FORM R	-3				
RECEIPTS	AND EXPENI	DITURES QUA	RTERLY REPO	RT FOR STA	TE USE ONLY
		DRCMENT COMMISS	ION		ELEC Received
	RENTON, NJ 08625-0 II Free Within NJ 1-888-313-E				Jan 14 2021
Web site http://www.e		ACDONIVIA			04:37 PM
	AME OR APPROVED		·		
AMERICAN	DEMOCRATIC	MAJORITY			- -
	nber and street)	CHECK IF DIFFERENT TH	IAN PREVIOUSLY REPORTED	·	
PO BOX 88					
CITY, STATE at				ELEC IDENTIFICATION	
TRENTON,	NJ 08650			0W000001931	1Q2020
X CPC	PPC LLC	CHECK IF: AMENDME X FIRST REP		REPORT QUARTER APR JUL 15 15 YEAR 2020	OCT X JAN 15
Do not attempt to			e "Net Financial Summar	ry until the appropriate sched	
	DEPOSI	FROM 0	THROUGH	COLUMN A	COLUMN B
PERIO	D COVERED	10/1/2020	12/31/2020	THIS REPORT	CALENDER YEAR-TO-DATE
1. CASH O	N HAND , JANU	ARY 1, 2020			\$0.00
2. CASH C	ON HAND, BEGIN	NING OF REPOR	TING PERIOD	\$0.00	
3. MONET	ARY RECEIPTS		(+)	\$100.00	\$100.00
4. SUBTO	TAL			\$100.00	\$100.00
5. MONET	ARY EXPENDITU	IRES	(-)	\$0.00	\$0.00
6. CASH C	ON HAND, CLOSE	OF REPORTING	PERIOD	\$100.00	\$100.00
	NET FINANCIA	L SUMMARY			
7. CASH C	ON HAND, CLOSE	OF REPORTING	PERIOD		\$100.00
	WED TO COMMI			(+)	\$0.00
9. SUBTO	TAL				\$100.00
10. DEBT O	WED BY COMMI	TTEE		(-)	\$0.00
11. TOTAL	(Net Worth)				\$100.00
		TREACURER	'S CERTIFICATION	1	
L certify that the	statements on this do			 unts received conform with the 	ne
				se, I may be subject to puni	
	5			A 2 0	
1/12/2021 DATE	Patricia Egan PRIN	Jones IT NAME	*	SIGNATURE	ffkuu .
	PO Box 8899	e [*]		(609) 331-9908	
		ORESS 650		*(AREA CODE) DAY TEL	EPHONE NUMBER
1				*/AREA CORE) EVENING	TELEBUIONE NUMBER

New Jersey Election Law Enforcement Commission

FORM R-3

Do not attempt to complete Tables I and II until the appropriate schedules have been completed.

		TABLE I RECEIPTS	COLUMN A	COLUMN B
		MONETARY RECEIPTS	THIS REPORT	CALENDER YEAR-TO-DATE
1.		CONTRIBUTIONS, \$300 OR LESS	\$100.00	\$100.00
2.		CONTRIBUTIONS, MORE THAN \$300	\$0.00	\$0.00
2a.		CURRENCY CONTRIBUTIONS	\$0.00	\$0.00
3.		TOTAL (Add lines 1, 2 and 2a)	\$100.00	\$100.00
4.		REFUND OF EXCESSIVE CONTRIBUTIONS (-) (ADJUSTMENT SCHEDULE)	\$0.00	\$0.00
5.		SUBTOTAL (Subtract line 4 from line 3)	\$100.00	\$100.00
		OTHER RECEIPTS		
6.		REIMBURSEMENTS/REFUNDS	\$0.00	\$0.00
7.		DIVIDENDS/INTEREST	\$0.00	\$0.00
8.		LOANS RECEIVED BY COMMITTEE,\$300 OR LESS	\$0.00	\$0.00
9.		LOANS RECEIVED BY COMMITTEE MORE THAN \$300 AND ALL CURRENCY LOANS	\$0.00	\$0.00
10.		TOTAL MONETARY RECEIPTS (Add lines 5 through 9)	\$100.00	\$100.00
11.		IN-KIND CONTRIBUTIONS, \$300 OR LESS	\$0.00	\$0.00
12.		IN-KIND CONTRIBUTIONS, MORE THAN \$300	\$0.00	\$0.00
13.		GROSS RECEIPTS (Add lines 10,11 and 12)	\$100.00	\$100.00
		TABLE II EXPENDITURES		
14.		OPERATING DISBURSEMENTS	\$0.00	\$0.00
	П	CONTRIBUTIONS (FROM THIS COMMITTEE) TO:		
15.	a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	\$0.00	\$0.00
	b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	\$0.00	\$0.00
	c.	ALL OTHER CANDIDATES/COMMITTEES	\$0.00	\$0.00
		EXPENDITURES MADE ON BEHALF OF:	8	
16.	a.	NJ GUBERNATORIAL CANDIDATES/COMMITTEES	\$0.00	\$0.00
	b.	NJ LEGISLATIVE CANDIDATES/COMMITTEES	\$0.00	\$0.00
	c.	ALL OTHER CANDIDATES/COMMITTEES	\$0.00	\$0.00
	d.	INDEPENDENT EXPENDITURES	\$0.00	\$0.00
17.		LOAN PAYMENTS	\$0.00	\$0.00
18.		TOTAL MONETARY EXPENDITURES (Add lines 14 through 17)	\$0.00	\$0.00
19.		IN-KIND CONTRIBUTIONS, \$300 OR LESS	\$0.00	\$0.00
20.		IN-KIND CONTRIBUTIONS, MORE THAN \$300	\$0.00	\$0.00
21.		GROSS EXPENDITURES (Add lines 18 through 20)	\$0.00	\$0.00
VI.		ay Election I ayy Enforcement Commission	DACE 2	

DEPOSITORY SUMMARY						
PLEASE TYPE OR PRINT, PHOTOC	OPIES MAY BE USED IF A	DDITIONAL FORMS ARE NEEDE	ED.			
COMMITTEE NAME: At	merican Democratic	Majority				
	BANK ACCOUNT	INFORMATION				
1. NAME OF BANK TD Bank, NA		(AREA CODE) TELEPHONE NUMBER (856) 751-9	000			
MAILING ADDRESS 1701 Route 70 East						
CITY,STATE,ZIP CODE Cherry Hill, NJ 08034						
ACCOUNT NAME American Democratic Major	rity		•			
OPENING BALANCE THIS PERIOD \$0.00	DEPOSITS THIS PERIOD \$100.00	disbursements this period \$0.00	closing balance this period \$100.00			
If the committee has more than		n the same bank, the name(s) and account number(s)			
of the additional account(s) mu	st be provided.	ACCOUNT NUMBER				
1		Neddelli Nember				
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD			
2. NAME OF BANK		(AREA CODE) TELEPHONE NUMBER				
MAILING ADDRESS						
CITY,STATE,ZIP CODE						
ACCOUNT NAME		ACCOUNT NUMBER				
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD			
If the committee has more than		in the same bank, the name(s) and account number(s)			
of the additional account(s) must ACCOUNT NAME	st be provided.	ACCOUNT NUMBER				
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD			
Other then the heads account	OTHER ASSETS	. Alsian and annual than a land and annual	of the fellowing (place V).			
Other than the bank account			of the following (please X):			
<u> </u>	tution Money Market	<u></u>	,			
Certificate of De		Stocks				
Mutual Fund Acc		Real Prop	erty			
Other (please sp						
For each item checked ("X") about property is held, contact the Co		perty), please complete the f	ollowing information. If real			
1. NAME OF DEPOSITORY OR ISSUER		(AREA CODE) TELEPHONE NUMBER				
MAILING ADDRESS	-		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
CITY,STATE,ZIP CODE						
ACCOUNT NAME		ACCOUNT NUMBER				
TYPE OF ASSET: MONEY MARKET C.D. MUTUAL FUND BONDS STOCKS OTHER (specify)						
VALUE OF ASSET AT PURCHASE, IF API	PLICABLE. Da	ATE OF MATURITY, IF APPLICABLE				
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD			

ITEMIZED REG	CEIPTS (Other tha	an Loans)	s	CHEDULE A Pag	ge No. 1 of 1
PLEASE TYPE OR F	PRINT. PHOTOCOPIES MA	AY BE USED IF ADD	ITIONAL FORMS		
CURRENCY	TE "SCHEDULE A" FOR EACH TYPE AND ALL OTHER MONETARY CONTRIBUTIONS	FOR EACH SEPARATE ACCOU IN-KIND CONTRIBUTI EXPENDITURES MADE	ONS-	REIMBURSEMENTS/ REFUNDS OF DISBURSEM	DIVIDENDS/ ENTS INTEREST
COMMITTEE NAME		American Dem	nocratic Majority		
ACCOUNT NAME A	ND NUMBER:		nocratic Majority **	****0330	· · · · · · · · · · · · · · · · · · ·
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRES	S (NUMBER AND STREET)	
NONE OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)	
,		STATE COE CIVET	(CITT,STATE AND ZIT CO		
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER	R AND STREET)			-	
(CITY CT ATE AND JUD CODE)				_	
(CITY,STATE AND ZIP CODE)					
RECEIPT DESCRIPTION (If In-Ki	ind)		AGGREGATE YEAR-TO-I	DATE	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)	
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER	R AND STREET)				
(CITY,STATE AND ZIP CODE)				4	
(CII I,STATE AND ZIF CODE)					
RECEIPT DESCRIPTION (If In-Ki	ind)		AGGREGATE YEAR-TO-I	DATE	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)	
			`		
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER	R AND STREET)			-	
(CITY,STATE AND ZIP CODE)					
(CIII,STATE AND EAT CODE)					
RECEIPT DESCRIPTION (If In-Ki	nd)		AGGREGATE YEAR-TO-E	ATE	
			<u>L</u>		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)	
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER	AND STREET)			-	
(CITY,STATE AND ZIP CODE)				4	
(CITISTALD LANGUED)		ζ.			
RECEIPT DESCRIPTION (If In-Kin	nd)		AGGREGATE YEAR-TO-D	ATE	
1CHDTOTAL (A-1-1-	Il receipte listed on 41-1-	2000			***
	III receipts listed on this p THIS PERIOD (Complete		t nage for	· · · · · · · · · · · · · · · · · · ·	\$0.00
-	Carry forward to applicab				\$0.00

