

# 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

KEAN FOR CONGRESS INC

ADDRESS (number and street)

PO Box 999

Check if different than previously reported. (ACC)

Edison

NJ

08818-0999

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00703058

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NJ

07

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

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

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

in the State of

M M / D D / Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

through

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Gravino, Ronald, , Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Gravino, Ronald, , Mr.,

[Electronically Filed]

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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

Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**KEAN FOR CONGRESS INC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	3756022.39
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	55240.17
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	3700782.22
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	36616.65	3739158.02
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	9968.56
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	36616.65	3729189.46
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	92239.39	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	6241.10	

**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 3 (Revised 05/2016)

Write or Type Committee Name

**KEAN FOR CONGRESS INC**

Report Covering the Period: From:   /   /  2020 To:   /   /  2020

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	3072062.60
(ii) Unitemized.....	0.00	227099.90
(iii) TOTAL of contributions from individuals ▶	0.00	3299162.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	451259.89
(d) The Candidate.....	0.00	5600.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	3756022.39
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	129276.63
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	9968.56
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	3895267.58

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 20

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	36616.65	3739158.02
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	2000.00
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	52430.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2809.67
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	55240.17
21. OTHER DISBURSEMENTS .....	500.00	6630.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37116.65	3803028.19

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	129356.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	129356.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37116.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	92239.39

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A  
Transaction ID :

