

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 NJ11TH FOR CHANGE, INC.

ADDRESS (number and street) 51 GRANDVIEW PLACE Check if different than previously reported. (ACC) MONTCLAIR NJ 07043

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00632810 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 01 / 01 / 2017 through 06 / 30 / 2017

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

Type or Print Name of Treasurer

Signature of Treasurer Bellack, Jonathan, , , [Electronically Filed] Date 07 / 30 / 2017

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**NJ11TH FOR CHANGE, INC.**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="89404.78"/>	<input type="text" value="89404.78"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="89404.78"/>	<input type="text" value="89404.78"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53942.28"/>	<input type="text" value="53942.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="35462.50"/>	<input type="text" value="35462.50"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="1846.59"/>	

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. 05/2016)

Write or Type Committee Name

**NJ11TH FOR CHANGE, INC.**

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

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).....	51614.56	51614.56
(ii) Unitemized .....	37790.22	37790.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	89404.78	89404.78
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	89404.78	89404.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
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)).....▶	89404.78	89404.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	89404.78	89404.78

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	53942.28	53942.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	53942.28	53942.28
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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 .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	53942.28	53942.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53942.28	53942.28

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	89404.78	89404.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	89404.78	89404.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	53942.28	53942.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	53942.28	53942.28

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

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

FOR LINE NUMBER: PAGE 6 OF 68  
(check only one)

<input 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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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)  
**NJ11TH FOR CHANGE, INC.**

**A. Avelenda, Saily, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Cascade Rd

City West Caldwell	State NJ	Zip Code 07006
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Unemployed	Occupation (for Individual) Attorney
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017

**Transaction ID : SA11AI.5804**

Amount of Each Receipt this Period  
450.00

Memo Item  
In-kind - Legal fees

**B. Avelenda, Saily, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Cascade Rd

City West Caldwell	State NJ	Zip Code 07006
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Unemployed	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
561.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 22 / 2017

**Transaction ID : SA11AI.4144**

Amount of Each Receipt this Period  
111.00

Memo Item

**C. Basralian, Joe, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 24 Fairfax Ter

City Chatham	State NJ	Zip Code 07928
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Farmstead Capital	Occupation (for Individual) Investor Relations
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 26 / 2017

**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	811.00
<b>TOTAL</b> 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)	PAGE 7 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Bellack, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 362 Park St  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 20000.00

Date of Receipt **02 / 13 / 2017**  
**Transaction ID : SA11AI.4225**  
 Amount of Each Receipt this Period 20000.00  
 Memo Item

**B. Bellack, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 362 Park St  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 21019.56

Date of Receipt **02 / 13 / 2017**  
**Transaction ID : SA11AI.5813**  
 Amount of Each Receipt this Period 1019.56  
 Memo Item  
 In-kind - Event supplies

**C. Bellack, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 362 Park St  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 22019.56

Date of Receipt **02 / 18 / 2017**  
**Transaction ID : SA11AI.4221**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	22019.56
<b>TOTAL</b> 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:	PAGE 8 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Bellack, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 362 Park St  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 22024.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2017  
**Transaction ID : SA11AI.4222**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

**B. Bellack, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 362 Park St  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 22446.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2017  
**Transaction ID : SA11AI.4223**  
 Amount of Each Receipt this Period  
 422.00  
 Memo Item

**C. Bellack, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 362 Park St  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google Occupation (for Individual) Product Manager  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 22451.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2017  
**Transaction ID : SA11AI.4224**  
 Amount of Each Receipt this Period  
 5.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	432.00
<b>TOTAL</b> 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:	PAGE 9 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Bigler, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Post House Rd  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Google Occupation (for Individual) Product Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 19 / 2017**  
**Transaction ID : SA11AI.4258**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Bregman, Matthew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Hamilton Ter  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) New-York Historical Society Occupation (for Individual) Fundraiser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt **06 / 13 / 2017**  
**Transaction ID : SA11AI.4312**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**C. Burstein, Jeffrey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Riverview Dr  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) EEOC Occupation (for Individual) attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 261.00

Date of Receipt **06 / 05 / 2017**  
**Transaction ID : SA11AI.4338**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1386.00
<b>TOTAL</b> 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:	PAGE 10 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Caplan, Debra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Argyle Rd  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Baruch College Occupation (for Individual) Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.00

Date of Receipt 06 / 16 / 2017  
**Transaction ID : SA11AI.4360**  
 Amount of Each Receipt this Period 111.00  
 Memo Item

**B. Carrington, Linda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 49 Macculloch Ave  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) none Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 06 / 05 / 2017  
**Transaction ID : SA11AI.4378**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**C. Christie-Matteson, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Carpenter Pl  
 City Sparta State NJ Zip Code 07871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Unemployed Occupation (for Individual) Paralegal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 06 / 14 / 2017  
**Transaction ID : SA11AI.4399**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	533.00
<b>TOTAL</b> 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)	PAGE 11 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Cockrum, Roy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 S GAY St  
 Apt 401  
 City Knoxville State TN Zip Code 37902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Knight Blanc LLC Occupation (for Individual) Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2017  
**Transaction ID : SA11AI.4418**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**B. Conger, Nancy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Lake End Rd  
 City Newfoundland State NJ Zip Code 07435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Red Hook Management Occupation (for Individual) Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 09 / 2017  
**Transaction ID : SA11AI.4423**  
 Amount of Each Receipt this Period  
 111.00  
 Memo Item