ITEMIZED RECEIPTS (Other than Loans) sci				CHEDULE A Pag	e No. 1 of 1
PLEASE TYPE OR PRIN	IT. PHOTOCOPIES MA	Y BE USED IF ADD		ARE NEEDED.	
RECEIPT TYPE (USE A SEPARATE "SC CURRENCY	HEDULE A" FOR EACH TYPE AND FOR ALL OTHER MONETARY CONTRIBUTIONS	OR EACH SEPARATE ACCOUN' IN-KIND CONTRIBUTION EXPENDITURES MADE I	ons-	REIMBURSEMENTS/ REFUNDS OF DISBURSEME	DIVIDENDS/ INTEREST
COMMITTEE NAME:		American Dem	ocratic Majority		
ACCOUNT NAME AND	NUMBER:	American Dem	ocratic Majority **	****0330	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREET)	
NONE OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)	
			(,	
EMPLOYER NAME			-	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND	STREET)			-	
CONTROL OF AND OVER CORD					
(CITY,STATE AND ZIP CODE)					
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-I	DATE	
			<u> </u>		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREET)	The state of the s
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)	
EMPLOYER NAME				DATE(S) RECEIVED	AMOUNT(S) RECEIVED
EMPLOYER ADDRESS (NUMBER AND S	CTDEET			THIS PERIOD	THIS PERIOD
EMI LOTER ADDRESS (NUMBER AND	SIREE1)				
(CITY,STATE AND ZIP CODE)					
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-I	DATE	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)	
		STATE USE ONE!	(CITT,STATE AND ZIF CC	ibe)	
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND S	STREET)			IIIISTERIOD	IIISTERIOD
·	•				
(CITY,STATE AND ZIP CODE)					
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-I	DATE	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	6 (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)	
EMPLOYER NAME				D. MERCO DE CONTENTO	
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND S	STREET)			7	
(CITY,STATE AND ZIP CODE)				-	
			1		
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-D	PATE	
1SUBTOTAL (Add all re	ceints listed on this n	ane)			\$0.00
2 TOTAL RECEIPTS, THI			t page for	•	\$0.00
each receipt type. Carry forward to applicable line on Page 2, Column A.)					\$0.00

ITEMIZED RECEIPTS (Other than L	₋oans)	SC	CHEDULE A	Page No.	1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY B			ARE NEEDED) <u>.</u>	
RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR E CURRENCY CURRENCY ALL OTHER MONETARY CONTRIBUTIONS	¬	ONS-	REIMBURSEMENTS/ REFUNDS OF DISE		DIVIDENDS/ INTEREST
COMMITTEE NAME:	American Dem	ocratic Majority		. :-	
ACCOUNT NAME AND NUMBER:	American Dem	ocratic Majority ***	****0330		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS	(NUMBER AND STREE	ET)	
NONE	STATE USE ONLY	(CITY,STATE AND ZIP CO	DE)		
	511112 002 01121		,		
EMPLOYER NAME			DATE(S) RECEIVE THIS PERIOD	D	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			-		
			_		
(CITY,STATE AND ZIP CODE)					a a
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DA	ATE		
		<u> </u>			
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS	(NUMBER AND STREE	ET)	
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CO	DE)		
·					
EMPLOYER NAME			DATE(S) RECEIVE THIS PERIOD	D	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			-		
COUNTY STATE AND THE CODE					
(CITY,STATE AND ZIP CODE)					
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DA	ATE		•
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS	(NUMBER AND STREE	ET)	
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CO	DE)		
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	D	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			\dashv		
(CITY,STATE AND ZIP CODE)			_		
(CITI,STATE AND ZIF CODE)					
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DA	ATE		
CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS	(NUMBER AND STREE	ET)	
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CO	DE)		
					5
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	0	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			┪		
(CITY,STATE AND ZIP CODE)			4		
COLLINIA INID MIL CODE)			1		
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DA	ATE		
ACURTOTAL (Add all massing listed on this year	1				***
1SUBTOTAL (Add all receipts listed on this page. 2TOTAL RECEIPTS, THIS PERIOD (Complete this	<u> </u>	t nage for	2 5/4		\$0.00
each receipt type. Carry forward to applicable lin					\$0.00

ITEMIZED RECEIPTS (Other than Loans) SCH				CHEDULE A	Page No.	1 of 1
PLEASE TYPE OR PR	RINT. PHOTOCOPIES MAY BI	USED IF ADD		ARE NEEDED	•	
RECEIPT TYPE (USE A SEPARATE CURRENCY	"SCHEDULE A" FOR EACH TYPE AND FOR EACH TYPE AND FOR EACH CONTRIBUTIONS	CH SEPARATE ACCOUNTIN-KIND CONTRIBUTI EXPENDITURES MADE	ONS-	REIMBURSEMENTS/	JRSEMENTS	DIVIDENDS/ INTEREST
COMMITTEE NAME: American Democratic Majority						
ACCOUNT NAME ANI	D NUMBER:	American Dem	ocratic Majority **	****0330		
CONTRIBUTOR NAME	NONE	STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREE	T)	
OCCUPATION	NONE	STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)		
EMPLOYER NAME	, , , , , , , , , , , , , , , , , , , ,			DATE(S) RECEIVED THIS PERIOD		MOUNT(S) RECEIVED HS PERIOD
EMPLOYER ADDRESS (NUMBER A	ND STREET)					•
(CITY,STATE AND ZIP CODE)				4		
(CII 1,STATE AND ZIF CODE)						
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-D	DATE		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREE	T)	
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)		
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD		MOUNT(S) RECEIVED HS PERIOD
EMPLOYER ADDRESS (NUMBER A	ND STREET)			_		
(CITY,STATE AND ZIP CODE)				_		e.
(CIT 1,51ATE AND EIT CODE)						
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-D	PATE		
					<u> </u>	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREE	T)	\
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)		
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD		MOUNT(S) RECEIVED HIS PERIOD
EMPLOYER ADDRESS (NUMBER A	ND STREET)					
(CITY,STATE AND ZIP CODE)				_		×
(0111)011112111102111 0002)			4			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-D	DATE		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS	S (NUMBER AND STREE	T)	
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIP CO	DDE)		
		<u> </u>				
EMPLOYER NAME				DATE(S) RECEIVED THIS PERIOD		MOUNT(S) RECEIVED HIS PERIOD
EMPLOYER ADDRESS (NUMBER A	ND STREET)					
(CITY,STATE AND ZIP CODE)						
(CHI INTAIN MICONE)					,	
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-D	DATE		
1SUBTOTAL (Add all	receipts listed on this page.	<u> </u>			-	\$0.00
	THIS PERIOD (Complete this	<u> </u>	t page for			Ψ 0.00
	arry forward to applicable lin					\$0.00

ITEMIZED RECEIPTS (Other than Loans) scr				SCHEDULE A	Page No. 1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS A).
CURRENCY	E "SCHEDULE A" FOR EACH TYPE AND I ALL OTHER MONETARY CONTRIBUTIONS	FOR EACH SEPARATE ACCOU IN-KIND CONTRIBUTI EXPENDITURES MADE	ONS-	REIMBURSEMENTS/ REFUNDS OF DISE	1 2 1
COMMITTEE NAME:		American Dem	ocratic Majority	,	
ACCOUNT NAME AN	ID NUMBER:	American Dem	ocratic Majority	*****0330	
CONTRIBUTOR NAME	,	STATE USE ONLY	CONTRIBUTOR ADDR	RESS (NUMBER AND STREE	ET)
NONE OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIE	P CODE)	
EMPLOYER NAME				DATE(S) RECEIVE THIS PERIOD	D AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER	AND STREET)		0	\dashv	
(CITY,STATE AND ZIP CODE)					
(CITI, STATE AND LIT CODE)					
RECEIPT DESCRIPTION (If In-Kin	d)		AGGREGATE YEAR-T	O-DATE	
			1		
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDR	RESS (NUMBER AND STRE	ET)
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIE	P CODE)	
EMPLOYER NAME				DATE(S) RECEIVE	D AMOUNT(S) RECEIVED
EMPLOTER NAME				THIS PERIOD	THIS PERIOD
EMPLOYER ADDRESS (NUMBER .	AND STREET)				
(CITY,STATE AND ZIP CODE)					
RECEIPT DESCRIPTION (If In-Kin	d)		AGGREGATE YEAR-T	O-DATE	
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDR	RESS (NUMBER AND STRE	ET
CONTRIBUTOR MALVE		STATE COE CALL	CONTRIBUTOR ADDI	CESS (NORDER AND STREET	
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZIE	P CODE)	
EMPLOYER NAME			<u></u>	DATE(S) RECEIVE	D AMOUNT(S) RECEIVED
				THIS PERIOD	THIS PERIOD
EMPLOYER ADDRESS (NUMBER A	AND STREET)				
(CITY,STATE AND ZIP CODE)			n		•
RECEIPT DESCRIPTION (If In-Kine	d)		AGGREGATE YEAR-T	TO-DATE	···
	· ·				
CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDR	RESS (NUMBER AND STRE	ET)
OCCUPATION		STATE USE ONLY	(CITY,STATE AND ZII	P CODE)	
EMPLOYER NAME				DATE(S) RECEIVE	
EMPLOYER ADDRESS (NUMBER A	AND STREET)			THIS PERIOD	THIS PERIOD
(CITY,STATE AND ZIP CODE)					
RECEIPT DESCRIPTION (If In-Kind) AGGREGATE YEAR-TO-DATE					
1SUBTOTAL (Add all receipts listed on this page.)					\$0.00
2 TOTAL RECEIPTS, THIS PERIOD (Complete this line on the last page for each receipt type. Carry forward to applicable line on Page 2, Column A.)					\$0.00
caon receipt type. C	any lormara to applicable	o mile on i age z, o	oranini A.j		Ψ0.00