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Ronald Gravino Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2020	
Mailing Address PO Box 999			FEC Identification Number C	
City Edison	State NJ	Zip Code 08818-0999	Amount of Each Disbursement this Period 3284.00	
Purpose of Disbursement Compliance		Category/ Type 001	Transaction ID : B4C21107803B24561884	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Intuit</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2020	
Mailing Address 2700 Coast Avenue			FEC Identification Number C	
City Leonard	State OK	Zip Code 74043	Amount of Each Disbursement this Period 2076.92	
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B7A2F8918C5704DC2858	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Kasper, Diana, , Ms.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2020	
Mailing Address 350 Paxson Ave			FEC Identification Number C	
City Trenton	State NJ	Zip Code 08690-1913	Amount of Each Disbursement this Period 1353.40	
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : B73EF1E695576489CB6B	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6714.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Scharfenberger, Daniel, , Mr.,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2020		
Mailing Address 20 Seagull Lane			FEC Identification Number C		
City Lincroft	State NJ	Zip Code 07738-1120	Amount of Each Disbursement this Period 3217.17		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : BF5CE2E55237849D29B5		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Gilroy, Amberle, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2020		
Mailing Address 53 N Middaugh Street			FEC Identification Number C		
City Somerville	State NJ	Zip Code 08876-1830	Amount of Each Disbursement this Period 2535.40		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : B2906E6B2DB2E459CA9C		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Intuit</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2020		
Mailing Address 2700 Coast Avenue			FEC Identification Number C		
City Leonard	State OK	Zip Code 74043	Amount of Each Disbursement this Period 191.25		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B1AB062D8BE47475D8BE		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5943.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Mercer Digital Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2020		
Mailing Address 650 Whitehead Rd # 2			FEC Identification Number C		
City Lawrence Township	State NJ	Zip Code 08648-4404	Amount of Each Disbursement this Period 1355.40		
Purpose of Disbursement Printing		Category/ Type 001	Transaction ID : B4F69FDBC2F76490BB75		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. McCarter &amp; English, LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2020		
Mailing Address 4 Gateway Ctr 100 Mulberry Street			FEC Identification Number C		
City Newark	State NJ	Zip Code 07102-4062	Amount of Each Disbursement this Period 991.50		
Purpose of Disbursement Legal Expenses		Category/ Type 001	Transaction ID : B87CD2E915753450ABC6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Ronald Gravino Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2020		
Mailing Address PO Box 999			FEC Identification Number C		
City Edison	State NJ	Zip Code 08818-0999	Amount of Each Disbursement this Period 63.50		
Purpose of Disbursement Office Expense		Category/ Type 001	Transaction ID : B78434E2BAD43493EB2D		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2410.40
<b>TOTAL</b> This Period (last page this line number only).....▶	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Intuit</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020		
Mailing Address 2700 Coast Avenue			FEC Identification Number C		
City Leonard	State OK	Zip Code 74043	Amount of Each Disbursement this Period 3.75		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B1E18CA56F7B94E3183D		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Corcoran, Francesca, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020		
Mailing Address 333 Morgan Avenue			FEC Identification Number C		
City Old Bridge	State NJ	Zip Code 08857-1353	Amount of Each Disbursement this Period 225.01		
Purpose of Disbursement Payroll		Category/ Type 001	Transaction ID : BA8754498B1FD47C7A06		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Intuit</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 23 / 2020		
Mailing Address 2700 Coast Avenue			FEC Identification Number C		
City Leonard	State OK	Zip Code 74043	Amount of Each Disbursement this Period 38.26		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B36B5BE47547B4C379FB		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	267.02
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Ronald Gravino Consulting</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020	
Mailing Address PO Box 999			FEC Identification Number C	
City Edison	State NJ	Zip Code 08818-0999	Amount of Each Disbursement this Period 92.85	
Purpose of Disbursement Office Expense		Category/Type 001	Transaction ID : B431E7D8228EF48E4B9E	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Goldfinch LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2020	
Mailing Address 18 N Union St Apt 2			FEC Identification Number C	
City Lambertville	State NJ	Zip Code 08530-2140	Amount of Each Disbursement this Period 1271.13	
Purpose of Disbursement Direct Mail		Category/Type 004	Transaction ID : BD30D208D88624C8585E	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Mercer Digital Printing</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2020	
Mailing Address 650 Whitehead Rd # 2			FEC Identification Number C	
City Lawrence Township	State NJ	Zip Code 08648-4404	Amount of Each Disbursement this Period 815.76	
Purpose of Disbursement Printing		Category/Type 001	Transaction ID : B662248116E3948BA8E8	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2179.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Intuit</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2020		
Mailing Address 2700 Coast Avenue			FEC Identification Number C		
City Leonard	State OK	Zip Code 74043	Amount of Each Disbursement this Period 337.89		
Purpose of Disbursement Office Expense		Category/ Type 001	Transaction ID : B8E484C1D5291491DBF1		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Intuit</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2020		
Mailing Address 2700 Coast Avenue			FEC Identification Number C		
City Leonard	State OK	Zip Code 74043	Amount of Each Disbursement this Period 1620.92		
Purpose of Disbursement Payroll Taxes		Category/ Type 001	Transaction ID : B4384FEDCEDA74B3EBD3		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2020		
Mailing Address 200 Vesey Street			FEC Identification Number C		
City New York	State NY	Zip Code 10285-1000	Amount of Each Disbursement this Period 1731.87		
Purpose of Disbursement Credit Card Payment		Category/ Type 001	Transaction ID : B81265F6AE1644732873		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3690.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Amtrak</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2020
Mailing Address 60 Massachusetts Ave, NE		FEC Identification Number C
City Washington	State DC	Zip Code 20002-4285
Purpose of Disbursement Transportation	Category/ Type 002	
Candidate Name		Amount of Each Disbursement this Period 119.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B0B3F484CE7454863A97 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Openphone</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2020
Mailing Address 466 Geary St Ste 100		FEC Identification Number C
City San Francisco	State CA	Zip Code 94102-1261
Purpose of Disbursement Office Expense	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 80.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B0B45E8D8B01342F0BED <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Square One</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2020
Mailing Address 111 Gaither Dr Ste 104		FEC Identification Number C
City Mount Laurel	State NJ	Zip Code 08054-1752
Purpose of Disbursement Direct Mail	Category/ Type 003	
Candidate Name		Amount of Each Disbursement this Period 845.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B38182BF837EB4659B5E <input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 20			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Stage House Tavern</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2020		
Mailing Address 366 Park Ave			FEC Identification Number C		
City Scotch Plains	State NJ	Zip Code 07076-1129	Amount of Each Disbursement this Period 381.77		
Purpose of Disbursement Food & Beverage		Category/ Type 001	Transaction ID : BC36682EA44D442AD932		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Openphone</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2020		
Mailing Address 466 Geary St Ste 100			FEC Identification Number C		
City San Francisco	State CA	Zip Code 94102-1261	Amount of Each Disbursement this Period 80.00		
Purpose of Disbursement Office Expense		Category/ Type 001	Transaction ID : BD2417DDC0E374722A6D		
Candidate Name		Memo Item <input checked="" type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. McCarter &amp; English, LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2020		
Mailing Address 4 Gateway Ctr 100 Mulberry Street			FEC Identification Number C		
City Newark	State NJ	Zip Code 07102-4062	Amount of Each Disbursement this Period 15000.00		
Purpose of Disbursement Legal Fees		Category/ Type 001	Transaction ID : BFBA100A1BE4C435FB87		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 20	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Turnkey Productions LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2020	
Mailing Address PO Box 122			FEC Identification Number C	
City Cedar Grove	State NJ	Zip Code 07009-0122	Amount of Each Disbursement this Period 388.29	
Purpose of Disbursement Fundraising Expenses		Category/ Type 003	Transaction ID : B83B48AD6163041149C6	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	388.29
<b>TOTAL</b> This Period (last page this line number only).....▶	36594.27

