21a-01-09887-16283</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2654 South Broad Street					
City Hamilton	State NJ	Zip Code 08610			
Purpose of Disbursement: Travel Expenses				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: <b>Admin 09/10</b>		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
3.26			18.45		21.71

<b>B. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09887-0066</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: See Memo Items				Allocated Activity or Event Year-To-Date 37449.78	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
18.14			32.24		50.38

<b>C. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09887-16282</b>		<b>Allocated Activity or Event:</b> <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 2580					
City Cherry Hill	State NJ	Zip Code 08034			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: Admin 11/12		Category/ Type		Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
18.14			32.24		50.38

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
18.14		32.24		50.38

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>North Carolina Democratic Party - Federal</b>			<b>Transaction ID : 21a-01-09899-16338</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 220 Hillsborough Street								
City Raleigh		State NC		Zip Code 27603				
Purpose of Disbursement: Office Equipment				Category/ Type		Allocated Activity or Event Year-To-Date 40049.78		
Activity or Event Identifier: Admin 13/14						Date <input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
546.00				2054.00				2600.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ADP Payroll Services</b>			<b>Transaction ID : 21a-01-10003-16576</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1125 Virginia Drive								
City Fort Washington		State NJ		Zip Code 19034				
Purpose of Disbursement: Payroll Processing Fees				Category/ Type		Allocated Activity or Event Year-To-Date 40278.18		
Activity or Event Identifier: Admin 13/14						Date <input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
47.96				180.44				228.40

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ADP Payroll Services</b>			<b>Transaction ID : 21a-01-10004-16577</b>			Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1125 Virginia Drive								
City Fort Washington		State NJ		Zip Code 19034				
Purpose of Disbursement: Payroll Taxes				Category/ Type		Allocated Activity or Event Year-To-Date 40572.18		
Activity or Event Identifier: Admin 11/12						Date <input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>		
FEDERAL SHARE		+		NONFEDERAL SHARE		=		TOTAL AMOUNT
105.84				188.16				294.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
699.80		2422.60		3122.40

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Med-I-Bank</b>		<b>Transaction ID : 21a-01-10005-16578</b>		<b>Allocated Activity or Event:</b>	
Mailing Address 400-2 Totten Pond Road				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Waltham State MA Zip Code 02451				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Insurance				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: <b>Admin 13/14</b>		Category/ Type		Allocated Activity or Event Year-To-Date 40592.18	
				Date 01 / 30 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20			15.80		20.00

<b>B. Full Name (Last, First, Middle Initial)</b> <b>United States Federal Government</b>		<b>Transaction ID : 21a-01-09927-16390</b>		<b>Allocated Activity or Event:</b>	
Mailing Address Internal Revenue Service				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Washington State DC Zip Code 20001				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Payroll Taxes				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 13/14		Category/ Type		Allocated Activity or Event Year-To-Date 45146.78	
				Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
956.47			3598.13		4554.60

<b>C. Full Name (Last, First, Middle Initial)</b> <b>State of New Jersey</b>		<b>Transaction ID : 21a-01-09928-16391</b>		<b>Allocated Activity or Event:</b>	
Mailing Address Department of Treasury				<input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
City Trenton State NJ Zip Code 08625				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
Purpose of Disbursement: Payroll Taxes				<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Activity or Event Identifier: Admin 13/14		Category/ Type		Allocated Activity or Event Year-To-Date 46786.14	
				Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE	=	TOTAL AMOUNT
344.27			1295.09		1639.36

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1304.94		4909.02		6213.96

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Matthew Barron</b>		<b>Transaction ID : 21a-01-09930-16397</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Pheasant Hollow Drive					
City Plainsboro	State NJ	Zip Code 08536			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 47343.25	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
116.99			440.12		557.11

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Alicia R D'Alessandro</b>		<b>Transaction ID : 21a-01-09931-16398</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 111 Bond Avenue					
City Lavallette	State NJ	Zip Code 08735			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 48930.24	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
333.27			1253.72		1586.99

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Margaret L. Martin</b>		<b>Transaction ID : 21a-01-09932-16399</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 777 West State Street Apt 9B					
City Trenton	State NJ	Zip Code 08618			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 50424.07	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
313.70			1180.13		1493.83

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
763.96		2873.97		3637.93

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Paul Andrew Penna</b>		<b>Transaction ID : 21a-01-09933-16400</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 20 Vanderveer Drive					
City Lawrenceville	State NJ	Zip Code 08648			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 53452.35	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
635.94			2392.34		3028.28

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Daniel C. Dollbaum</b>		<b>Transaction ID : 21a-01-09934-16401</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 6 Butler Place					
City Kearny	State NJ	Zip Code 07032			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 55780.92	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
489.00			1839.57		2328.57