LOANS RECEIVED			SCHEDULE B	Page No. 1 of 1		
PLEASE TYPE OR PRINT. PHOTOCOF USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACC		IF ADDITIONAL	FORMS ARE NEEDE	D.		
COMMITTEE NAME:	American Democra	tic Majority				
ACCOUNT NAME and NUMBER: American Democratic Majority ******0330						
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS	TOTAL AMOUNT OF LOAN	OUTSTANDING BALANCE		
		THIS PERIOD	PLUS INTEREST	THIS PERIOD		
	PAYMENTS THIS PERIOD:	AMOUNT	CHECK NO(S).	DATE(S)		
e de la companya de l						
OCCUPATION		DATE INCHESES	DATE DIE	ANNHAL ENTED FOR DATE		
OCCUPATION		DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE		
	TERMS:					
EMPLOYER NAME AND ADDRESS (NUMBER,STREET,CITY,ST	ATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE		
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING		
			,			
OCCUPATION	EMPLOYER NAME AND ADDR	RESS (NUMBER,STREET,C	ITY,STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE		
2) NAME AND ADDRESS OF GUARANTOR	•			AMOUNT OUTSTANDING		
OCCUPATION	EMPLOYER NAME AND ADDR	ESS (NUMBER,STREET,C	ITY,STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE		
NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD		
		I III ERROD	I LOS INTEREST	LAUD		
	*					
	PAYMENTS THIS PERIOD:	AMOUNT	CHECK NO(S).	DATE(S)		
OCCUPATION		DATE INCURRED	DATE DUE	ANNUAL INTEREST RATE		
	TERMS:					
EMPLOYER NAME AND ADDRESS (NUMBER,STREET,CITY,ST	ATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE		
I) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING		
OCCUPATION	EMPLOYER NAME AND ADDR	ESS (NUMBER,STREET,C	(TY,STATE AND ZIP CODE)	AGGREGATE YEAR-TO-DATE		
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING		
OCCUPATION	EMPLOYER NAME AND ADDR	ESS (NUMBER STREET C	TY STATE AND 71P CODE	AGGREGATE YEAR-TO-DATE		
	Lan Lo Ten Name and Addr	LOS (NOMBER, STREET, CI	LISTATE MAD ZII CODE)	AGOREGATE TEAR-IO-DATE		
1. TOTAL NEW LOANS, THIS PERIO	D (Complete this li	ne on the last na	age used.	\$0.00		
Carry forward to Page 2, Line 9, 0		o idot pt	.g- uova.	ψ0.00		
2. TOTAL AMOUNT OF LOANS PLU		PERIOD		\$0.00		
3. TOTAL LOAN PAYMENTS, THIS F			ast page used.	·		
Carry forward to Page 2, Line 17,	Column A.)			\$0.00		
 TOTAL OF ALL OUTSTANDING L last page used. Carry back to Page 			this line on the	\$0.00		
iast Daue Useu. Carry Dack to Par	ie iv. acheomet.	1.41100 1.1				

ADJUSTMENT SCHEDULE REFUND OF EXCESSIVE CONTRIBUTIONS Page No. 1 of 1 PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "ADJUSTMENT SCHEDULE" FOR EACH SEPARATE ACCOUNT COMMITTEE NAME: American Democratic Majority ACCOUNT NAME and NUMBER: American Democratic Majority ******0330 IF A MONETARY CONTRIBUTION IN EXCESS OF THE CONTRIBUTION LIMIT IS DEPOSITED, PLEASE REPORT THE REFUND OF THE EXCESS AMOUNT ON THIS ADJUSTMENT SCHEDULE. **PAYMENT** CHECK REFUNDED NO. **AMOUNT** DATE PAYEE NAME AND ADDRESS NONE 1. TOTAL REFUND OF EXCESSIVE CONTRIBUTIONS, THIS PERIOD (Complete \$0.00 this line on the last page used. Carry forward to Page 2,Line 4, Column A.)

ITEMIZED OPERATING DISBURSE	SCHEDULE C	Page No. 1	of 1				
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE C" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE.							
COMMITTEE NAME: American Democratic Majority							
ACCOUNT NAME AND NUMBER: American	Democratic Majority ******	0330					
PAYEE OR CREDITOR NAME,		AMOUNT(S)	TRANS-				
ADDRESS (Number and Street,	PURPOSE*	DISBURSED	ACTION	CHECK			
City,State,Zip Code)		THIS PERIOD	DATE(S)	NO(S).			
*Legislative Leadership Committees -	See Instructions concerni	ing permissible use	es of funds.				
NONE							
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		,					
1. SUBTOTAL (Add all disbursements listed or	this page.)	\$0.00					
2. TOTAL DISBURSEMENTS, THIS PERIOD (Co		\$0.00					
the last page used. Carry forward to Page 2.	Line 14. Column A.)	I \$5.55					

ITEMIZED MONETARY CONTRIE					
TO CANDIDATES AND COMMIT	SCHEDULE D Page No. 1 of 1				
PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE.					
X NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES	ALL	OTHER CANDID	ATES/COMMITTEES	
COMMITTEE NAME: Americ	can Democratic Majority				
ACCOUNT NAME AND NUMBER: Americ	can Democratic Majority **	****0330			
	ELECTION DATE	CHE	CK	AMOUNT	
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY			OF EACH	
(Number and Street,City,State,Zip Code)	OR MUNICIPALITY	NO(S).	DATE(S)	CONTRIBUTION	
NONE	,				
		· ·			
				•	
•					
SUBTOTAL (Add all contributions mac	le to each recipient type	listed on	this page	\$0.00	
2. TOTAL, THIS RECIPIENT TYPE, THIS F	PERIOD (Complete this li	ne on the	e last pag		
used for each recipient type. Carry for	ward to Page 2, either Li	ne 15a,		\$0.00	
Line 15 b, or Line 15c, Column A.)					

ITEMIZED MONETARY CONTRIBUTIONS MADE					
			LE D		lo. 1 of 1
PLEASE TYPE OR PRINT. PHOTOCOPIES M USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND		NAL FO	RMS ARI	E NEED	ED.
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	NEW JERSEY LEGISLATIVE CANDIDATES/COMMITTEES	ALL	OTHER CAND	IDATES/CO	MMITTEES
COMMITTEE NAME: Ameri	can Democratic Majority				
ACCOUNT NAME AND NUMBER: Ameri	can Democratic Majority *				
	ELECTION DATE	СНЕ	CK		AMOUNT
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY				OF EACH
(Number and Street, City, State, Zip Code)	OR MUNICIPALITY	NO(S).	DATE(S)	CONTRIBUTION
NONE					
	,				

1. SUBTOTAL (Add all contributions mad	le to each recipient type	listed o	n this pa	ge.)	\$0.00
2. TOTAL, THIS RECIPIENT TYPE, THIS I			e last pa	ige	.
used for each recipient type. Carry forward to Page 2, either Line 15a, Line 15 b, or Line 15c, Column A.)					\$0.00

ITEMIZED MONETARY CONTRIB				
TO CANDIDATES AND COMMITT	SCHEDULE D Page No. 1 of 1			
PLEASE TYPE OR PRINT. PHOTOCOPIES MA USE A SEPARATE "SCHEDULE D" FOR EACH SEPARATE ACCOUNT AND EA		AL FORM	IS ARE NE	EDED.
NEW JERSEY GUBERNATORIAL CANDIDATES/COMMITTEES	ATES/COMMITTEES			
COMMITTEE NAME: America				
ACCOUNT NAME AND NUMBER: America				
	ELECTION DATE	СН	ECK	AMOUNT
RECIPIENT NAME, ADDRESS	DISTRICT OR COUNTY			OF EACH
(Number and Street,City,State,Zip Code)	OR MUNICIPALITY	NO(S).	DATE(S)	CONTRIBUTION
NONE	e .			
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1. SUBTOTAL (Add all contributions made	to each recipient type lis	sted on th	nis page.)	\$0.00
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used for each recipient type. Carry forward Line 15 b, or Line 15c, Column A.)	ard to Page 2, either Line	e 15a,		\$0.00

ITEMIZED EXPENDITURE ON BEHALF OF CANDIDA				SCHEDULE E	Page No	. 1 of	1
PLEASE TYPE OR PRINT. PHOTOG							-
USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE		ARATE RECIPIENT TYPE	č.	_			
NJ GUBERNATORIAL CANDIDATES/COMM	IITTEES			NJ LEGISLATIVE	CANDIDATES/	COMMITI	rees
ALL OTHER CANDIDATES/COMMITTEES				INDEPENDENT EX	PENDITURES		
COMMITTEE NAME:	American Democ	cratic Majority					
ACCOUNT NAME AND NUMBER:	American Democ						,
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) T	HIS		TRANSAC		CHECK
(Number,Street,City and Zip Code)		INCURRED/NOT PAID	_	DISBURSED	DATE(S	S)	NO(S).
NONE							
NONE	,						
ALLOCATION OF EXPEND CANDIDATE/COMMITTE		TING CANDIDATE ELECTION	ATE(S)/COMMITTE DISTRICT OR CO	_ ` '	DDO 1	DATED
CANDIDATE/COMMITTE	E NAME	DATE		OR MUNICIPAL		AMO	RATED UNT
		1					
			200.00				
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) T	HIS		TRANSAC		CHECK
(Number,Street,City and Zip Code)		INCURRED/NOT PAID		DISBURSED	DATE(S	S)	NO(S).
		·					
ALLOCATION OF EXPEND			ATE(S)/COMMITTE	E(S)		-2
CANDIDATE/COMMITTE	E NAME	ELECTION		DISTRICT OR CO			RATED
		DATE		OR MUNICIPAL	LITY	AMO	UNT
1. SUBTOTAL (Add all disburseme	ents made to eac	h recipient type	•	\$0.00	0		
listed on this page.) 2. TOTAL DISBURSEMENTS, THIS	DEDIOD (Compl	oto thio line on	the	loot			
page used for each recipient type				\$0.00	n		
Line 16a,Line 16b, or Line 16c,C	-	ago 2 , oitii	Ĭ	Ψ0.00	•		
3. SUBTOTAL (Add all outstanding	<u> </u>	urred/	L			<u> </u>	,
not paid, listed on this page.)				\$0.00			
4. TOTAL OUTSTANDING OBLIGA	TIONS INCURRE	D/NOT					
PAID (Complete this line on the				\$0.00			
Carry back to Page 10, "Schedu	le F", Line 2.)						