**C. Cutler, Corey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 Maple Ave  
 City West Orange State NJ Zip Code 07052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) URJ Eisner Camp Occupation (for Individual) non profit  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2017  
**Transaction ID : SA11AI.4447**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2861.00
<b>TOTAL</b> 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)	PAGE 12 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. De Souter, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 64 Laauwe Ave  
 City Wayne State NJ Zip Code 07470  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Dell EMC Occupation (for Individual) Software Engineer  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 05 / 04 / 2017  
**Transaction ID : SA11AI.4466**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Doucette, Kellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Rolling Hill Dr  
 City Chatham State NJ Zip Code 07928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Actuary  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 04 / 25 / 2017  
**Transaction ID : SA11AI.4531**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Doucette, Kellie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 41 Rolling Hill Dr  
 City Chatham State NJ Zip Code 07928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Actuary  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 922.00

Date of Receipt 06 / 12 / 2017  
**Transaction ID : SA11AI.4532**  
 Amount of Each Receipt this Period 422.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1022.00
<b>TOTAL</b> 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)	PAGE 13 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**NJ11TH FOR CHANGE, INC.**

**A. Dwyer, Terence, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 58 Lake Trl W  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) Software engineer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **04 / 13 / 2017**  
**Transaction ID : SA11AI.4553**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Dziengiel, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 Hoot Owl Ter  
 City Kinnelon State NJ Zip Code 07405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 17 / 2017**  
**Transaction ID : SA11AI.4557**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Evangelista, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 283 Chestnut St Apartment B5  
 City Nutley State NJ Zip Code 07110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AXA Equitable Occupation (for Individual) Senior Associate  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt **06 / 06 / 2017**  
**Transaction ID : SA11AI.4591**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1461.00
<b>TOTAL</b> 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)	PAGE 14 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Feldman, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Chelsea Dr  
 City Livingston State NJ Zip Code 07039-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 40 North Services LLC Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 17 / 2017**  
**Transaction ID : SA11AI.4601**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Feldman, Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Chelsea Dr  
 City Livingston State NJ Zip Code 07039-3423  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) 40 North Services LLC Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.00

Date of Receipt **06 / 19 / 2017**  
**Transaction ID : SA11AI.4602**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**C. Fernstrom, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 Red Oak Ln  
 City Kinnelon State NJ Zip Code 07405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Sappi North America Occupation (for Individual) Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 17 / 2017**  
**Transaction ID : SA11AI.4608**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	711.00
<b>TOTAL</b> 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)	PAGE 15 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Fineman, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 532 Freeman St  
 City Orange State NJ Zip Code 07050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Supreme Energy Inc Occupation (for Individual) Retail Energy Pres. /General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 391.00

Date of Receipt 06 / 05 / 2017  
**Transaction ID : SA11AI.4615**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**B. Fluharty, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Springhouse Cir  
 City Manalapan State NJ Zip Code 07726  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Rutgers Occupation (for Individual) Research  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 06 / 18 / 2017  
**Transaction ID : SA11AI.4632**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**C. Ford, Herbert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Mayhew Dive  
 City Livingston State NJ Zip Code 07039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Saiber LLC Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 21 / 2017  
**Transaction ID : SA11AI.4640**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	672.00
<b>TOTAL</b> 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)	PAGE 16 OF 68
<input 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)  
**NJ11TH FOR CHANGE, INC.**

**A. Gavin, Jack, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 Ellis Rd

City West Caldwell	State NJ	Zip Code 07006-8246
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Tech Mahindra Americas	Occupation (for Individual) Software engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
522.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2017

**Transaction ID : SA11AI.4672**

Amount of Each Receipt this Period  
422.00

Memo Item

**B. Gavin, Jack, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 44 Ellis Rd

City West Caldwell	State NJ	Zip Code 07006-8246
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Tech Mahindra Americas	Occupation (for Individual) Software engineer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1522.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2017

**Transaction ID : SA11AI.4673**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C. Greenberg, Marilyn, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Metzger Dr

City West Orange	State NJ	Zip Code 07052
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Riker Danzig	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2017

**Transaction ID : SA11AI.4725**

Amount of Each Receipt this Period  
250.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1672.00
<b>TOTAL</b> 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)	PAGE 17 OF 68
<input 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)  
**NJ11TH FOR CHANGE, INC.**

**A. Greenberg, Marilynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 306 Metzger Dr  
 City West Orange State NJ Zip Code 07052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Riker Danzig Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.00

Date of Receipt 06 / 05 / 2017  
**Transaction ID : SA11AI.4726**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**B. Halsey, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 53 Linden Ave  
 City Verona State NJ Zip Code 07044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Perinatal Services of NNJ Occupation (for Individual) Patient Healthcare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 06 / 27 / 2017  
**Transaction ID : SA11AI.4764**  
 Amount of Each Receipt this Period 111.00  
 Memo Item

