FEC FORM 5 REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation	1
New Jersey Citizen Action	
(b) Address (number and street)	
625 Broad Street, Suite 270	
(c) City, State and ZIP Code	
Newark, NJ 07102	3. FEC Identification Number
2. Occupation and Name of Employer (for Individual Filers Only)	
4. TYPE OF REPORT (check appropriate boxes):	
(a) April 15 Quarterly Report	
July 15 Quarterly Report I 24-Hour Report	
October 15 Quarterly Report	
January 31 Year-End Report	
b) Is this Report an amendment? \square No \square Yes, it amends the report filed on \square 5. COVERING PERIOD: FROM $\boxed{10}' \boxed{31}' \boxed{2022}$ THROUGH $\boxed{11}' \boxed{01}' \boxed{2022}$	
6. TOTAL CONTRIBUTIONS	<u></u>
7. TOTAL INDEPENDENT EXPENDITURES	2 4 4 4 0 0
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultati suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent	on, or concert with, or at the request or
TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE	DATE
Elizabeth Glynn	11/1/2022

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

For further information, contact: Federal Election Commission, 1050 First Street, N.E., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A ITEMIZED RECEIPTS

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.

$\left \right\rangle$)		
A.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	
	Name of Employer	Осси	pation
В.	Full Name (Last, First, Middle Initial)		Date of Receipt
	Mailing Address		
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	<u> </u>
	Name of Employer	Осси	pation
C.	, Full Name (Last, First, Middle Initial)	<u> </u>	
	Mailing Address		
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	
	Name of Employer	Осси	pation
D.	, Full Name (Last, First, Middle Initial)	<u> </u>	Date of Receipt
	Mailing Address		
	City	State Zip Code	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	
	Name of Employer	Öccu	pation
s	SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	►
T	TOTAL This Period (last page carry total to I	Line 6)	

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full)

Νοω	lersev	Citizen	Actio
INCAN	JEI 2EV	UILLEIT	ACTIO

New Jersey Citizen Action			
Full Name (Last, First, Middle Initial) of Page	yee	Date of Public Distribution/Dissemination	
Trenton Printing			
Mailing Address			
1150 Southard Street		Amount	
City Trenton	State Zip Code NJ 08638	234.00	
Purpose of Expenditure Literature to distribute at the door	r to voters	Office Sought: X House State: NJ Senate District: 7	
Name of Federal Candidate Supported or Opposed by Expenditure: Congressman Tom Malinowski		Check One: X Support Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General	
Full Name (Last, First, Middle Initial) of Pa	yee	Date of Public Distribution/Dissemination	
		WANJ , LORDI , LARAAAAAA	
Mailing Address			
		Amount	
City	State Zip Code		
Purpose of Expenditure	Category/	Office Sought: House State:	
	Туре	Senate District:	
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary X General	
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination	
Mailing Address		Amount	
City	State Zip Code		
Purpose of Expenditure	Category/ Type	Office Sought: House State: Senate	
Name of Federal Candidate Supported or		President	
		Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General	
(a) SUBTOTAL of Itemized Independent Ex	penditures	234.00	
(b) SUBTOTAL of Uniternized Independent	Expenditures	▶ 2,,210.00	
(c) TOTAL Independent Expenditures (carry total from last page forward	to Line 7)	2,444,00	

PAGE OF FOR LINE 7 OF FORM 5

Via E-Mail

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate ho	
Hand Delivered	Date of Receipt
Postmarked USPS First Class Mail	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify): Via cmail 11/1/22	ceipt or Postmarked
NDO 1 PREPARER	11/2/22 DATE PREPARED
(3/2015)	

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