ITEMIZED EXPENDITURE ON BEHALF OF CANDIDA				Page No	o. 1 of	1
PLEASE TYPE OR PRINT. PHOTOC USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE			NAL FORMS AF	RE NEED	ED.	
NJ GUBERNATORIAL CANDIDATES/COMM	IITTEES		NJ LEGISLATIVE	CANDIDATES/	COMMIT	TEES
ALL OTHER CANDIDATES/COMMITTEES			INDEPENDENT EX	PENDITURES		
COMMITTEE NAME:	American Democ	cratic Majority				
ACCOUNT NAME AND NUMBER:	American Democ	cratic Majority *****	0330			
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) THIS	PERIOD	TRANSAC		CHECK
(Number,Street,City and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S	S)	NO(S).
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ALLOCATION OF EXPEND				/		
CANDIDATE/COMMITTE	E NAME	ELECTION DATE	DISTRICT OR C OR MUNICIPA			RATED
		DATE	OR MUNICIPAL	LII Y	AMO	UNI
				2		
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) THIS	DEDIOD	TRANSAC	TION	CHECK
(Number, Street, City and Zip Code)	1014 002	INCURRED/NOT PAID	DISBURSED	DATE(S		CHECK NO(S).
ALLOCATION OF EXPEND			` '	. ,		
CANDIDATE/COMMITTE	E NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY		PRO-RATED AMOUNT	
		DATE	OR MUNICH A		AMO	ONI
 SUBTOTAL (Add all disburseme listed on this page.) 			\$0.0)	(4	·
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3. SUBTOTAL (Add all outstanding		urred/	\$0.00			
not paid, listed on this page.) 4. TOTAL OUTSTANDING OBLIGA	TIONS INCURRE	D/NOT	Φυ.υυ			
PAID (Complete this line on the Carry back to Page 10, "Schedu		\$0.00				

ITEMIZED EXPENDITURE ON BEHALF OF CANDIDA				Page No). 1 of	1
PLEASE TYPE OR PRINT. PHOTOC USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE	COPIES MAY BE I	USED IF ADDITION				
NJ GUBERNATORIAL CANDIDATES/COMM	AITTEES		NJ LEGISLATIVE (CANDIDATES/	COMMIT	ГЕЕS
ALL OTHER CANDIDATES/COMMITTEES			INDEPENDENT EX			
COMMITTEE NAME:	American Democ	cratic Majority				
ACCOUNT NAME AND NUMBER:		cratic Majority *****				
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) THIS		TRANSAC'		CHECK
(Number,Street,City and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S	5)	NO(S).
NONE						
ALLOCATION OF EXPENDE		TTING CANDIDATE ELECTION	E(S)/COMMITTE DISTRICT OR C		I nn ()	- Catality
CANDIDATE/COMMITTE	E NAIVIE	ELECTION DATE	OR MUNICIPAL		PRO-F	RATED DUNT
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PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) THIS		TRANSAC		CHECK
(Number,Street,City and Zip Code)		INCURRED/NOT PAID	DISBURSED	DATE(S	3)	NO(S).
ALLOCATION OF EXPENDI			` '		200	
CANDIDATE/COMMITTE	E NAME	ELECTION DATE	DISTRICT OR CO		PRO-RATED AMOUNT	
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 SUBTOTAL (Add all disburseme listed on this page.) 	nts made to each	h recipient type	\$0.00	0		
TOTAL DISBURSEMENTS, THIS page used for each recipient typ Line 16a,Line 16b, or Line 16c,C	oe. Carry forward Column A.)	I to Page 2, either	e last \$0.00	0		
SUBTOTAL (Add all outstanding not paid, listed on this page.)			\$0.00			
4. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 2.)						

ITEMIZED EXPENDITUR ON BEHALF OF CANDID				SCHEDULE E	Page No	1 of	1
PLEASE TYPE OR PRINT. PHOTO							
USE A SEPARATE "SCHEDULE E" FOR EACH SEPARAT	E ACCOUNT AND EACH SE	PARATE RECIPIENT TYPE.					
NJ GUBERNATORIAL CANDIDATES/COM	MITTEES			NJ LEGISLATIVE (CANDIDATES/C	COMMITI	TEES
ALL OTHER CANDIDATES/COMMITTEES			X	INDEPENDENT EX	PENDITURES		
COMMITTEE NAME:	American Democ	cratic Majority					
ACCOUNT NAME AND NUMBER:	American Democ	cratic Majority *****	0330		0		
PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) THIS	PEF	RIOD	TRANSAC	TION	CHECK
(Number,Street,City and Zip Code)		INCURRED/NOT PAID		DISBURSED	DATE(S	5)	NO(S).
NONE							
ALLOCATION OF EXPEND	DITURES BENEF	ITTING CANDIDAT	E(S)	COMMITTEE(S)	-	
CANDIDATE/COMMITTI	EE NAME	ELECTION		DISTRICT OR CO		PRO-I	RATED
		DATE		OR MUNICIPAL	LITY	AMO	UNT
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PAYEE NAME, ADDRESS	PURPOSE	AMOUNT(S) THIS	DEE	NOD	TRANSAC	TION	CHECK
(Number,Street,City and Zip Code)		INCURRED/NOT PAID		DISBURSED	DATE(S		NO(S).
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ALL COATION OF EVENE	UTUDEO DELLES	ITTING CANDIDAT	E (0)	(0.014141====	,		
ALLOCATION OF EXPEND CANDIDATE/COMMITTE		ELECTION	E(S)	DISTRICT OR CO		DDO 1	RATED
CANDIDATE/COMMITTE	EE INAIVIE	DATE		OR MUNICIPAL		AMO	
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listed on this page.)	citto made to cat	on recipient type		ψ0.0			
2. TOTAL DISBURSEMENTS, THIS	S PERIOD (Comp	olete this line on th	e las	st			
page used for each recipient ty				\$0.00	o		
Line 16a,Line 16b, or Line 16c,0							
3. SUBTOTAL (Add all outstandin	g obligations inc	urred/					
not paid, listed on this page.)	TIONS WAS TO			\$0.00			
4. TOTAL OUTSTANDING OBLIGA				4			
PAID (Complete this line on the				\$0.00			
Carry back to Page 10, "Schedu	ile F", Line 2.)						

DEBTS AND OBLIGATIONS OWED BY COMMITTEE SCHEDULE F							Page No. 1 of 1
	PE OR PRINT. PHOTOCO CHEDULE F" FOR EACH SEPARATE AC	PIES MAY BE USED IF ADDITIO	NAL FORMS A	ARE NEEDED.			
COMMITTEE	NAME:		American Den	nocratic Majorit	ty		
ACCOUNT N	AME and NUMBER:		American Den	nocratic Majorit	ty ******0330		
Date	Creditor's Name	Address	Description	Outstanding Beginning Balance This	Amount Incurred This Period	Payments This Period	Outstanding Balance This Period
Incurred				Period			
	NONE		·				
SUMMARY O	F DEBTS AND OBLIGAT	TIONS:					
	· 1.	TOTAL OUTSTANDING LOANS F	PLUS INTERES	ST FROM SCH	I B, PG 5, LINE	= 4	\$0.00
**		TOTAL OUTSTANDING OBLIGAT				OF	\$0.00
3. TOTAL OUTSTANDING OBLIGATIONS, SCHEDULE F (Complete this line on the last page used.)							\$0.00
4. TOTAL OUTSTANDING DEBTS/OBLIGATIONS OWED BY COMMITTEE (Add lines 1,2 and 3. Carry forward to front page, Line 10.)						\$0.00	

DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Accounts Receivable) SCHEDULE G Page No. 1 of 1 PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED. USE A SEPARATE "SCHEDULE G" FOR EACH SEPARATE ACCOUNT **COMMITTEE NAME:** American Democratic Majority **ACCOUNT NAME and NUMBER:** American Democratic Majority ******0330 BALANCE DUE TOTAL AMOUNT BALANCE DUE **DEBTOR NAME AND ADDRESS** AT BEGINNING NEW AMOUNT RECEIVED AT CLOSE OF (Number, Street, City, State and Zip Code) OF THIS PERIOD THIS PERIOD THIS PERIOD THIS PERIOD NONE DATE DEBT INCURRED DEBT DESCRIPTION 1. SUBTOTAL (Add all debts and obligations owed to committee listed on this page.) \$0.00 2. TOTAL DEBTS AND OBLIGATIONS OWED TO COMMITTEE (Complete this line on the last page used. Carry forward to front page, Line 8.) \$0.00



CONTINUING POLITICAL COMMITTEE -REGISTRATION STATEMENT AND DESIGNATION OF **ORGANIZATIONAL DEPOSITORY**

Website: www.elec.nj.gov

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)

FORM D-4

ELEC Received Dec 03, 2020 6:58 PM

Committee Name AMERICAN DEMOCRATIC MAJORITY							
Identifying Title or Acronym (Optional)							
Street Address PO BOX 8899							
City TRENTON					State NJ	Zip 086	Code 350
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Day Telephone (609) 331-9908						
Statewide Committee	ommittee						
County	Municipality STATEWIDE	Municipality STATEWIDE					
Committee Email (Optional)		Committee Webs	site (Optio	nal)			
Type of Filing: Initial Registration	n Statement	Additional Depos	sitory		☐ De	puty	Treasurer
Amendment (please specify) INITIA	AL REGISTRATION FOR IN	IDEPENDENT EX	XPENDI [*]	TURE COMMIT	TEE		
1. Chairperson Name							
SEAN M. KENNEDY							
Mailing Address PO BOX 8899		City TRENTON	City TRENTON			te	Zip Code 08650
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone Occu SAME OCV			ation RNMENT REL	ATIONS		
Employer Name and Address ROWAN SCHOOL OF OSTEOPATHIC MEI	DICINE, 1 MEDICAL CENTE	ER DR, STRATF	ORD, N.	J 08084			
2. Treasurer Name							
PATRICIA E. JONES							
Mailing Address PO BOX 8899		City TRENTON				te	Zip Code 08650
Resident Address, if different from mailing ac	ddress	City			Sta	te	Zip Code
527 DUBOIS AVE		BARRINGT	ON		NJ		08650
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Tele	ephone	Occupa	ation CTOR OF OUT	REACH.	VFT:	S AFFAIRS
Employer Name and Address			Direct		12/10/11,		
COUNTY OF CAMDEN, 520 MARKET ST,	CAMDEN, NJ 08102						
3. Depository Information							
Name of Bank or Depository TD BANK NA							
Mailing Address 1701 ROUTE 70 EAST							
City CHERRY HILL		State NJ	Zip Co		(Area C	,	Day Telephone
Account Name AMERICAN DEMOCRATIC MAJORITY			1				
Account Number ******0330							

3. Depository Information (continued)							
Name of Bank or Depository							
NA							
Mailing Address							
City				State	Zip Code	(Area Code) Day	Telephone
Account Name							
Account Number							
4. LIST THE NAME(S), MAILING ADDRESS(ES) A CHECKS OR OTHERWISE MAKE TRANSACTI		LEPHONE	NUMBE	R(S) OF A	NY PERSON(S) A	JTHORIZED TO SIGN	
Name PATRICIA E. JONES							
Mailing Address							
PO BOX 8899							
City TRENTON	State NJ	Zip Code 08650		(Area Code 609) 331-99	e) Day Telephone 908	*(Area Code) Evening SAME	Telephone
Name MELISSA POLLITT	1		1				
Mailing Address							
PO BOX 8899							
City TRENTON	State NJ	Zip Code 08650		(Area Code 609) 331-99	e) Day Telephone 908	*(Area Code) Evening SAME	Telephone
Name DONNA M. ROBINSON TAYLOR					· · · · · · · · · · · · · · · · · · ·		
Mailing Address							
PO BOX 8899							
City TRENTON	State NJ	Zip Code 08650		(Area Code		*(Area Code) Evening SAME	Telephone
5. General Organizational Category or Affiliation							
Business	•		Ideolog	ical Group		Public Qu	estion
Labor Union		\bigcirc	Politica	Club			
Professional Association		\bigcirc	Trade A	Association		-	ipport
Other		•	Indeper Commit		nditure Only	O OF	opose
6. List the names/mailing addresses of the pers	ons (otl	her than c			ties having direct	or indirect control over	er the
affairs of the continuing political committee. (To suggestion the committee solicits funds or makes c	his includ	des, but is					
PATRICIA E JONES			DIF	RECTOR O	F OUTREACH, VE	TS' AFFAIRS	
Name of Person or Entity			Occ	cupation			
PO BOX 8899				UNTY OF			
Mailing Address			Em	ployer Nam	ie		
TRENTON				MARKET			
City					ng Address		
NJ, 08650 State, Zip Code				MDEN, NJ /, State, Zip			
*Leave this field blank if your telephone number is unlisted. Purs	uant to N.J	<u>.S.A.</u> 47:1A-1	•	•		ecord and must not be provided	d on this form.