**C. Heller, Pat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3 Lenape Dr  
 City Montville State NJ Zip Code 07045  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 11 / 2017  
**Transaction ID : SA11AI.4791**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	822.00
<b>TOTAL</b> 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:	PAGE 18 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Higgins, Tracy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Stonebridge Rd  
 City Montclair State NJ Zip Code 07042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Fordham University Occupation (for Individual) law professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 15 / 2017**  
**Transaction ID : SA11AI.4815**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**B. Hubbard, S.W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 windward Dr  
 City morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) County College of Morris Occupation (for Individual) professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 25 / 2017**  
**Transaction ID : SA11AI.4845**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Izeogu, Chi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 912 Hudson Park  
 City Edgewater State NJ Zip Code 07020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Physician  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : SA11AI.4866**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2250.00
<b>TOTAL</b> 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)	PAGE 19 OF 68
<input 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)  
**NJ11TH FOR CHANGE, INC.**

**A. Kazmark, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 160 Highview Dr  
 City Woodland Park State NJ Zip Code 07424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Boro of Elmwood Park Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2017  
**Transaction ID : SA11AI.4925**  
 Amount of Each Receipt this Period  
 211.00  
 Memo Item

**B. Kennedy, Kat, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 255 Beech St  
 City Roslindale State MA Zip Code 02131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Ropes & Gray Occupation (for Individual) Legal Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.4957**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Lacey, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 445 Park St  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lazard Asset Management Occupation (for Individual) Investment Management  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2017  
**Transaction ID : SA11AI.5029**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1461.00
<b>TOTAL</b> 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)	PAGE 20 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Lynch, Liz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Haddon Pl  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Writer/Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **02 / 17 / 2017**  
**Transaction ID : SA11AI.5084**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

**B. Lynch, Liz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 101 Haddon Pl  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Writer/Editor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2711.00

Date of Receipt **06 / 19 / 2017**  
**Transaction ID : SA11AI.5085**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**C. MacKay, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 46 Elmwood Ter  
 City West Caldwell State NJ Zip Code 07006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **06 / 15 / 2017**  
**Transaction ID : SA11AI.5090**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2886.00
<b>TOTAL</b> 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)	PAGE 21 OF 68
<input 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)  
**NJ11TH FOR CHANGE, INC.**

**A. Mallon, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11 Hawthorne Rd  
 City Caldwell State NJ Zip Code 07006  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 06 / 22 / 2017  
**Transaction ID : SA11AI.5109**  
 Amount of Each Receipt this Period 175.00  
 Memo Item

**B. Mangravite, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Janeway Pl  
 City Morris Plains State NJ Zip Code 07950  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Retired Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 422.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : SA11AI.5113**  
 Amount of Each Receipt this Period 422.00  
 Memo Item

**C. Mathiasen, Jocelyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 86 Fairmount Ave  
 City Chatham State NJ Zip Code 07928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Consulting  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2017  
**Transaction ID : SA11AI.5130**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	847.00
<b>TOTAL</b> 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)	PAGE 22 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Murphy, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22 dogwood Dr  
 City Denville State NJ Zip Code 07834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 261.00

Date of Receipt 06 / 14 / 2017  
**Transaction ID : SA11AI.5216**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**B. Norwick, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Heritage Way  
 City Rockaway State NJ Zip Code 07866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Media Law Resource Center Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 17 / 2017  
**Transaction ID : SA11AI.5234**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Norwick, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Heritage Way  
 City Rockaway State NJ Zip Code 07866  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Media Law Resource Center Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 05 / 2017  
**Transaction ID : SA11AI.5235**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1211.00
<b>TOTAL</b> 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)	PAGE 23 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Novak, Mara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 47 Gordonhurst Ave  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Montclair Cooperative School Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 522.00

Date of Receipt 06 / 14 / 2017  
**Transaction ID : SA11AI.5237**  
 Amount of Each Receipt this Period 422.00  
 Memo Item

**B. Olivieri, Maria, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 B Magnolia Ct  
 City Madison State NJ Zip Code 07940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Live Fit Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 09 / 2017  
**Transaction ID : SA11AI.5260**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**C. Olivo-Moore, Tara, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Armstrong Rd  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) St. Joseph's Regional Med. Ctr Occupation (for Individual) Registered Nurse  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt 06 / 13 / 2017  
**Transaction ID : SA11AI.5263**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	833.00
<b>TOTAL</b> 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)	PAGE 24 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Parker, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Indian Hollow Rd  
 City Mendham State NJ Zip Code 07945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) NA Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 08 / 2017**  
**Transaction ID : SA11AI.5277**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**B. Perlmutter, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Lincoln Park Rd  
 City Pequanock State NJ Zip Code 07440  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bayer Occupation (for Individual) Medical education  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt **06 / 21 / 2017**  
**Transaction ID : SA11AI.5294**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**C. Powers, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16 Quail run  
 City Randolph State NJ Zip Code 07869  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Deloitte Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **05 / 15 / 2017**  
**Transaction ID : SA11AI.5321**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1711.00
<b>TOTAL</b> 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)	PAGE 25 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Redwine, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Cobane Ter  
 City West Orange State NJ Zip Code 07052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Intercontinental Exchange Group Occupation (for Individual) Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 15 / 2017**  
**Transaction ID : SA11AI.5358**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Rooke, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 39  
 City New Vernon State NJ Zip Code 07976  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **05 / 17 / 2017**  
**Transaction ID : SA11AI.5418**  
 Amount of Each Receipt this Period 500.00  
 Memo Item