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Matthew Bonasia</b>		<b>Transaction ID : 21a-01-09935-16402</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2122 Newark Avenue					
City Scotch Plains	State NJ	Zip Code 07076			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 57324.75	
Activity or Event Identifier: Admin 13/14		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
324.20			1219.63		1543.83

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1449.14		5451.54		6900.68

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Med-I-Bank</b>		<b>Transaction ID : 21a-01-10006-16581</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 400-2 Totten Pond Road				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Waltham	State MA	Zip Code 02451		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance		Category/ Type		Allocated Activity or Event Year-To-Date 57436.12	
Activity or Event Identifier: Admin 13/14				Date MM / DD / YYYY 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
23.39			87.98		111.37

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Choice Care Card</b>		<b>Transaction ID : 21a-01-10007-16584</b>		Allocated Activity or Event: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 76 McNeil Road Second Floor				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Waterbury	State VT	Zip Code 05677		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Insurance		Category/ Type		Allocated Activity or Event Year-To-Date 57491.12	
Activity or Event Identifier: Admin 13/14				Date MM / DD / YYYY 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
11.55			43.45		55.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Nova Information Systems</b>		<b>Transaction ID : 21a-01-09995-16562</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 7300 Chapman Highway				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Knoxville	State TN	Zip Code 37920		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Credit Card Processing Fees		Category/ Type		Allocated Activity or Event Year-To-Date 52.50	
Activity or Event Identifier: General Fundraising				Date MM / DD / YYYY 01 / 03 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
13.13			39.37		52.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
48.07		170.80		218.87

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>E-OnlineData</b>		<b>Transaction ID : 21a-01-09996-16563</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 5 Milk Street					
City Portland	State ME	Zip Code 04101			
Purpose of Disbursement: Credit Card Processing Fees				Allocated Activity or Event Year-To-Date 89.45	
Activity or Event Identifier: <b>General Fundraising</b>		Category/ Type		Date MM / DD / YYYY 01 / 03 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9.24			27.71		36.95

<b>B. Full Name (Last, First, Middle Initial)</b> <b>Aetna US Health Care</b>		<b>Transaction ID : 21a-01-09871-16239</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 7247-0233					
City Philadelphia	State PA	Zip Code 19170-0233			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 422.45	
Activity or Event Identifier: General Fundraising		Category/ Type		Date MM / DD / YYYY 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
83.25			249.75		333.00

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Horizon Blue Cross Blue Shield of NJ</b>		<b>Transaction ID : 21a-01-09872-16241</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 1738					
City Newark	State NJ	Zip Code 07101			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 460.37	
Activity or Event Identifier: General Fundraising		Category/ Type		Date MM / DD / YYYY 01 / 11 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
9.48			28.44		37.92

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
101.97		305.90		407.87

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Heather deJong</b>		<b>Transaction ID : 21a-01-09890-16321</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 421 Hessler Way					
City Brick	State NJ	Zip Code 08723			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 2104.81	
Activity or Event Identifier: General Fundraising		Category/ Type		Date 01 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
411.11			1233.33		1644.44

<b>B. Full Name (Last, First, Middle Initial)</b> <b>United States Federal Government</b>		<b>Transaction ID : 21a-01-09897-16328</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Internal Revenue Service					
City Washington	State DC	Zip Code 20001			
Purpose of Disbursement: Payroll Taxes				Allocated Activity or Event Year-To-Date 2660.50	
Activity or Event Identifier: General Fundraising		Category/ Type		Date 01 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
138.92			416.77		555.69

<b>C. Full Name (Last, First, Middle Initial)</b> <b>State of New Jersey</b>		<b>Transaction ID : 21a-01-09898-16334</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of Treasury					
City Trenton	State NJ	Zip Code 08625			
Purpose of Disbursement: Payroll Taxes				Allocated Activity or Event Year-To-Date 2752.04	
Activity or Event Identifier: General Fundraising		Category/ Type		Date 01 / 15 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
22.89			68.65		91.54

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
572.92		1718.75		2291.67

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09888-0016</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 2580				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Cherry Hill	State NJ	Zip Code 08034		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: See Memo Items		Category/ Type		Allocated Activity or Event Year-To-Date 2994.54	
Activity or Event Identifier: <b>General Fundraising</b>				Date MM / DD / YYYY 01 / 16 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
60.63			181.87		242.50

<b>B. Full Name (Last, First, Middle Initial)</b> <b>TD Bank - Visa</b>		<b>Transaction ID : 21a-01-09888-16286</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address PO Box 2580				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Cherry Hill	State NJ	Zip Code 08034		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Service Charge		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: General Fundraising				Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
10.63			31.87		42.50