ontinuea)		
JOHN F. CONNERS	RETIRED	
Name of Person or Entity	Occupation	
PO BOX 8899	NONE - RETIRED	
Mailing Address	Employer Name	
TRENTON		
City	Employer Mailing Address	
NJ, 08650		
State, Zip Code	City, State, Zip Code	
t the names/mailing addresses of the persons ipated in the initial organization of the continu	s or entities not already listed in question #6 who, directly or through uing political committee.	an agent,
Name of Person or Entity	Occupation	
Mailing Address	Employer Name	
City	Employer Mailing Address	
State, Zip Code	City, State, Zip Code	
Name of Person or Entity	Occupation	
Mailing Address	Employer Name	
City	Employer Mailing Address	
State, Zip Code	City, State, Zip Code	
Name of Person or Entity	Occupation	
Mailing Address	Employer Name	
City	Employer Mailing Address	
State, Zip Code	City, State, Zip Code	
Name of Person or Entity	Occupation	
Mailing Address	Employer Name	
City	Employer Mailing Address	
State, Zip Code	City, State, Zip Code	

MAKING INDEPENDENT EXPENDITURES IN SUF	•	•	•
List the name and resident address of a New Jersey r the agent of the continuing political committee to accept		ontinuing polit	ical committee as
Name WILLIAM M. TAMBUSSI, ESQUIRE C/O BROWN & CONN	ERY LAW FIRM		
Resident Address 360 N. HADDON AVE			
City		State	Zip Code
WESTMONT 10. Has any New Jersey candidate or officeholder (other	r than a federal candidate) established. aut	NJ horized the es	08108 tablishment of,
maintained or participated directly or indirectly in the ma Jersey candidate do so in the future?			
○ YES	NO		
11. What is the total amount of money this continuing po	litical committee estimates it will raise:		
(Please estimate to the best of your ability.)			
This calendar year?	\$1,000.00		
Next calendar year?	\$250,000.00		
12. How much of the total amount of money raised is ex	pected to be spent for New Jersey election	-related activi	ty during:
(Please estimate to the best of your ability.)			
This calendar year?			
Next calendar year?	\$250,000.00		
13. What percentage of the total amount of money raise	d will be used for New Jersey election-relat	ed activity du	ring:
(Please estimate to the best of your ability.)			
This calendar year?	0 %		
Next calendar year?	<u>75 </u>		
14. Is making contributions to New Jersey candidates o expected to be a major purpose of this continuing polition		w Jersy electio	on-related activity
YES	O NO		

OPERATING EXPENSES, FUNDRAISING EXPENSES, CONSULTING EXPENSES, LEGAL AND ACCOUNTING SERVICES. 16. Will this continuing political committee solicit any of its funds from the public for New Jersey election-related activity: Inside New Jersey	15. Besides engaging in election-related activity, what other types of expenditures will be made by this continuing political committee?								
16. Will this continuing political committee solicit any of its funds from the public for New Jersey election-related activity: Inside New Jersey									
inside New Jersey outside New Jersey X		,		,				,	
inside New Jersey outside New Jersey X									
inside New Jersey outside New Jersey X									
inside New Jersey outside New Jersey X	16. Will this continuing politi	cal committee so	olicit any o	of its fund	s from	the public	c for N	lew Jersey election-related activity:	
outside New Jersey x	,					-			
*If "both," what percentage of the funds are expected to be raised outside New Jersey? 15						•			
* If "both," what percentage of the funds are expected to be raised outside New Jersey? 15									
17. Will this continuing political committee solicit contributions with the stated or principal purpose of making contributions to New Jersey candidates or committees? YES NO 18. Does this continuing political committee file with the Federal Election Commission? YES NO 19. Will this committee engage in only independent expenditure activity? YES NO TREASURER/CHAIRPERSON CERTIFICATION I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the Continuing Political Committee, and no candidate or officeholder shall be permitted to do so during the existence of the Continuing Political Committee. I am aware that if any of the statements are willfully false, I am subject to punishment. Registration Number PIN 12/03/2020 PIN 12/03/2020 Registration Number PIN 12/03/2020									
17. Will this continuing political committee solicit contributions with the stated or principal purpose of making contributions to New Jersey candidates or committees? YES	* If "both," what percentage of the funds are expected to be raised outside New Jersey?								
Jersey candidates or committees? YES NO		15	%						
18. Does this continuing political committee file with the Federal Election Commission? YES • NO 19. Will this committee engage in only independent expenditure activity? • YES NO TREASURER/CHAIRPERSON CERTIFICATION I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the Continuing Political Committee, and no candidate or officeholder shall be permitted to do so during the existence of the Continuing Political Committee. I am aware that if any of the statements are willfully false, I am subject to punishment. Registration Number Treasurer SEAN M KENNEDY PIN **** PIN **** PIN **** ***			olicit cont	ributions	with the	e stated o	r prin	cipal purpose of making contributions to New	
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TREASURER/CHAIRPERSON CERTIFICATION I certify that the statements on this document are true and correct. I further certify that no candidate or officeholder has established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of the Continuing Political Committee, and no candidate or officeholder shall be permitted to do so during the existence of the Continuing Political Committee. I am aware that if any of the statements are willfully false, I am subject to punishment. Registration Number Treasurer SEAN M KENNEDY PIN 12/03/2020 Registration Number PIN 12/03/2020	40 Will this committee ange	ao in only indon	andont av	diture	o o tivel to	.o			
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Registration Number ********* Treasurer SEAN M KENNEDY Registration Number ******** PIN ****** Date 12/03/2020 PIN ***************** PIN ************************************	Committee, and no candidate	e or officeholder s	hall be per	mitted to d	o so du	ring the ex			
Registration Number PIN Treasurer SEAN M KENNEDY Date 12/03/2020 Registration Number ************************************	aware that if any of the stater	ments are willfully	false, I am	n subject to	punish	ıment.			
Registration Number PIN Treasurer SEAN M KENNEDY Date 12/03/2020 Registration Number ************************************									
Treasurer SEAN M KENNEDY Date 12/03/2020 Registration Number ************************************	Registration Number	*****				F	PIN	****	
Treasurer SEAN M KENNEDY Registration Number ************************************								12/03/2020	
Registration Number PIN	Treasurer SEAN	M KENNEDY				_	Jaic		
Registration Number PIN									
Registration Number PIN									
	5	*****				_		****	
Chairperson PATRICIA EGAN JONES Date 12/03/2020	Registration Number					F	'IN		
	Chairperson PATRI	ICIA EGAN JONI	ES				Date	12/03/2020	

FORM R-3

REPORT OF CONTRIBUTIONS AND EXPENDITURES

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. BOX 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Web site: http://www.elec.nj.gov

REPORT FILED:

(2021-Q1) QUARTER 1 (APR 15TH)

Filed On 4/13/2021 3:13:46 PM

			Amendment			
COMMITTEE NAME OR APPROVED ACRONYM						
AMERICAN DEMOCRATIC MAJORITY						
STREET ADDRESS						
PO BOX 8899						
CITY	STATE	ZIP CODE				
TRENTON	NJ	08650				
COMMITTEE TYPE						
CPC						
RECEIPTS AND EXPENDITURES SUMMARY						
OPENING BALANCE *			\$100.00			
RECEIPTS	\$1,250,000.00					
EXPENDITURES	(-)	\$320.70				
CLOSING BALANCE			\$1,249,779.30			
* Cash on Hand January 1 if First Report Filed						
NET FINANCIAL SUMMARY						
CLOSING BALANCE			\$1,249,779.30			
Debt Owed to Committee		(+)	\$0.00			
Debt Owed by Committee	(-)	\$0.00				
Total Net Worth			\$1,249,779.30			

TABLE I. RECEIPTS	Column A	Column B
	This Report	Year-to-Date
1. Monetary Contributions, \$300 or less	\$0.00	\$0.00
2. Monetary Contributions (In Excess of \$300 and all Currency Contributions) (Schedule 1)	\$1,250,000.00	\$1,250,000.00
3. In-kind contributions, \$300 or less	\$0.00	\$0.00
4. In-kind contributions, more than \$300 (Schedule 2)	\$0.00	\$0.00
5. Dividends/Interest (Schedule 3)	\$0.00	\$0.00
6. Refunded Disbursements / Reimbursements to Committee (Schedule 4)	\$0.00	\$0.00
7. Loans Received, \$300 or less	\$0.00	\$0.00
8. Loans Received, more than \$300 and all Currency Loans (Schedule 5)	\$0.00	\$0.00
9. Adjustments (Refund of Contributions) (Schedule 6) (-)	\$0.00	\$0.00
10. Total Receipts	\$1,250,000.00	\$1,250,000.00
TABLE II. EXPENDITURES		
1. Operating Disbursement (Schedule 8)	\$320.70	\$320.70
Contributions (from the Committee) to:		
2a. NJ Gubernatorial Candidates/Committees (Schedule 10)	\$0.00	\$0.00
2b. NJ Legislative Candidates/Committees (Schedule 10)	\$0.00	\$0.00
2c. All other Candidates/Committees (Schedule 10)	\$0.00	\$0.00
Expenditures Made on Behalf of:		
3a. NJ Gubernatorial Candidates/Committees (Schedule 11)	\$0.00	\$0.00
3b. NJ Legislative Candidates/Committees (Schedule 11)	\$0.00	\$0.00
3c. All other Candidates/Committees (Schedule 11)	\$0.00	\$0.00
3d. Independent Expenditures (Schedule 11)	\$0.00	\$0.00
4. In-kind contributions, 300 or less (Table I, line 3)	\$0.00	\$0.00
5. In-kind contributions, more than 300 (Table I, line 4)	\$0.00	\$0.00
6. Total Expenditures	\$320.70	\$320.70