**C. Schaler-Haynes, Magda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 94 Cooper Ave  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed/ Columbia University Occupation (for Individual) Consultant/ Professor  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt **06 / 18 / 2017**  
**Transaction ID : SA11AI.5460**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	961.00
<b>TOTAL</b> 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)	PAGE 26 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Sentmier, Chris, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 508 knollwood Ct  
 City Denville State NJ Zip Code 07834  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BenefitMall Occupation (for Individual) Benefits Counselor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : SA11AI.5510**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**B. Sharpe, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Chilhowie Dr  
 City Kinnelon State NJ Zip Code 07405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2017  
**Transaction ID : SA11AI.5520**  
 Amount of Each Receipt this Period  
 111.00  
 Memo Item

**C. Shinevar, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Argyle Rd  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) none  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2017  
**Transaction ID : SA11AI.5529**  
 Amount of Each Receipt this Period  
 211.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	822.00
<b>TOTAL</b> 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)	PAGE 27 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Somers, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 40 W Park Pl  
 Apt 205  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Vigon International, Inc. Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 04 / 2017  
**Transaction ID : SA11AI.5567**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. St. Romain, Claudette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Rose Ter  
 City Chatham State NJ Zip Code 07928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Seton Hall Law School professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2017  
**Transaction ID : SA11AI.5586**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

**C. Stanford, Kate, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 386 Upper Mountain Ave  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Google Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 01 / 2017  
**Transaction ID : SA11AI.5590**  
 Amount of Each Receipt this Period  
 500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1250.00
<b>TOTAL</b> 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)	PAGE 28 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Staples, Noreen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 356  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) None Occupation (for Individual) Mom  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 311.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2017  
**Transaction ID : SA11AI.5593**  
 Amount of Each Receipt this Period  
 211.00  
 Memo Item

**B. Staples, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 356  
 City Brookside State NJ Zip Code 07926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Bank of Tokyo MUFJ Occupation (for Individual) Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 05 / 2017  
**Transaction ID : SA11AI.5595**  
 Amount of Each Receipt this Period  
 211.00  
 Memo Item

**C. Tang-Loncar, Tiffany, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 136 Haddon PI  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WRD Consulting Group Occupation (for Individual) Consultant  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 17 / 2017  
**Transaction ID : SA11AI.5639**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1422.00
<b>TOTAL</b> 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)	PAGE 29 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Tinkelman, Joshua, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 315 Tillou Rd  
 City South Orange State NJ Zip Code 07079  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Latham & Watkins LLP Occupation (for Individual) lawyer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 17 / 2017  
**Transaction ID : SA11AI.5657**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Truppo, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Overlook Rd  
 City Chatham State NJ Zip Code 07928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Cotiviti Occupation (for Individual) VP, Product Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 25 / 2017  
**Transaction ID : SA11AI.5674**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Van Order, Tanya, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Hillview Ter  
 City Morristown State NJ Zip Code 07960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Madison Housing Authority Occupation (for Individual) Housing Authority Deputy Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : SA11AI.5691**  
 Amount of Each Receipt this Period  
 175.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	675.00
<b>TOTAL</b> 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)	PAGE 30 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

**A. Young, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Lloyd Rd  
 City Montclair State NJ Zip Code 07042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Occupation (for Individual) Web Developer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.00

Date of Receipt 06 / 09 / 2017  
**Transaction ID : SA11AI.5785**  
 Amount of Each Receipt this Period 211.00  
 Memo Item

**B. Zimmerman, June, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 446 Park St  
 City Montclair State NJ Zip Code 07043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) writer/editor Occupation (for Individual) self  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 422.00

Date of Receipt 06 / 19 / 2017  
**Transaction ID : SA11AI.5797**  
 Amount of Each Receipt this Period 422.00  
 Memo Item

**C. Zowader, Ruth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 37 Winding Way  
 City Madison State NJ Zip Code 07940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) retired  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 02 / 2017  
**Transaction ID : SA11AI.5799**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	883.00
<b>TOTAL</b> This Period (last page this line number only).....	51614.56

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial)

**A. Apple Store**

Mailing Address 1 Infinite Loop  
0

City Cupertino State CA Zip Code 95014

Purpose of Disbursement  
Equipment

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5909**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Avelenda, Saily, , ,**

Mailing Address 10 Cascade Rd

City West Caldwell State NJ Zip Code 07006

Purpose of Disbursement  
In-kind - Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5805**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. B'Nai Abraham**

Mailing Address 300 E Northfield Road  
0

City Livingston State NJ Zip Code 07039

Purpose of Disbursement  
Venue fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5914**  
Amount of Each Disbursement this Period

