

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

Office Use Only

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

12FE4M5

Terri Reese for NJ CD-2

ADDRESS (number and street)
▼

400 Dolphin Ave.

 Check if different
than previously
reported. (ACC)

Northfield

NJ

08225

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

 C C009105053. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NJ

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

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

Election on

 M M / D D / Y Y Y Yin the
State of

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

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

Election on

 M M / D D / Y Y Y Yin the
State of

5. Covering Period

 M 07 D 01 Y 2025

through

 M 09 D 30 Y 2025

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

Type or Print Name of Treasurer Reese, Terri, , ,Signature of Treasurer Reese, Terri, , ,

Date

 M 10 / D 14 / Y 2025

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

Office
Use
OnlyFEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Terri Reese for NJ CD-2

Report Covering the Period: From:

M M
07 /
 D D
01 /
 Y Y Y Y
2025

To:

M M
09 /
 D D
30 /
 Y Y Y Y
2025
COLUMN A
This Period**COLUMN B**
Election Cycle-to-Date**6. Net Contributions (other than loans)**

- (a) Total Contributions
(other than loans) (from Line 11(e))
- (b) Total Contribution Refunds
(from Line 20(d))
- (c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

2732.10	2732.10
0.00	0.00
2732.10	2732.10

7. Net Operating Expenditures

- (a) Total Operating Expenditures
(from Line 17)
- (b) Total Offsets to Operating
Expenditures (from Line 14).....
- (c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

1012.28	1012.28
0.00	0.00
1012.28	1012.28

**8. Cash on Hand at Close of
Reporting Period (from Line 27).....**

1719.82

9. Debts and Obligations Owed **TO
the Committee (Itemize all on
Schedule C and/or Schedule D)**

0.00

10. Debts and Obligations Owed **BY
the Committee (Itemize all on
Schedule C and/or Schedule D)**

0.00

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Terri Reese for NJ CD-2

Report Covering the Period: From:

M M
07D D
01Y Y Y Y
2025

To:

M M
09D D
30Y Y Y Y
2025

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A)
 - (ii) Unitemized
 - (iii) TOTAL of contributions from individuals
- (b) Political Party Committees
- (c) Other Political Committees (such as PACs)
- (d) The Candidate
- (e) TOTAL CONTRIBUTIONS (other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))

640.00
2092.10
2732.10
0.00
0.00
0.00
2732.10

640.00
2092.10
2732.10
0.00
0.00
0.00
2732.10

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00
0.00

0.00
0.00

13. LOANS:

- (a) Made or Guaranteed by the Candidate
- (b) All Other Loans
- (c) TOTAL LOANS
(add Lines 13(a) and (b))

0.00
0.00
0.00

0.00
0.00
0.00

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

0.00
0.00

0.00
0.00

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

0.00
0.00

0.00
0.00

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

2732.10
2732.10

2732.10
2732.10

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1012.28	1012.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1012.28	1012.28

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2732.10
25. SUBTOTAL (add Line 23 and Line 24).....	2732.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1012.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1719.82

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER: PAGE 5 OF 8
 (check only one)

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

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)
Terri Reese for NJ CD-2

Full Name (Last, First, Middle Initial) A. Duda, Helen, , , Mailing Address 320 Wiltshire Drive		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>20</td> <td></td> <td>2025</td> </tr> </table> Transaction ID : SA11AI.4165	M M	/	D D	/	Y Y Y Y Y	09		20		2025
M M	/	D D	/	Y Y Y Y Y								
09		20		2025								
City Williamstown State NJ Zip Code 08094 FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Memo Item	100.00									
100.00												
Name of Employer Not Employed Occupation Not Employed												
Receipt For: 2025 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>300.00</td> </tr> </table>	300.00									
300.00												
Full Name (Last, First, Middle Initial) B. ACTBLUE Mailing Address PO BOX 441146		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>09</td> <td></td> <td>20</td> <td></td> <td>2025</td> </tr> </table> Transaction ID : SA11AI.4165.0	M M	/	D D	/	Y Y Y Y Y	09		20		2025
M M	/	D D	/	Y Y Y Y Y								
09		20		2025								
City SOMERVILLE State MA Zip Code 02144 FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period <table border="1"> <tr> <td>100.00</td> </tr> </table> Memo Item	100.00									
100.00												
Name of Employer Occupation												
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>1882.00</td> </tr> </table>	1882.00									
1882.00												
Full Name (Last, First, Middle Initial) C. Higgins, Jennifer, , , Mailing Address 41 Stoney Creek Drive		Date of Receipt <table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>07</td> <td></td> <td>22</td> <td></td> <td>2025</td> </tr> </table> Transaction ID : SA11AI.4140	M M	/	D D	/	Y Y Y Y Y	07		22		2025
M M	/	D D	/	Y Y Y Y Y								
07		22		2025								
City Egg Harbor Township State NJ Zip Code 08234 FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> Memo Item	500.00									
500.00												
Name of Employer Not Employed Occupation Not Employed												
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00									
500.00												
SUBTOTAL of Receipts This Page (optional)..... ►												
TOTAL This Period (last page this line number only) ►												