BA	<u>DEPOSITOR</u> NK ACCOUNT AND OTH	Y SUMMARY IER ASSETS INFORMAT	<u> TION</u>
Asset Name AMERICAN DEMOCRATIC MA	IORITY		Asset Type Depository Bank
Name	JORIT		Telephone Number
TD BANK NA Address	856-751-9000		
1701 ROUTE 70 EAST, CHERF	RY HILL NJ 08034		
Account Number ****0330			
Opening Balance	Deposits	Disbursements	Closing Balance
\$100.00	\$1,250,000.00	\$320.70	\$1,249,779.30
Value of Asset at Purchase (if a	pplicable)	Maturity Date	

SCHEDULE 1 - Monetary Contributions (In Excess of \$300 and all Currency Contributions) Account: AMERICAN DEMOCRATIC MAJORITY ****0330						
☐ Currency Contrib	ution					
Contributor Name GARDEN STATE FORWARD		Contributor Address 180 W STATE STREET, TRENTON NJ 08607				
Date Received Amount Aggregate Amount			Comments			
01/13/2021	\$1,250,000.00					
GRAND TOTAL: \$1,250,000.00						

SCHEDULE 8 - Expenditures (Campaign/Operating)							
Account:	AMERICAN DEMOCRATIC N	IAJORITY ****0	330				
Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	TD BANK NA 1701 ROUTE 70 EAST, CHERRY HILL NJ 08034		\$0.00	01/13/2021	\$15.00		
Purpose: BANK	CHARGES						
Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	TD BANK NA 1701 ROUTE 70 EAST, CHERRY HILL NJ 08034		\$0.00	01/31/2021	\$28.00		
Purpose: BANK	CHARGES						
Check No.	Payee Name And Address	Date	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	SAFEGUARD BUSINESS SYSTEMS INC PO BOX 645624, CINCINNATI OH 45264		\$0.00	02/04/2021	\$277.70		
Purpose: BANK	CHARGES - CHECK ORDER FEES	•					
			Total	Disbursements	\$320.70		

CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.							
04/13/2021	PATRICIA EGAN JONES	******					
Date	Full Name (Treasurer)	Signature (Treasurer)					



CONTINUING POLITICAL COMMITTEE -REGISTRATION STATEMENT AND DESIGNATION OF ORGANIZATIONAL DEPOSITORY

NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) Website: www.elec.nj.gov

ELEC Received Apr 17, 2021 3:38 PM

FORM D-4

Committee Name AMERICAN DEMOCRATIC MAJORITY Identifying Title or Acronym (Optional) Street Address PO BOX 8899 City State Zip Code TRENTON 08650 NJ *(Area Code) Evening Telephone *(Area Code) Day Telephone **ELEC Identification Number SAME** (609) 331-9908 0W0000019311Q2021 Statewide Committee Municipal Committee County Municipality Political Party, if any STATEWIDE **DEMOCRAT** Committee Email (Optional) Committee Website (Optional) Type of Filing: **Initial Registration Statement** Additional Depository **Deputy Treasurer** Amendment (please specify) **CHANGE TO BANK SIGNERS** 1. Chairperson Name SEAN M. KENNEDY Mailing Address City State Zip Code PO BOX 8899 TRENTON 08650 NJ *(Area Code) Day Telephone *(Area Code) Evening Telephone Occupation (609) 331-9908 SAME **GOVERNMENT RELATIONS Employer Name and Address** ROWAN SCHOOL OF OSTEOPATHIC MEDICINE, 1 MEDICAL CENTER DR, STRATFORD, NJ 08084 2. Treasurer Name PATRICIA E. JONES Mailing Address Citv State Zip Code PO BOX 8899 **TRENTON** NJ 08650 Resident Address, if different from mailing address City State Zip Code **527 DUBOIS AVE BARRINGTON** 08007 NJ *(Area Code) Evening Telephone *(Area Code) Day Telephone Occupation (609) 331-9908 SAME DIRECTOR OF OUTREACH, VETS AFFAIRS **Employer Name and Address** COUNTY OF CAMDEN, 520 MARKET ST, CAMDEN NJ 08102 3. Depository Information Name of Bank or Depository TD BANK NA Mailing Address **1701 ROUTE 70 EAST** City State Zip Code (Area Code) Day Telephone **CHERRY HILL** 08034 (856) 751-9000 NJ Account Name AMERICAN DEMOCRATIC MAJORITY Account Number *****0330

3. Depository Information (continued)							
Name of Bank or Depository							
N/A							
Mailing Address							
City				State	Zip Code	(Area Code)) Day Telephone
Account Name				1			
Account Number							
4. LIST THE NAME(S), MAILING ADDRESS(ES) A CHECKS OR OTHERWISE MAKE TRANSACTI		LEPHONE	NUMBE	ER(S) OF A	NY PERSON(S) A	UTHORIZED TO	SIGN
Name SEAN KENNEDY							
Mailing Address							
PO BOX 8899							
City TRENTON	State NJ	Zip Code 08650		(Area Code (609) 331-99	e) Day Telephone 908	*(Area Code) Ev SAME	ening Telephone
Name PATRICIA E. JONES							
Mailing Address							
PO BOX 8899							
City TRENTON	State NJ	Zip Code 08650		*(Area Code (609) 331-9	e) Day Telephone	*(Area Code) Ev	ening Telephone
Name	1.13	10000		,			
DONNA M. ROBINSON TAYLOR							
Mailing Address PO BOX 8899							
City	State	Zip Code	, ,	'(Area Code	e) Day Telephone	*(Area Code) Ev	enina Telephone
TRENTON	NJ	08650		(609) 331-9		SAME	annig ratepinant
5. General Organizational Category or Affiliation	(Selec	t One)	Į.		·		
Business		\bigcirc	Ideolog	ical Group		Pub	lic Question
Cabor Union		\bigcirc	Politica	l Club			Support
Professional Association		\bigcirc	Trade A	Association			Oppose
Other		<u> </u>	Indeper Commit		nditure Only		у орросс
6. List the names/mailing addresses of the pers	ons (otl	her than c	hairpers	son) or enti	ties having direct	or indirect conti	rol over the
affairs of the continuing political committee. (Tl suggestion the committee solicits funds or makes or			not limite	ed to persor	ns in whose name	or at whose direct	ion or
	ontinouti	5110.)	DII		E OUTDEAOU VE	TO AFFAIRO	
PATRICIA E. JONES Name of Person or Entity				Cupation	F OUTREACH, VE	IS AFFAIRS	
PO BOX 8899				OUNTY OF	CAMDEN		
Mailing Address				ployer Nam			
TRENTON			52	0 MARKET	ST		
City					ng Address		
NJ 08650				MDEN, NJ			
State, Zip Code *Leave this field blank if your telephone number is unlisted. Purs	uant to N I	SA 47:1A-1	•	, State, Zip		ecord and must not be	provided on this form

ontinued)		
JOHN F. CONNERS	RETIRED	
Name of Person or Entity	Occupation	
PO BOX 8899	NONE - RETIRED	
Mailing Address	Employer Name	
TRENTON		
City	Employer Mailing Address	
NJ, 08650		
State, Zip Code	City, State, Zip Code	
t the names/mailing addresses of the persons ipated in the initial organization of the continu	s or entities not already listed in question #6 who, directly or through using political committee.	an agent,
Name of Person or Entity	Occupation	
Mailing Address	Employer Name	
City	Employer Mailing Address	
State, Zip Code	City, State, Zip Code	
Name of Person or Entity	Occupation	
Mailing Address	Employer Name	
City	Employer Mailing Address	
State, Zip Code	City, State, Zip Code	
Name of Person or Entity	Occupation	
Mailing Address	Employer Name	
City	Employer Mailing Address	
State, Zip Code	City, State, Zip Code	
Name of Person or Entity	Occupation	
	Employer Name	
Mailing Address	<u> </u>	
City	Employer Mailing Address	
State, Zip Code	City, State, Zip Code	

8. Describe the economic, political or other particular in	terests and objectives to be advanced by	the continuing	political committee.
MAKING INDEPENDENT EXPENDITURES IN SUF	PPORT OF DEMOCRATIC CANDIDATE	ES IN NEW JEF	RSEY
9. List the name and resident address of a New Jersey r	esident who has been designated by the	continuina polit	ical committee as
the agent of the continuing political committee to accept		, , , , , , , , , , , , , , , , , , ,	
Name			
WILLIAM M. TAMBUSSI, ESQ. C/O BROWN & CONNERY	LLP		
Resident Address			
360 N. HADDON AVENUE			
City		State	Zip Code
WESTMONT		NJ	08108
10. Has any New Jersey candidate or officeholder (other	r than a federal candidate) established, au	uthorized the es	tablishment of,
maintained or participated directly or indirectly in the ma	anagement or control of this continuing p	olitical committ	ee, or will any New
Jersey candidate do so in the future?			
O VEO	○ NO		
○ YES	NO		
11. What is the total amount of money this continuing po	litical committee estimates it will raise:		
(Please estimate to the best of your ability.)			
(Flease estimate to the best of your ability.)			
This calendar year?	\$1,000.00		
Next calendar year?	\$250,000.00		
12. How much of the total amount of money raised is ex	pected to be spent for New Jersey election	n-related activi	ty during:
(Please estimate to the best of your ability.)			
This calendar year?			
Next calendar year?	\$250,000.00		
13. What percentage of the total amount of money raise	d will be used for New Jersey election-rel	ated activity du	rina:
		atou dollvity du	9.
(Please estimate to the best of your ability.)			
This calendar year?	0%		
Next calendar year?	75 %		
14. Is making contributions to New Jersey candidates o expected to be a major purpose of this continuing polition		iew Jersy electio	on-related activity
points and an army point of army points			
Q :	O 110		
YES	○ NO		