Memo Item

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

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Bahoy, Eleanor, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 40 B Traphagen Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6038</b> Amount of Each Disbursement this Period [REDACTED] 89.00	
City Wayne	State NJ	Zip Code 07470	Category/ Type [REDACTED]
Purpose of Disbursement Reimbursement		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Bahoy, Eleanor, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 40 B Traphagen Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6040</b> Amount of Each Disbursement this Period [REDACTED] 293.95	
City Wayne	State NJ	Zip Code 07470	Category/ Type [REDACTED]
Purpose of Disbursement Reimbursement		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Basecamp</b>		Date of Disbursement MM / DD / YYYY 02 / 14 / 2017	
Mailing Address 30 North Racine Avenue, Suite 200 0		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5916</b> Amount of Each Disbursement this Period [REDACTED] 1200.00	
City Chicago	State IL	Zip Code 60607	Category/ Type [REDACTED]
Purpose of Disbursement Software		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]



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

Form/Schedule: SB21B

Transaction ID : SB21B.6038

Insurance

Form/Schedule: SB21B

Transaction ID: SB21B.6040

Event supplies

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Bellack, Jonathan, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2017	
Mailing Address 362 Park St		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5814</b> Amount of Each Disbursement this Period 1019.56	
City Montclair	State NJ	Zip Code 07043	Category/ Type
Purpose of Disbursement In-kind - Event supplies			
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Caplan, Debra, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 8 Argyle Rd		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6042</b> Amount of Each Disbursement this Period 94.46	
City Montclair	State NJ	Zip Code 07043	Category/ Type
Purpose of Disbursement Reimbursement			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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. Caramanna, Ray, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 52 Memory Ln		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6044</b> Amount of Each Disbursement this Period 136.35	
City Denville	State NJ	Zip Code 07834	Category/ Type
Purpose of Disbursement Reimbursement			
Candidate Name		Memo Item <input checked="" type="checkbox"/>	
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).....▶	1019.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6042

Printing

Form/Schedule: SB21B

Transaction ID: SB21B.6044

Printing

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Caramanna, Ray, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 21 / 2017		
Mailing Address 52 Memory Ln			FEC Identification Number C [ ] <b>Transaction ID : SB21B.6045</b> Amount of Each Disbursement this Period [ ] 210.42		
City Denville	State NJ	Zip Code 07834	Category/Type [ ]		
Purpose of Disbursement Reimbursement			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) ▼		<input checked="" type="checkbox"/> Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) <b>B. Caramanna, Ray, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 21 / 2017		
Mailing Address 52 Memory Ln			FEC Identification Number C [ ] <b>Transaction ID : SB21B.6047</b> Amount of Each Disbursement this Period [ ] 40.86		
City Denville	State NJ	Zip Code 07834	Category/Type [ ]		
Purpose of Disbursement Reimbursement			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) ▼		<input checked="" type="checkbox"/> Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) <b>C. Clarke, Christine, , ,</b>			Date of Disbursement MM / DD / YYYY 05 / 03 / 2017		
Mailing Address 20 Florida Ave			FEC Identification Number C [ ] <b>Transaction ID : SB21B.6049</b> Amount of Each Disbursement this Period [ ] 223.76		
City Lake Hopatcong	State NJ	Zip Code 07849	Category/Type [ ]		
Purpose of Disbursement Reimbursement			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) ▼		<input checked="" type="checkbox"/> Memo Item		
State: District:					
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶			[ ] 0.00		
<b>TOTAL</b> This Period (last page this line number only)..... ▶			[ ]		

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

Form/Schedule: SB21B

Transaction ID : SB21B.6045

Printing

Form/Schedule: SB21B

Transaction ID: SB21B.6047

Printing

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

Form/Schedule: SB21B

Transaction ID : SB21B.6049

Event supplies

Form/Schedule:

Transaction ID:

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Clarke, Christine, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 20 Florida Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.6051</b> Amount of Each Disbursement this Period [REDACTED] 113.46	
City Lake Hopatcong	State NJ	Zip Code 07849	Category/ Type [REDACTED]
Purpose of Disbursement Reimbursement		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:	<input checked="" type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. CMT Sound Systems</b>		Date of Disbursement MM / DD / YYYY 02 / 21 / 2017	
Mailing Address 310 Colfax Ave, Building E 0		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5922</b> Amount of Each Disbursement this Period [REDACTED] 3596.12	
City Clifton	State NJ	Zip Code 07013	Category/ Type [REDACTED]
Purpose of Disbursement Equipment rental		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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. CMT Sound Systems</b>		Date of Disbursement MM / DD / YYYY 03 / 13 / 2017	
Mailing Address 310 Colfax Ave, Building E 0		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.5923</b> Amount of Each Disbursement this Period [REDACTED] 187.03	
City Clifton	State NJ	Zip Code 07013	Category/ Type [REDACTED]
Purpose of Disbursement Equipment rental		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:	<input type="checkbox"/> Memo Item		

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

3783.15

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.6051

Event supplies

Form/Schedule:

Transaction ID:



**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. CMT Sound Systems</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2017
Mailing Address 310 Colfax Ave, Building E 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5924</b> Amount of Each Disbursement this Period [ ] 1041.00
City Clifton	State NJ	Zip Code 07013
Purpose of Disbursement Equipment rental		Category/ 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CMT Sound Systems</b>		Date of Disbursement MM / DD / YYYY 06 / 21 / 2017
Mailing Address 310 Colfax Ave, Building E 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5925</b> Amount of Each Disbursement this Period [ ] 128.25
City Clifton	State NJ	Zip Code 07013
Purpose of Disbursement Equipment rental		Category/ 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Commonwealth Club</b>		Date of Disbursement MM / DD / YYYY 06 / 02 / 2017
Mailing Address 26 Northview Ave 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5927</b> Amount of Each Disbursement this Period [ ] 250.00
City Montclair	State NJ	Zip Code 07043
Purpose of Disbursement Venue fee		Category/ 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:	<input type="checkbox"/> Memo Item	

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

1419.25

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



**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

**A. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
02 / 23 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5931

Amount of Each Disbursement this Period: 537.90

Memo Item

**B. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 02 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5932

Amount of Each Disbursement this Period: 322.27

Memo Item

**C. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 09 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5933

Amount of Each Disbursement this Period: 98.16

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 958.33

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5934</b> Amount of Each Disbursement this Period [ ] 258.03
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5935</b> Amount of Each Disbursement this Period [ ] 44.51
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5936</b> Amount of Each Disbursement this Period [ ] 25.23
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

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

327.77

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 04 / 06 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5937</b> Amount of Each Disbursement this Period [ ] 37.92
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 04 / 13 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5938</b> Amount of Each Disbursement this Period [ ] 30.58
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 04 / 20 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5939</b> Amount of Each Disbursement this Period [ ] 50.88
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 119.38
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

**A. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
04 / 27 / 2017

FEC Identification Number  
C

Transaction ID : **SB21B.5940**

Amount of Each Disbursement this Period  
12.44

Memo Item

**B. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 04 / 2017

FEC Identification Number  
C

Transaction ID : **SB21B.5941**

Amount of Each Disbursement this Period  
32.00

Memo Item

**C. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
05 / 11 / 2017

FEC Identification Number  
C

Transaction ID : **SB21B.5942**

Amount of Each Disbursement this Period  
252.28

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 296.72

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5943</b> Amount of Each Disbursement this Period [ ] 35.18
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 05 / 25 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5944</b> Amount of Each Disbursement this Period [ ] 347.50
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Democracy Engine</b>		Date of Disbursement MM / DD / YYYY 06 / 01 / 2017
Mailing Address 2125 14th St NW 0		FEC Identification Number C [ ] <b>Transaction ID : SB21B.5945</b> Amount of Each Disbursement this Period [ ] 37.70
City Washington	State DC	Zip Code 20009
Purpose of Disbursement Financial fees		Category/ 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:	<input type="checkbox"/> Memo Item	

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

420.38

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

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

**A. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 15 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5946**

Amount of Each Disbursement this Period: 257.36

Memo Item

**B. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 22 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5947**

Amount of Each Disbursement this Period: 161.92

Memo Item

**C. Democracy Engine**

Full Name (Last, First, Middle Initial)

Mailing Address 2125 14th St NW  
0

City Washington State DC Zip Code 20009

Purpose of Disbursement  
Financial fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 29 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5948**

Amount of Each Disbursement this Period: 109.24

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 528.52

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



**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial)

**A. Facebook**

Mailing Address 1 Hacker Way  
0

City Menlo Park State CA Zip Code 94025

Purpose of Disbursement Advertising

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.5958**  
Amount of Each Disbursement this Period  
113.73

Memo Item

Full Name (Last, First, Middle Initial)

**B. Fedex Office**

Mailing Address 790 Rte 3 W  
0

City Clifton State NJ Zip Code 07012

Purpose of Disbursement Printing

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.5960**  
Amount of Each Disbursement this Period  
224.44

Memo Item

Full Name (Last, First, Middle Initial)

**C. Genova Burns LLC**

Mailing Address 494 Broad St., Fl 6  
0

City Newark State NJ Zip Code 07102

Purpose of Disbursement Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
03 / 07 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.5962**  
Amount of Each Disbursement this Period  
1410.00

Memo Item

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

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

1748.17

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial)

**A. Genova Burns LLC**

Mailing Address 494 Broad St., Fl 6  
0

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.5963**  
Amount of Each Disbursement this Period  
5250.50

Memo Item

Full Name (Last, First, Middle Initial)

**B. Genova Burns LLC**

Mailing Address 494 Broad St., Fl 6  
0

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.5964**  
Amount of Each Disbursement this Period  
4259.40

Memo Item

Full Name (Last, First, Middle Initial)

**C. Genova Burns LLC**

Mailing Address 494 Broad St., Fl 6  
0

City Newark State NJ Zip Code 07102

Purpose of Disbursement  
Legal fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 27 / 2017

FEC Identification Number

C  
**Transaction ID : SB21B.5965**  
Amount of Each Disbursement this Period  
2730.00