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 8

 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Terri Reese for NJ CD-2

Full Name (Last, First, Middle Initial) ACTBLUE A. Mailing Address PO BOX 441146		Date of Receipt M M / D D / Y Y Y Y 07 22 2025 Transaction ID : SA11AI.4140.0		
City SOMERVILLE		State MA	Zip Code 02144	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00401224				
Name of Employer 		Occupation 		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 1330.00		
Full Name (Last, First, Middle Initial) Higgins, Jennifer, , , B. Mailing Address 41 Stoney Creek Drive		Date of Receipt M M / D D / Y Y Y Y 09 20 2025 Transaction ID : SA11AI.4168		
City Egg Harbor Township		State NJ	Zip Code 08234	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C				
Name of Employer Not Employed		Occupation Not Employed		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 525.00		
Full Name (Last, First, Middle Initial) ACTBLUE C. Mailing Address PO BOX 441146		Date of Receipt M M / D D / Y Y Y Y 09 20 2025 Transaction ID : SA11AI.4168.0		
City SOMERVILLE		State MA	Zip Code 02144	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C C00401224				
Name of Employer 		Occupation 		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼		Election Cycle-to-Date ▼ 1907.00		
SUBTOTAL of Receipts This Page (optional)..... ►				
TOTAL This Period (last page this line number only) ►				

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 8

(check only one)

 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

Terri Reese for NJ CD-2

A. Full Name (Last, First, Middle Initial) Higgins, Jennifer, , , Mailing Address 41 Stoney Creek Drive		Date of Receipt M M / D D / Y Y Y Y 09 26 2025 Transaction ID : SA11AI.4194
City Egg Harbor Township		State NJ Zip Code 08234
FEC ID number of contributing federal political committee.		C
Name of Employer Not Employed		Occupation Not Employed
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 540.00
Full Name (Last, First, Middle Initial) B. Mailing Address		Amount of Each Receipt this Period 15.00
City		State
FEC ID number of contributing federal political committee.		Zip Code
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼
Full Name (Last, First, Middle Initial) C. Mailing Address		Date of Receipt M M / D D / Y Y Y Y
City		State
FEC ID number of contributing federal political committee.		Zip Code
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼
SUBTOTAL of Receipts This Page (optional)..... ►		Amount of Each Receipt this Period 15.00
TOTAL This Period (last page this line number only)		► 640.00

SCHEDULE B (FEC Form 3)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

17 18 19a 19b
20a 20b 20c 21

PAGE 8 OF 8

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NAME OF COMMITTEE (In Full)

Terri Reese for NJ CD-2

Full Name (Last, First, Middle Initial)

A. Allegra Marketing Print Mail

Mailing Address 533 Route US 9 S.
Suite 1

City Marmorra	State NJ	Zip Code 08233
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Purpose of Disbursement
Thank You Cards & Envelopes, Campaign Flyer, Donation Envelopes

Candidate Name	Category/ Type
----------------	-------------------

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y Y
09 10 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

560.24

Transaction ID : SB17.4252

Memo Item

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name	Category/ Type
----------------	-------------------

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

560.24

Memo Item

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name	Category/ Type
----------------	-------------------

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	---

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

560.24

Memo Item

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

560.24

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

560.24