15. Besides engaging in election-related activ committee?	ity, what ot	her type	s of ex	penditures v	will l	be made by this continuing political	
OPERATING EXPENSES, FUNDRAISING	G EXPENS	ES, CO	NSULT	ΓING EXPE	NS	ES, LEGAL AND ACCOUNTING	
SERVICES							
16. Will this continuing political committee so	licit any of	its fund	s from t	the public fo	or Ne	ew Jersey election-related activity:	
		inside N	lew Jers	sey			
		outside	New Je	rsey			
<u>X</u>		_*both in	side and	d outside Nev	w Je	ersey	
* If "both," what percentage of the fun	ds are expe	ected to	be rais	ed outside N	New	Jersey?	
15	%						
17. Will this continuing political committee so Jersey candidates or committees?	licit contrib	utions v	with the	stated or pi	rinc	ipal purpose of making contributions to N	ew
sersey candidates of committees:							
	YES	\odot	NO				
18. Does this continuing political committee f	ile with the	Federal	Electio	n Commissi	ion?	?	
	YES	\odot	NO				
19. Will this committee engage in only indepe	ndent expe	nditure a	activity	?			
	\(=0						
•	YES	\bigcirc	NO				
TI	PEASURER	CHAIRE	PERSON	N CERTIFICA	ΔΤΙ	n.	
I certify that the statements on this document a							
authorized the establishment of, maintained or Committee, and no candidate or officeholder sh aware that if any of the statements are willfully	participated nall be permi	directly o	or indire o so dur	ctly in the ma ing the existe	anag	gement or control of the Continuing Political	
Registration Number				PIN		*****	
Treasurer PATRICIA EGAN JONE	:s			Date	е	04/17/2021	
Treasurer PATRICIA EGAN JONE							
Registration Number *********				PIN	١ .	*****	
Chairperson SEAN M KENNEDY				Date	е	04/17/2021	

SUPPLEMENTAL CONTRIBUTOR AND EXPENDITURE FORM 48-HR INFORMATION NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION 48-Hr #1 P.O. BOX 185, Trenton, NJ 08625-0185 Filed On (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) 5/28/2021 11:50:52 AM Web site: http://www.elec.nj.gov ☐ Amendment Committee receiving a contribution in excess of \$1,900 in the aggregate from one source during the applicable 48-Hour reporting period. Committee incurring a expenditure in excess of \$1,900 in the aggregate from one source during the applicable 48-Hour reporting period. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION CANDIDATE OR COMMITTEE NAME AMERICAN DEMOCRATIC MAJORITY STREET ADDRESS PO BOX 8899 CITY STATE ZIP CODE NJ **TRENTON** 08650 COUNTY **ELECTION DISTRICT OR MUNICIPALITY STATEWIDE** POLITICAL PARTY, IF ANY **OFFICE SOUGHT DEMOCRAT** CONTINUING POLITICAL COMMITTEES (CPCS) **ELECTION DATE ELECTION TYPE CPC** CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

05/28/2021	PATRICIA EGAN JONES	******
Date	Full Name (Treasurer)	Signature (Treasurer)

CONTRIBUTION INFORMATION						
Type :	Type : Monetary					
☐ Currency Contrib	□ Currency Contribution					
Contributor Name FRIENDS OF ASSEMBLY	′ SPEAKER JOE	ROBERTS	Contributor Address PO BOX 1326, BELLMAWR NJ 08099			
Date Received	Amount	Aggregate Amount	Comments			
05/26/2021	\$10,000.00	\$10,000.00				
	GRAND TOTAL: \$10,000.00					

	EXPEN	DITURE INFO	RMATION		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
101	COVINGTON & BURLING LLP 850 TENTH ST NW, WASHINGTON DC 20001		\$0.00	04/15/2021	\$16,503.20
Purpose	COMPLIANCE/ LEGAL/ACCOUN SERVICES	TING - LEGAL	Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
101	COVINGTON & BURLING LLP 850 TENTH ST NW, WASHINGTON DC 20001		\$0.00	04/15/2021	\$187.00
Purpose	COMPLIANCE/ LEGAL/ACCOUNT SERVICES	TING - LEGAL	Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
101	COVINGTON & BURLING LLP 850 TENTH ST NW, WASHINGTON DC 20001		\$0.00	04/15/2021	\$1,309.00
Purpose	COMPLIANCE/ LEGAL/ACCOUN' SERVICES	TING - LEGAL	Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	THE CAMPAIGN GROUP 1600 LOCUST STREET, PHILADLEPHIA PA 19103		\$0.00	04/15/2021	\$20,000.00
Purpose	MEDIA- PRODUCTION		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	THE CAMPAIGN GROUP 1600 LOCUST STREET, PHILADLEPHIA PA 19103		\$0.00	04/15/2021	\$200,000.00
Purpose	MEDIA - CABLE TV - IE EXPEND SUPPORT JOHNSON LD37 SEN	ITURE -	Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed

102	AWSOM ASSOCIATES LLC 211 SUNSET AVENUE, RIDGEWOOD NJ 07450		\$0.00	04/23/2021	\$7,500.00
Purpose	CONSULTING - POLITICAL		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
103	COVINGTON & BURLING LLP 850 TENTH ST NW, WASHINGTON DC 20001		\$0.00	04/23/2021	\$3,759.00
Purpose	COMPLIANCE/ LEGAL/ACCOUNT SERVICES	TING - LEGAL	Comments		,
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	GREENBERG QUINLAN ROSNER RESEARCH INC. 1101 15TH STREET NW, WASHINGTON DC 20005		\$0.00	04/30/2021	\$24,400.00
Purpose	RESEARCH AND POLLING	,	Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS		\$0.00	04/30/2021	\$5,314.00
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016				
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT CAR CAMDEN CITY		Comments		
Check No.	Daving Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	Payee Name And Address KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016	Date mouned	\$0.00	04/30/2021	\$9,613.00
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHI		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
106	CHECKMATE ADVISORS LLC PO BOX 326, HADDON HEIGHTS NJ 08035	Date meaned	\$0.00	05/05/2021	\$38,833.33
Purpose	RESEARCH AND POLLING		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	BLUE PERIGON DIGITAL LLC 1828 L STREET NW #640, WASHINGTON DC 20036		\$0.00	05/06/2021	\$30,000.00
Purpose	MEDIA - CONSULTING - CREATI	VE & DESIGN	Comments		

Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	BLUE PERIGON DIGITAL LLC 1828 L STREET NW #640, WASHINGTON DC 20036		\$0.00	05/06/2021	\$31,000.00
Purpose	MEDIA- MIXED - IE EXPENDITUR JOHNSON LD37 SEN	E - SUPPORT	Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/06/2021	\$9,613.00
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016				
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHI		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/06/2021	\$9,613.00
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		·		. ,
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHI		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/06/2021	\$6,534.00
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT CAR CAMDEN CITY		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/06/2021	\$5,473.00
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016				
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT CAR CAMDEN CITY		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/06/2021	\$3,552.00

Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE Comments EXPENDITURE - SUPPORT CARSTARPHEN CAMDEN CITY						
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	BLUE PERIGON DIGITAL LLC 1828 L STREET NW #640, WASHINGTON DC 20036		\$0.00	05/14/2021	\$20,000.00		
Purpose	● MEDIA - CONSULTING - CREATI	VE & DESIGN	Comments				
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	BLUE PERIGON DIGITAL LLC 1828 L STREET NW #640, WASHINGTON DC 20036		\$0.00	05/14/2021	\$20,000.00		
Purpose	MEDIA- MIXED - IE EXPENDITUR CARSTARPHEN CAMDEN CITY	RE - SUPPORT	Comments				
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/14/2021	\$9,613.00		
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016						
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHI		Comments				
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/14/2021	\$7,533.00		
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016						
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - OPPOSE HUTT		Comments				
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/14/2021	\$6,544.00		
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016						
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT CAR CAMDEN CITY		Comments				
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	KENNEDY COMMUNICATIONS	Date mounted	\$0.00	05/14/2021	\$6,544.00		
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		ψο.σσ	33 W 202 .	ψ3,011130		

Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE Comments EXPENDITURE - SUPPORT CARSTARPHEN CAMDEN CITY					
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed	
EFT	THE CAMPAIGN GROUP 1600 LOCUST STREET, PHILADLEPHIA PA 19103		\$0.00	05/14/2021	\$200,000.00	
Purpose	MEDIA - CABLE TV - IE EXPENDI SUPPORT JOHNSON LD37 SEN	TURE -	Comments			
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed	
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/20/2021	\$7,533.00	
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - OPPOSE HUTTI		Comments		J	
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed	
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/20/2021	\$8,006.00	
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHN		Comments			
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed	
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/20/2021	\$7,533.00	
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - OPPOSE HUTTI		Comments		1	
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed	
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/20/2021	\$7,830.00	
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHN		Comments			
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed	

EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/20/2021	\$5,473.00
Purpo	ose DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT CARS CAMDEN CITY		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/20/2021	\$3,552.00
Purpo	ose DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT CARS CAMDEN CITY		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	THE CAMPAIGN GROUP 1600 LOCUST STREET, PHILADLEPHIA PA 19103		\$0.00	05/20/2021	\$86,496.00
Purpo	ose MEDIA - CABLE TV - IE EXPENDI HUTTLE LD37 SEN	TURE - OPPOSE	Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	THE CAMPAIGN GROUP 1600 LOCUST STREET, PHILADLEPHIA PA 19103		\$0.00	05/20/2021	\$37,240.00
Purpo	ose MEDIA - RADIO - IE EXPENDITUF CARSTARPHEN CAMDEN CITY	RE - SUPPORT	Comments		
			Total	Disbursements	\$857,100.53

SUPPLEMENTAL CONTRIBUTOR AND EXPENDITURE FORM 48-HR INFORMATION NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION 48-Hr #2 P.O. BOX 185, Trenton, NJ 08625-0185 Filed On (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) 5/29/2021 12:43:22 PM Web site: http://www.elec.nj.gov ☐ Amendment Committee receiving a contribution in excess of \$1,900 in the aggregate from one source during the applicable 48-Hour reporting period. Committee incurring a expenditure in excess of \$1,900 in the aggregate from one source during the applicable 48-Hour reporting period. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION CANDIDATE OR COMMITTEE NAME AMERICAN DEMOCRATIC MAJORITY STREET ADDRESS PO BOX 8899 CITY STATE ZIP CODE NJ **TRENTON** 08650 COUNTY **ELECTION DISTRICT OR MUNICIPALITY STATEWIDE** POLITICAL PARTY, IF ANY **OFFICE SOUGHT DEMOCRAT** CONTINUING POLITICAL COMMITTEES (CPCS) **ELECTION DATE ELECTION TYPE CPC**

CERTIFICATION

I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

05/29/2021	PATRICIA EGAN JONES	******
Date	Full Name (Treasurer)	Signature (Treasurer)