Memo Item

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

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

12239.90

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial)

**A. Google Apps**

Mailing Address 1600 Amphitheatre Parkway  
0

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5968**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Google Apps**

Mailing Address 1600 Amphitheatre Parkway  
0

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5969**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Google Apps**

Mailing Address 1600 Amphitheatre Parkway  
0

City Mountain View State CA Zip Code 94043

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.5970**  
Amount of Each Disbursement this Period

Memo Item

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

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

# 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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial)

**A. Hartinger, John, , ,**

Mailing Address 47 Ardsley Rd

City  
Montclair

State  
NJ

Zip Code  
07042

Purpose of Disbursement  
Reimbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	01	/	2017

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.6053**

Amount of Each Disbursement this Period

[REDACTED] 628.25

Memo Item

Full Name (Last, First, Middle Initial)

**B. J.P. West Inc.**

Mailing Address 44 Wall St.  
0

City  
New York

State  
NY

Zip Code  
10005

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	18	/	2017

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.5982**

Amount of Each Disbursement this Period

[REDACTED] 6816.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. J.P. West Inc.**

Mailing Address 44 Wall St.  
0

City  
New York

State  
NY

Zip Code  
10005

Purpose of Disbursement  
Insurance

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	23	/	2017

FEC Identification Number

**C** [REDACTED]

**Transaction ID : SB21B.5983**

Amount of Each Disbursement this Period

[REDACTED] 1500.95

Memo Item

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

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

[REDACTED]	8316.95
------------	---------

[REDACTED]	[REDACTED]
------------	------------

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

Form/Schedule: SB21B

Transaction ID : SB21B.6053

Printing

Form/Schedule:

Transaction ID:

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial) <b>A. Jacobson, Marion, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2017	
Mailing Address 13 Colony Dr W		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6055</b> Amount of Each Disbursement this Period [ ] 428.98	
City West Orange	State NJ	Zip Code 07052	Category/ Type [ ]
Purpose of Disbursement Reimbursement		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>B. Jacobson, Marion, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2017	
Mailing Address 13 Colony Dr W		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6057</b> Amount of Each Disbursement this Period [ ] 205.05	
City West Orange	State NJ	Zip Code 07052	Category/ Type [ ]
Purpose of Disbursement Reimbursement		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. Kelly, Judy, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2017	
Mailing Address 21 Pine Rd		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6059</b> Amount of Each Disbursement this Period [ ] 84.20	
City Roseland	State NJ	Zip Code 07068	Category/ Type [ ]
Purpose of Disbursement Reimbursement		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).....▶	[ ] 0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

Form/Schedule: SB21B

Transaction ID : SB21B.6055

Printing

Form/Schedule: SB21B

Transaction ID: SB21B.6057

Event supplies

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB21B

Transaction ID : SB21B.6059

Event supplies

Form/Schedule:

Transaction ID:



**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

**A. Livingston Police Dept.**

Full Name (Last, First, Middle Initial)

Mailing Address 333 S Livingston Ave  
0

City Livingston State NJ Zip Code 07039

Purpose of Disbursement Security

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 24 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5987**

Amount of Each Disbursement this Period: 450.00

Memo Item

**B. Maxwell, Scott, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 44 Smull Ave

City Caldwell State NJ Zip Code 07006

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 21 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6061**

Amount of Each Disbursement this Period: 1275.96

Memo Item

**C. NationBuilder**

Full Name (Last, First, Middle Initial)

Mailing Address 520 S. Grand Ave, 2nd Flr  
0

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 14 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.5992**

Amount of Each Disbursement this Period: 1708.20

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2158.20

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.6061

Event supplies

Form/Schedule:

Transaction ID:

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

**A. Passaic County Parks**

Full Name (Last, First, Middle Initial)

Mailing Address 209 Totowa Road  
0

City Wayne State NJ Zip Code 07470

Purpose of Disbursement Venue fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 16 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5995

Amount of Each Disbursement this Period: 46.50

Memo Item

**B. Patterson, Elaine, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 10 Atno Ave. - Apt. 1

City Morristown State NJ Zip Code 07960

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 05 / 21 / 2017

FEC Identification Number: C

Transaction ID : SB21B.6063

Amount of Each Disbursement this Period: 89.80

Memo Item

**C. Philadelphia Insurance Co.**

Full Name (Last, First, Middle Initial)

Mailing Address One Bala Plaza, Suite 100  
0

City Bala Cynwyd State PA Zip Code 19004

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 27 / 2017

FEC Identification Number: C

Transaction ID : SB21B.5998

Amount of Each Disbursement this Period: 300.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 346.50

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.6063

Event supplies

Form/Schedule:

Transaction ID:

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial)  
**A. Right Networks**

Mailing Address 14 Hampshire Dr  
0

City Hudson State NH Zip Code 03051

Purpose of Disbursement Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 14 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6008**

Amount of Each Disbursement this Period: 213.75

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Sarrett-Cooper, Abby, , ,**

Mailing Address 4 Edgar Rd

City West Orange State NJ Zip Code 07052

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 17 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6065**