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 20	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

Full Name (Last, First, Middle Initial) <b>A. Committee To Elect Nick Bruno For Committee</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 17 / 2020
Mailing Address 1 Goosetown Dr		FEC Identification Number C
City Clinton	State NJ	Zip Code 08809-2604
Purpose of Disbursement Contribution	Category/Type 011	
Candidate Name <b>Committee To Elect Nick Bruno For Committee</b>		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B091372E2EA284E48ACB
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name		Amount of Each Disbursement this Period
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

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

(Use separate schedule(s) for each numbered line)	PAGE 16 OF 20
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Turnkey Productions LLC</b>			Nature of Debt (Purpose): Fundraising Consulting
Mailing Address PO Box 122			
City Cedar Grove	State NJ	Zip Code 07009-0122	

Outstanding Balance Beginning This Period 388.29		Transaction ID : D69532C0376F54AB4B7B	
Amount Incurred This Period 0.00	Payment This Period 388.29	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Intuit</b>			Nature of Debt (Purpose): Payroll Taxes
Mailing Address 2700 Coast Avenue			
City Leonard	State OK	Zip Code 74043	

Outstanding Balance Beginning This Period 1620.92		Transaction ID : DD570B7FC165E4B5FBE4	
Amount Incurred This Period 0.00	Payment This Period 1620.92	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>McCarter &amp; English, LLP</b>			Nature of Debt (Purpose): Legal Fees
Mailing Address 4 Gateway Ctr 100 Mulberry Street			
City Newark	State NJ	Zip Code 07102-4062	

Outstanding Balance Beginning This Period 15000.00		Transaction ID : D0A40465C61D44850B63	
Amount Incurred This Period 0.00	Payment This Period 15000.00	Outstanding Balance at Close of This Period 0.00	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
2) <b>TOTALS</b> This Period (last page this line number only) .....	
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	



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

NAME OF COMMITTEE (In Full)  
**KEAN FOR CONGRESS INC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Flexpoint Media</b>			Nature of Debt (Purpose): Media
Mailing Address PO Box 1051			
City New Albany	State OH	Zip Code 43054-1051	

Outstanding Balance Beginning This Period 0.00		Transaction ID : D3BB329F50B4649DF92C	
Amount Incurred This Period 6241.10	Payment This Period 0.00	Outstanding Balance at Close of This Period 6241.10	

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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment 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		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period		

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	▶	6241.10
2) <b>TOTALS</b> This Period (last page this line number only) .....	▶	6241.10
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	▶	6241.10

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

Report Covering Period from: 

M	M
11	

 / 

D	D
24	

 / 

Y	Y	Y	Y
2020			

**Part 1: CONSOLIDATION REPORT**

to: 

M	M
12	

 / 

D	D
31	

 / 

Y	Y	Y	Y
2020			

NAME OF PRINCIPAL CAMPAIGN COMMITTEE  
**KEAN FOR CONGRESS INC**

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE  
(Use Separate Page for Each Committee)  
**KEAN FOR CONGRESS INC**

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
0.00	0.00
7(c) Net Operating Expenditures	16 Total Receipts
36616.65	0.00
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
0.00	36616.65
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
6241.10	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
0.00	0.00
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
0.00	0.00
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
0.00	0.00
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
0.00	0.00
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
0.00	0.00
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
0.00	0.00
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
0.00	0.00
13(b) All Other Loans	21 Other Disbursements
0.00	500.00
13(c) Total Loans	22 Total Disbursements
0.00	37116.65
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
0.00	129356.04
	27 Cash on Hand at Close of Reporting Period
	92239.39