CONTRIBUTION INFORMATION				
Type:	Monetary			
☐ Currency Contrib	ution			
Contributor Name			Contributor Address	
IBEW LOCAL 94 POLITIC			219 FRANKLIN ST, HIGHTSTOWN NJ 08520	
Date Received	Amount	Aggregate Amount	Comments	
05/28/2021	\$2,500.00	\$2,500.00		
☐ Currency Contrib	ution			
Contributor Name			Contributor Address	
INTL UNION OF OPERAT ACTION FUND	ING ENGINEER	S LOCAL 542 POL	1375 VIRGINIA DRIVE, SUITE 100, FORT WASHINGTON PA 19034	
Date Received	Amount	Aggregate Amount	Comments	
05/28/2021	\$5,000.00	\$5,000.00		
☐ Currency Contrib	ution			
Contributor Name NJ STATE FIREFIGHTER	S MIITIIAI REN	EVOLENT ASSN	Contributor Address 1447 CAMPBELL STREET, RAHWAY NJ 07065	
Date Received	Amount	Aggregate Amount	Comments	
05/28/2021	\$2,500.00	\$2,500.00	Commonic	
☐ Currency Contrib	ution			
Contributor Name	duon		Contributor Address	
OLIVIA, CHRISTOPHER			5 WILLOW POINT, MOORESTOWN NJ 08057	
Employer Name			Employer Address	
ROTHMAN ORTHOPAED	ICS		925 CHESTNUT ST, 5TH FLOOR, PHILADELPHIA PA 19107	
Occupation				
Management/Administrato	r/Executive			
Date Received	Amount	Aggregate Amount	Comments	
05/29/2021	\$2,500.00	\$2,500.00		
			GRAND TOTAL: \$12,500.00	

EXPENDITURE INFORMATION							
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	BLUE PERIGON DIGITAL LLC 1828 L STREET NW #640, WASHINGTON DC 20036		\$0.00	05/27/2021	\$59,000.00		
Purpose MEDIA- MIXED - IE EXPENDITURE - SUPPORT Comments JOHNSON/OPPOSE HUTTLE LD37 SENATE							
		D ()	D 1 A 1	D + D'			
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed		
EFT	BLUE PERIGON DIGITAL LLC 1828 L STREET NW #640, WASHINGTON DC 20036		\$0.00	05/27/2021	\$5,000.00		
Purpose MEDIA- PRODUCTION - CREATIVE & DESIGN Comments							
				Date Disbursed			

EFT	BLUE PERIGON DIGITAL LLC 1828 L STREET NW #640, WASHINGTON DC 20036		\$0.00	05/27/2021	\$35,000.00
Purpose	MEDIA- MIXED - IE EXPENDITUR CARSTARPHEN CAMDEN CITY	E - SUPPORT	Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS INC.		\$0.00	05/27/2021	\$11,287.00
	5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016				
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - OPPOSE HUTTI		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS INC.		\$0.00	05/27/2021	\$6,752.00
	5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016				
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHN SENATE		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/27/2021	\$11,287.00
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - OPPOSE HUTTI		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/27/2021	\$6,752.00
	INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016				
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHN SENATE		Comments		
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	05/27/2021	\$11,287.00
Purpose	DIRECT MAIL (PRINTING AND PO EXPENDITURE - SUPPORT JOHN SENATE		Comments		

Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/27/2021	\$7,157.00
	INC. 5185 MACARTHUR BLVD,				
	SUITE 601, WASHINGTON DC				
Durnos	20016	OCTACE) IE	Comments		
Pulpose	 DIRECT MAIL (PRINTING AND POSITION OF PRINTING AND POSITION OF POSITION OF		Comments		
	CAMDEN CITY				
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/27/2021	\$6,723.00
	INC.		φ3.33	33/1//131	φο,: =0:00
	5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC				
	20016				
Purpose	DIRECT MAIL (PRINTING AND POST EXPENDITURE - SUPPORT CAR		Comments		
	CAMDEN CITY	STARPHEN			
Check No.	Device Name And Address	Date Incurred	Balance Amount	Data Diahuraad	Amazont Diahomaad
	Payee Name And Address	Date incurred		Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS INC.		\$0.00	05/27/2021	\$6,544.00
	5185 MACARTHUR BLVD,				
	SUITE 601, WASHINGTON DC 20016				
Purpose	DIRECT MAIL (PRINTING AND PO		Comments		J
	EXPENDITURE - SUPPORT CAR CAMDEN CITY	STARPHEN			
	CAMBENCITI				
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	KENNEDY COMMUNICATIONS		\$0.00	05/27/2021	\$6,544.00
	INC. 5185 MACARTHUR BLVD,				
	SUITE 601, WASHINGTON DC				
Purnose	20016 DIRECT MAIL (PRINTING AND PO	OSTAGE) - IE	Comments		
Fulpose	EXPENDITURE - SUPPORT CAR		Comments		
	CAMDEN CITY				
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
				05/27/2021	\$6,544.00
	INC.		Ψ0.00	00,21,2021	Ψ3,044.00
	5185 MACARTHUR BLVD,				
	20016 WASHINGTON DC				
Purpose	DIRECT MAIL (PRINTING AND PO		Comments		
	CAMDEN CITY	STAKPHEN			
Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
EFT	Payee Name And Address KENNEDY COMMUNICATIONS INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016 DIRECT MAIL (PRINTING AND POEXPENDITURE - SUPPORT CAR	Date Incurred OSTAGE) - IE	\$0.00	Date Disbursed 05/27/2021	

EFT	THE CAMPAIGN GROUP 1600 LOCUST STREET, PHILADLEPHIA PA 19103	\$0.00 05/27/2021	\$4,865.00
	Purpose MEDIA- PRODUCTION	Comments	
		Total Disbursements	\$184,742.00

SUPPLEMENTAL CONTRIBUTOR AND EXPENDITURE FORM 48-HR INFORMATION NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION 48-Hr #3 P.O. BOX 185, Trenton, NJ 08625-0185 Filed On (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) 6/4/2021 6:07:55 PM Web site: http://www.elec.nj.gov ☐ Amendment Committee receiving a contribution in excess of \$1,900 in the aggregate from one source during the applicable 48-Hour reporting period. Committee incurring a expenditure in excess of \$1,900 in the aggregate from one source during the applicable 48-Hour reporting period. CANDIDATE, JOINT CANDIDATES, OR POLITICAL COMMITTEE INFORMATION CANDIDATE OR COMMITTEE NAME AMERICAN DEMOCRATIC MAJORITY STREET ADDRESS PO BOX 8899 CITY STATE ZIP CODE NJ **TRENTON** 08650 COUNTY **ELECTION DISTRICT OR MUNICIPALITY STATEWIDE** POLITICAL PARTY, IF ANY **OFFICE SOUGHT DEMOCRAT** CONTINUING POLITICAL COMMITTEES (CPCS) **ELECTION DATE ELECTION TYPE CPC** CERTIFICATION I certify that the statements on this document are true, and that the contribution amounts received conform with the limitations designated by law. I am aware that if any of the statements are willfully false, I may be subject to punishment.

06/04/2021	PATRICIA EGAN JONES	******
Date	Full Name (Treasurer)	Signature (Treasurer)

CONTRIBUTION INFORMATION				
Type :	Monetary			
☐ Currency Contrib	ution			
Contributor Name			Contributor Address	
ACACIA FINANCIAL GRO			6000 MIDLANTIC DR STE 410N, MT LAUREL NJ 08054	
Date Received 06/03/2021	Amount \$7,500.00	Aggregate Amount \$7,500.00	Description/Comments	
☐ Currency Contrib	ution			
Contributor Name			Contributor Address	
CAMDEN IRON & METAL	INC:		143 HARDING AVE, BELLMAWR NJ 08031	
Date Received	Amount	Aggregate Amount	Description/Comments	
06/03/2021	\$2,500.00	\$2,500.00		
☐ Currency Contrib	☐ Currency Contribution			
Contributor Name			Contributor Address	
CARPENTERS ACTION F	UND		1803 SPRING GARDEN STREET, PHILADELPHIA PA 19130	
Date Received	Amount	Aggregate Amount	Description/Comments	
06/03/2021	\$25,000.00	\$25,000.00		
☐ Currency Contrib	ution			
Contributor Name CONSULTING ENGINEERS SERVICES			Contributor Address 645 BERLIN-CROSS KEYS RD, STE 1, SICKLERVILLE NJ 08081	
Date Received	Amount	Aggregate Amount	Description/Comments	
06/03/2021	\$5,000.00	\$5,000.00		
☐ Currency Contrib	□ Currency Contribution			
Contributor Name			Contributor Address	
GARDEN STATE FORWA	RD		180 W STATE STREET, TRENTON NJ 08607	
Date Received	Amount	Aggregate Amount	Description/Comments	
06/02/2021	\$15,000.00	\$1,265,000.00		
□ Currency Contribution				
Contributor Name			Contributor Address	
IRONWORKERS LOCAL		A garagata A maunt	26 E FLEMING PIKE, HAMMONTON NJ 08037	
Date Received 06/03/2021	Amount \$2,500.00	Aggregate Amount \$5,000.00	Description/Comments	
☐ Currency Contribution				
			Contributor Address	
			26 E FLEMING PIKE, HAMMONTON NJ 08037	
Date Received	Amount	Aggregate Amount	Description/Comments	
06/03/2021	\$2,500.00	\$5,000.00		

CONTRIBUTION INFORMATION			
☐ Currency Contrib	ution		
Contributor Name			Contributor Address
LEVITT, MICHAEL J			2 COOPER STREET, CAMDEN NJ 08102
Employer Name			Employer Address
THE MICHAELS CO			2 COOPER STREET, CAMDEN NJ 08102
Occupation	<i></i>		
Management/Administrato		A mare meta. A manust	Description /Commonts
Date Received 06/03/2021	Amount \$2,500.00	Aggregate Amount \$2,500.00	Description/Comments
00/03/2021	\$2,500.00	\$2,500.00	
☐ Currency Contrib	ution		
Contributor Name			Contributor Address
MALEY GIVENS PC			1150 HADDON AVE, STE 210, COLLILNGSWOOD NJ 08108
Date Received	Amount	Aggregate Amount	Description/Comments
06/03/2021	\$2,500.00	\$2,500.00	
☐ Currency Contrib	ution		
Contributor Name			Contributor Address
NEW YORK SHIPPING A	SSOCIATION IN	С	333 THORNALL ST, STE 3A, EDISON NJ 08307
Date Received	Amount	Aggregate Amount	Description/Comments
06/03/2021	\$2,500.00	\$2,500.00	
□ Currency Contribution			
Contributor Name	dion		Contributor Address
NJ STATE AFL-CIO PAC	ELIND		106 W STATE STREET, TRENTON NJ 08608
Date Received	Amount	Aggregate Amount	Description/Comments
06/03/2021	\$2,500.00	\$2,500.00	Description/Comments
00,00,2021	ψ2,000.00	Ψ2,000.00	
☐ Currency Contribution			
Contributor Name			Contributor Address
SJMCA PAC			ONE GREENTREE CENTER, STE 201, MARLTON NJ 08053
Date Received	Amount	Aggregate Amount	Description/Comments
06/03/2021	\$2,500.00	\$2,500.00	
			GRAND TOTAL: \$72,500.00