Amount of Each Disbursement this Period: 439.15

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Simon, Pat, , ,**

Mailing Address 4 Stockton Ct

City Morris Plains State NJ Zip Code 07950

Purpose of Disbursement Reimbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
03 / 20 / 2017

FEC Identification Number: C

Transaction ID : **SB21B.6067**

Amount of Each Disbursement this Period: 266.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 213.75

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

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

Form/Schedule: SB21B

Transaction ID : SB21B.6065

Printing

Form/Schedule: SB21B

Transaction ID: SB21B.6067

Equipment

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial)

**A. Sparta VFW**

Mailing Address 66 Main St  
0

City Sparta Township State NJ Zip Code 07871

Purpose of Disbursement  
Venue fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 27 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.6013  
Amount of Each Disbursement this Period  
250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Step 2 Promotions**

Mailing Address 20 Mandon Dr.  
0

City Wayne State NJ Zip Code 07470

Purpose of Disbursement  
Merchandise

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.6020  
Amount of Each Disbursement this Period  
4029.10

Memo Item

Full Name (Last, First, Middle Initial)

**C. Step 2 Promotions**

Mailing Address 20 Mandon Dr.  
0

City Wayne State NJ Zip Code 07470

Purpose of Disbursement  
Merchandise

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 03 / 2017

FEC Identification Number

C  
Transaction ID : SB21B.6021  
Amount of Each Disbursement this Period  
4122.00

Memo Item

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

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

8401.10

**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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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)  
**NJ11TH FOR CHANGE, INC.**

Full Name (Last, First, Middle Initial)

**A. Step 2 Promotions**

Mailing Address 20 Mandon Dr.  
0

City Wayne State NJ Zip Code 07470

Purpose of Disbursement  
Merchandise

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6022**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Town of Boonton Police Dept.**

Mailing Address 100 Washington St  
0

City Boonton State NJ Zip Code 07005

Purpose of Disbursement  
Security

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : SB21B.6030**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 65 OF 68
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Brown, Susan, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 7 Maple Ave Unit 6			
City Morristown	State NJ	Zip Code 07960	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5900	
Amount Incurred This Period 23.51	Payment This Period 0.00	Outstanding Balance at Close of This Period 23.51

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Caramanna, Ray, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 52 Memory Ln			
City Denville	State NJ	Zip Code 07834	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5895	
Amount Incurred This Period 121.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 121.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Clarke, Christine, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 20 Florida Ave			
City Lake Hopatcong	State NJ	Zip Code 07849	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5896	
Amount Incurred This Period 102.56	Payment This Period 0.00	Outstanding Balance at Close of This Period 102.56

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	247.85
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 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 66 OF 68
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Foley, Lizzie, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 127 Haddon Place			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.5894</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="258.89"/>	<input type="text" value="0.00"/>	<input type="text" value="258.89"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Heninger, Lori, , ,</b>			Nature of Debt (Purpose): Event supplies - reimbursable
Mailing Address 7 Glen Rd			
City West Orange	State NJ	Zip Code 07052	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.5890</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="288.91"/>	<input type="text" value="0.00"/>	<input type="text" value="288.91"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jacobson, Marion, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 13 Colony Dr W			
City West Orange	State NJ	Zip Code 07052	

Outstanding Balance Beginning This Period	Transaction ID : <b>SD10.5897</b>	
<input type="text" value="0.00"/>		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
<input type="text" value="80.12"/>	<input type="text" value="0.00"/>	<input type="text" value="80.12"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="627.92"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 67 OF 68
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Jacobson, Marion, , ,</b>			Nature of Debt (Purpose): Food - reimbursable
Mailing Address 13 Colony Dr W			
City West Orange	State NJ	Zip Code 07052	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5898	
Amount Incurred This Period 60.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 60.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Juviler, Elizabeth, , ,</b>			Nature of Debt (Purpose): Printing - reimbursable
Mailing Address 51 Grandview Pl			
City Montclair	State NJ	Zip Code 07043	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5902	
Amount Incurred This Period 368.82	Payment This Period 0.00	Outstanding Balance at Close of This Period 368.82

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Kelly, Judy, , ,</b>			Nature of Debt (Purpose): Insurance - reimbursable
Mailing Address 21 Pine Rd			
City Roseland	State NJ	Zip Code 07068	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5903	
Amount Incurred This Period 135.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 135.00

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	563.82
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 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 68 OF 68
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)  
**NJ11TH FOR CHANGE, INC.**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Patterson, Elaine, , ,</b>			Nature of Debt (Purpose): Event supplies - reimbursable
Mailing Address 10 Atno Ave. - Apt. 1			
City Morristown	State NJ	Zip Code 07960	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5899	
Amount Incurred This Period 45.61	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.61

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Schifano, Sal, , ,</b>			Nature of Debt (Purpose): Event supplies - reimbursable
Mailing Address 46 Normandy Dr			
City Wayne	State NJ	Zip Code 07470	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.5889	
Amount Incurred This Period 361.39	Payment This Period 0.00	Outstanding Balance at Close of This Period 361.39

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) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	407.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	1846.59
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) ▶	1846.59