<b>C. Full Name (Last, First, Middle Initial)</b> <b>New Jersey Performing Arts Center</b>		<b>Transaction ID : 21a-01-09888-16287</b>		Allocated Activity or Event: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt	
Mailing Address 1020 Broad Street				<input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support	
City Newark	State NJ	Zip Code 07102		<input type="checkbox"/> Public Comm (ref to party only) by PAC	
Purpose of Disbursement: Event Expense - Site Rental/Food& Beverage		Category/ Type		Allocated Activity or Event Year-To-Date 0.00	
Activity or Event Identifier: General Fundraising				Date MM / DD / YYYY 01 / 16 / 2013	
[MEMO ITEM]					
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
50.00			150.00		200.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
60.63		181.87		242.50

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>ActBlue Technical Services</b>		<b>Transaction ID : 21a-01-09938-16405</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14 Arrow Street					
City Cambridge	State MA	Zip Code 02138			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 2995.41	
Activity or Event Identifier: <b>General Fundraising</b>		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="0.22"/>			<input type="text" value="0.65"/>		<input type="text" value="0.87"/>

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ActBlue Technical Services</b>		<b>Transaction ID : 21a-01-09938-16408</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14 Arrow Street					
City Cambridge	State MA	Zip Code 02138			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 3032.08	
Activity or Event Identifier: General Fundraising		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="9.17"/>			<input type="text" value="27.50"/>		<input type="text" value="36.67"/>

<b>C. Full Name (Last, First, Middle Initial)</b> <b>ActBlue Technical Services</b>		<b>Transaction ID : 21a-01-09904-16343</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14 Arrow Street					
City Cambridge	State MA	Zip Code 02138			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 3058.60	
Activity or Event Identifier: General Fundraising		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
<input type="text" value="6.63"/>			<input type="text" value="19.89"/>		<input type="text" value="26.52"/>

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
<input type="text" value="16.02"/>		<input type="text" value="48.04"/>		<input type="text" value="64.06"/>

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
<input type="text"/>		<input type="text"/>		<input type="text"/>

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Marriott - Wardman Park</b>		<b>Transaction ID : 21a-01-09925-16383</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 2660 Woodley Road, NW					
City Washington	State DC	Zip Code 20008			
Purpose of Disbursement: Food & Beverage				Allocated Activity or Event Year-To-Date 7465.64	
Activity or Event Identifier: <b>General Fundraising</b>		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
1101.76			3305.28		4407.04

<b>B. Full Name (Last, First, Middle Initial)</b> <b>United States Federal Government</b>		<b>Transaction ID : 21a-01-09927-16386</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Internal Revenue Service					
City Washington	State DC	Zip Code 20001			
Purpose of Disbursement: Payroll Taxes				Allocated Activity or Event Year-To-Date 8021.34	
Activity or Event Identifier: General Fundraising		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
138.93			416.77		555.70

<b>C. Full Name (Last, First, Middle Initial)</b> <b>State of New Jersey</b>		<b>Transaction ID : 21a-01-09928-16392</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Department of Treasury					
City Trenton	State NJ	Zip Code 08625			
Purpose of Disbursement: Payroll Taxes				Allocated Activity or Event Year-To-Date 8112.88	
Activity or Event Identifier: General Fundraising		Category/ Type		Date <input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
22.89			68.65		91.54

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1263.58		3790.70		5054.28

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)****DISBURSEMENTS FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

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FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

**New Jersey Democratic State Committee**

<b>A. Full Name (Last, First, Middle Initial)</b> <b>Heather deJong</b>		<b>Transaction ID : 21a-01-09929-16396</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 421 Hessler Way					
City Brick	State NJ	Zip Code 08723			
Purpose of Disbursement: Salary				Allocated Activity or Event Year-To-Date 9757.31	
Activity or Event Identifier: General Fundraising		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
411.11			1233.32		1644.43

<b>B. Full Name (Last, First, Middle Initial)</b> <b>ActBlue Technical Services</b>		<b>Transaction ID : 21a-01-09942-16412</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 14 Arrow Street					
City Cambridge	State MA	Zip Code 02138			
Purpose of Disbursement: Service Charge				Allocated Activity or Event Year-To-Date 9757.71	
Activity or Event Identifier: General Fundraising		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
0.10			0.30		0.40

<b>C. Full Name (Last, First, Middle Initial)</b> <b>Choice Care Card</b>		<b>Transaction ID : 21a-01-10007-16585</b>		<b>Allocated Activity or Event:</b> <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 76 McNeil Road Second Floor					
City Waterbury	State VT	Zip Code 05677			
Purpose of Disbursement: Insurance				Allocated Activity or Event Year-To-Date 9768.71	
Activity or Event Identifier: General Fundraising		Category/ Type		Date 01 / 31 / 2013	
FEDERAL SHARE		+	NONFEDERAL SHARE		= TOTAL AMOUNT
2.75			8.25		11.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
413.96		1241.87		1655.83

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
15847.33	51412.50	67259.83