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

Report Covering Period from: 

M	M
11	

 / 

D	D
24	

 / 

Y	Y	Y	Y
2020			

**Part 1: CONSOLIDATION REPORT**

to: 

M	M
12	

 / 

D	D
31	

 / 

Y	Y	Y	Y
2020			

NAME OF PRINCIPAL CAMPAIGN COMMITTEE  
**KEAN FOR CONGRESS INC**

NAME OF COMMITTEE AUTHORIZED BY CANDIDATE  
(Use Separate Page for Each Committee)  
**Kean for NJ-07**

LINE DESCRIPTION	LINE DESCRIPTION
6(c) Net Contributions	15 Other Receipts
0.00	0.00
7(c) Net Operating Expenditures	16 Total Receipts
0.00	0.00
9 Debts and Obligations Owed TO the Committee	17 Operating Expenditures
0.00	0.00
10 Debts and Obligations Owed BY the Committee	18 Transfers to Other Authorized Committees
0.00	0.00
11(a) Contributions from Individuals/Persons Other Than Political Committees	19(a) Repayments of Loans Made or Guaranteed by Candidate
0.00	0.00
11(b) Contributions from Political Party Committees	19(b) Other Loan Repayments
0.00	0.00
11(c) Contributions from Other Political Committees	19(c) Total Loan Repayments
0.00	0.00
11(d) Contributions from the Candidate	20(a) Refunds of Contributions to Individuals/Persons
0.00	0.00
11(e) Total Contributions	20(b) Refunds of Contributions to Political Party Committees
0.00	0.00
12 Transfers from Other Authorized Committees	20(c) Refunds of Contributions to Other Political Committees
0.00	0.00
13(a) Loans Made or Guaranteed by the Candidate	20(d) Total Contributions Refunds
0.00	0.00
13(b) All Other Loans	21 Other Disbursements
0.00	0.00
13(c) Total Loans	22 Total Disbursements
0.00	0.00
14 Offsets to Operating Expenditures	23 Cash on Hand at Beginning of Reporting Period
0.00	0.00
	27 Cash on Hand at Close of Reporting Period
	1440.02

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

Report Covering Period from: 

M	M
11	

 / 

D	D
24	

 / 

Y	Y	Y	Y
20	20		

**Part 2: CONSOLIDATED TOTALS  
FOR ALL AUTHORIZED COMMITTEES**

to: 

M	M
12	

 / 

D	D
31	

 / 

Y	Y	Y	Y
20	20		

NAME OF PRINCIPAL CAMPAIGN COMMITTEE  
**KEAN FOR CONGRESS INC**

For each line, add the amounts for all authorized committees and disclose the total on the appropriate line below.

LINE DESCRIPTION	Amount
6(c) Net Contributions	0.00
7(c) Net Operating Expenditures	36616.65
9 Debts and Obligations Owed TO the Committee	0.00
10 Debts and Obligations Owed BY the Committee	6241.10
11(a) Contributions from Individuals/Persons Other Than Political Committees	0.00
11(b) Contributions from Political Party Committees	0.00
11(c) Contributions from Other Political Committees	0.00
11(d) Contributions from the Candidate	0.00
11(e) Total Contributions	0.00
12 Transfers from Other Authorized Committees	0.00
13(a) Loans Made or Guaranteed by the Candidate	0.00
13(b) All Other Loans	0.00
13(c) Total Loans	0.00
14 Offsets to Operating Expenditures	0.00

LINE DESCRIPTION	Amount
15 Other Receipts	0.00
16 Total Receipts	0.00
17 Operating Expenditures	36616.65
18 Transfers to Other Authorized Committees	0.00
19(a) Repayments of Loans Made or Guaranteed by Candidate	0.00
19(b) Other Loan Repayments	0.00
19(c) Total Loan Repayments	0.00
20(a) Refunds of Contributions to Individuals/Persons	0.00
20(b) Refunds of Contributions to Political Party Committees	0.00
20(c) Refunds of Contributions to Other Political Committees	0.00
20(d) Total Contributions Refunds	0.00
21 Other Disbursements	500.00
22 Total Disbursements	37116.65
23 Cash on Hand at Beginning of Reporting Period	129356.04
27 Cash on Hand at Close of Reporting Period	93679.41