

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Tim Alexander for Congress

ADDRESS (number and street)

PO Box 818

Check if different
than previously
reported. (ACC)

Oceanville

NJ

08231

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00839696

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NJ

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

01

D D / Y Y Y Y

01

Y Y Y Y

2025

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2025

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

Nguyen, Devon, , ,

Signature of Treasurer

Nguyen, Devon, , ,

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

14

Y Y Y Y

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Tim Alexander for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	175847.10
(b) Total Contribution Refunds (from Line 20(d))	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	175747.10
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	181878.52
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	181878.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	13589.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	31360.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Tim Alexander for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

0.00

110138.40

(ii) Unitemized

0.00

63608.70

(iii) TOTAL of contributions
from individuals ▶

0.00

173747.10

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

2100.00

(d) The Candidate

0.00

0.00

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

0.00

175847.10

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

19000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

19000.00

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

0.00

0.00

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

0.00

71.10

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

0.00

194918.20

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	0.00	181878.52
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	0.00	181978.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13589.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	13589.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	13589.68

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 5 OF 11

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : 8706352L

Tim Alexander for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Alexander, Timothy, , ,

Mailing Address

2 Clipper Ct

City

Galloway

State

NJ

ZIP Code

08205-3132

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 16 / 2023M M / D D / Y Y Y Y
noneM M / D D / Y Y Y Y
none

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

10000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 6 OF 11

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : 9249470L

Tim Alexander for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Alexander, Timothy, , ,

Mailing Address

2 Clipper Ct

City

Galloway

State

NJ

ZIP Code

08205-3132

☒ Personal Funds of the Candidate

Original Amount of Loan

9000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 18 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

none

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

9000.00

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

19000.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 7 OF 11

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Tim Alexander for Congress

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

Brown, Reginald, , ,

Nature of Debt (Purpose):

Debt

Mailing Address 4650 Noel Dr

City

Newfield

State

NJ

Zip Code

08344-9120

Outstanding Balance Beginning This Period

500.00

Transaction ID : 1250001357

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

Brown, Reginald, , ,

Nature of Debt (Purpose):

Debt

Mailing Address 4650 Noel Dr

City

Newfield

State

NJ

Zip Code

08344-9120

Outstanding Balance Beginning This Period

500.00

Transaction ID : 1250001358

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

Giegerich, Thomas, , ,

Nature of Debt (Purpose):

Debt

Mailing Address 420 N Vendome Ave

City

Margate City

State

NJ

Zip Code

08402-1265

Outstanding Balance Beginning This Period

1700.00

Transaction ID : 1250001359

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1700.00

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

2700.00

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 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 8 OF 11

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Tim Alexander for Congress

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

Giegerich, Thomas, , ,

Nature of Debt (Purpose):

Debt

Mailing Address 420 N Vendome Ave

City

Margate City

State

NJ

Zip Code

08402-1265

Outstanding Balance Beginning This Period

400.00

Transaction ID : 1250001361

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

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

Giegerich, Thomas, , ,

Nature of Debt (Purpose):

debt

Mailing Address 420 N Vendome Ave

City

Margate City

State

NJ

Zip Code

08402-1265

Outstanding Balance Beginning This Period

250.00

Transaction ID : 1250001362

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

Giegerich, Thomas, , ,

Nature of Debt (Purpose):

debt

Mailing Address 420 N Vendome Ave

City

Margate City

State

NJ

Zip Code

08402-1265

Outstanding Balance Beginning This Period

150.00

Transaction ID : 1250001363

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

150.00

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

800.00

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 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 11

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

NAME OF COMMITTEE (In Full)

Tim Alexander for Congress

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

Giegerich, Thomas, , ,

Nature of Debt (Purpose):

debt

Mailing Address 420 N Vendome Ave

City

Margate City

State

NJ

Zip Code

08402-1265

Outstanding Balance Beginning This Period

100.00

Transaction ID : 1250001364

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

Giegerich, Thomas, , ,

Nature of Debt (Purpose):

debt

Mailing Address 420 N Vendome Ave

City

Margate City

State

NJ

Zip Code

08402-1265

Outstanding Balance Beginning This Period

250.00

Transaction ID : 1250001365

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

Kennedy, Patricia, C, ,

Nature of Debt (Purpose):

debt

Mailing Address 136 Bayville Way

City

Waretown

State

NJ

Zip Code

08758-2735

Outstanding Balance Beginning This Period

100.00

Transaction ID : 1250001366

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

450.00

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 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 11

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

NAME OF COMMITTEE (In Full)

Tim Alexander for Congress

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

Kennedy, Patricia, C, ,

Nature of Debt (Purpose):

debt

Mailing Address 136 Bayville Way

City

Waretown

State

NJ

Zip Code

08758-2735

Outstanding Balance Beginning This Period

500.00

Transaction ID : 1250001367

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

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

Kennedy, Patricia, C, ,

Nature of Debt (Purpose):

debt

Mailing Address 136 Bayville Way

City

Waretown

State

NJ

Zip Code

08758-2735

Outstanding Balance Beginning This Period

250.00

Transaction ID : 1250001368

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

250.00

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

Stenton, Sarajane, , ,

Nature of Debt (Purpose):

Debt

Mailing Address 320 Bittlewood Ave

City

Berlin

State

NJ

Zip Code

08009-9490

Outstanding Balance Beginning This Period

3300.00

Transaction ID : 1250001360

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3300.00

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

4050.00

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 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 11

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

NAME OF COMMITTEE (In Full)

Tim Alexander for Congress

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

Zerbe, Carol, , ,

Nature of Debt (Purpose):

Mailers or Communications

Mailing Address 1414 Massachusetts Ave

City

Somers Point

State

NJ

Zip Code

08244-1330

Outstanding Balance Beginning This Period

4235.00

Transaction ID : 1250001354

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4235.00

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

Zerbe, Carol, , ,

Nature of Debt (Purpose):

Mailers

Mailing Address 1414 Massachusetts Ave

City

Somers Point

State

NJ

Zip Code

08244-1330

Outstanding Balance Beginning This Period

25.00

Transaction ID : 1250001355

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

Zerbe, Carol, , ,

Nature of Debt (Purpose):

Mailers

Mailing Address 1414 Massachusetts Ave

City

Somers Point

State

NJ

Zip Code

08244-1330

Outstanding Balance Beginning This Period

100.00

Transaction ID : 1250001356

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

100.00

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

4360.00

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

12360.00

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

19000.00

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

31360.00