

FORM R-3

RECEIPTS AND EXPENDITURES QUARTERLY REPORT

FOR STATE USE ONLY

NEW JERSEY ELECTION LAW ENFORCMENT COMMISSION

PO BOX 185, TRENTON, NJ 08625-0185
 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)
 Web site <http://www.elec.state.nj.us/>

ELEC Received

Jan 14 2021
 04:37 PM

COMMITTEE NAME OR APPROVED ACRONYM

AMERICAN DEMOCRATIC MAJORITY

ADDRESS(number and street) CHECK IF DIFFERENT THAN PREVIOUSLY REPORTED

PO BOX 8899

CITY, STATE and ZIP CODE

TRENTON, NJ 08650

ELEC IDENTIFICATION NUMBER

0W0000019311Q2020

COMMITTEE TYPE

CPC PPC LLC

CHECK IF:

AMENDMENT

FIRST REPORT FILED

REPORT QUARTER:

APR 15 JUL 15 OCT 15 JAN 15

YEAR 2020

Do not attempt to complete the "Depository Information" or the "Net Financial Summary until the appropriate schedules have been completed.

DEPOSITORY I		0	COLUMN A	COLUMN B
PERIOD COVERED	FROM	THROUGH	THIS REPORT	CALENDER YEAR-TO-DATE
1. CASH ON HAND, JANUARY 1, 2020	10/1/2020	12/31/2020		\$0.00
2. CASH ON HAND, BEGINNING OF REPORTING PERIOD			\$0.00	
3. MONETARY RECEIPTS (+)			\$100.00	\$100.00
4. SUBTOTAL			\$100.00	\$100.00
5. MONETARY EXPENDITURES (-)			\$0.00	\$0.00
6. CASH ON HAND, CLOSE OF REPORTING PERIOD			\$100.00	\$100.00

NET FINANCIAL SUMMARY		
7. CASH ON HAND, CLOSE OF REPORTING PERIOD		\$100.00
8. DEBT OWED TO COMMITTEE (+)		\$0.00
9. SUBTOTAL		\$100.00
10. DEBT OWED BY COMMITTEE (-)		\$0.00
11. TOTAL (Net Worth)		\$100.00

TREASURER'S 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.

1/12/2021
 DATE

Patricia Egan Jones
 PRINT NAME

Patricia Egan Jones
 SIGNATURE

PO Box 8899
 ADDRESS
 Trenton NJ 08650

(609) 331-9908
 *(AREA CODE) DAY TELEPHONE NUMBER

*(AREA CODE) EVENING TELEPHONE NUMBER

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

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
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:			
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

DEPOSITORY SUMMARY

PLEASE TYPE OR PRINT, PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

COMMITTEE NAME: American Democratic Majority

BANK ACCOUNT INFORMATION

1. NAME OF BANK TD Bank, NA	(AREA CODE) TELEPHONE NUMBER (856) 751-9000		
MAILING ADDRESS 1701 Route 70 East			
CITY, STATE, ZIP CODE Cherry Hill, NJ 08034			
ACCOUNT NAME American Democratic Majority			
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 one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
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 one bank account within the same bank, the name(s) and account number(s) of the additional account(s) must be provided.

ACCOUNT NAME		ACCOUNT NUMBER	
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD

OTHER ASSETS

Other than the bank account(s) listed above, does this committee hold any of the following (please X):

- | | |
|--|--|
| <input type="checkbox"/> Investment Institution Money Market Account | <input type="checkbox"/> Bonds |
| <input type="checkbox"/> Certificate of Deposit (C.D.) | <input type="checkbox"/> Stocks |
| <input type="checkbox"/> Mutual Fund Account | <input type="checkbox"/> Real Property |
| <input type="checkbox"/> Other (please specify) _____ | |

For each item checked ("X") above (other than real property), please complete the following information. If real property is held, contact the Commission.

1. NAME OF DEPOSITORY OR ISSUER	(AREA CODE) TELEPHONE NUMBER				
MAILING ADDRESS					
CITY, STATE, ZIP CODE					
ACCOUNT NAME					
ACCOUNT NUMBER					
TYPE OF ASSET:					
<input type="checkbox"/> MONEY MARKET	<input type="checkbox"/> C.D.	<input type="checkbox"/> MUTUAL FUND	<input type="checkbox"/> BONDS	<input type="checkbox"/> STOCKS	<input type="checkbox"/> OTHER (specify) _____
VALUE OF ASSET AT PURCHASE, IF APPLICABLE.			DATE OF MATURITY, IF APPLICABLE		
OPENING BALANCE THIS PERIOD	DEPOSITS THIS PERIOD	DISBURSEMENTS THIS PERIOD	CLOSING BALANCE THIS PERIOD		

ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

CURRENCY

ALL OTHER MONETARY CONTRIBUTIONS

IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS

REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS

DIVIDENDS/ INTEREST

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

CONTRIBUTOR NAME NONE	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE	

1 SUBTOTAL (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

ITEMIZED RECEIPTS (Other than Loans) **SCHEDULE A** Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)
 CURRENCY ALL OTHER MONETARY CONTRIBUTIONS IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS DIVIDENDS/INTEREST

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

CONTRIBUTOR NAME NONE	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY,STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY,STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY,STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CODE)	
EMPLOYER NAME		DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY,STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)		AGGREGATE YEAR-TO-DATE	

1 SUBTOTAL (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

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT)
 CURRENCY ALL OTHER MONETARY CONTRIBUTIONS IN-KIND CONTRIBUTIONS-EXPENDITURES MADE BY OTHERS REIMBURSEMENTS/REFUNDS OF DISBURSEMENTS DIVIDENDS/INTEREST

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

CONTRIBUTOR NAME NONE	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
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OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CODE)
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EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY,STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CODE)
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY,STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CODE)
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY,STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)
OCCUPATION	STATE USE ONLY	(CITY,STATE AND ZIP CODE)
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)		
(CITY,STATE AND ZIP CODE)		
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE	

1 SUBTOTAL (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

ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

CURRENCY

ALL OTHER MONETARY CONTRIBUTIONS

IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS

REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS

DIVIDENDS/ INTEREST

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

CONTRIBUTOR NAME NONE	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		

CONTRIBUTOR NAME	STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION	STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME	DATE(S) RECEIVED THIS PERIOD		AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)			
(CITY, STATE AND ZIP CODE)			
RECEIPT DESCRIPTION (If In-Kind)	AGGREGATE YEAR-TO-DATE		

1 SUBTOTAL (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

ITEMIZED RECEIPTS (Other than Loans)

SCHEDULE A

Page No.

1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

RECEIPT TYPE (USE A SEPARATE "SCHEDULE A" FOR EACH TYPE AND FOR EACH SEPARATE ACCOUNT.)

CURRENCY

ALL OTHER MONETARY CONTRIBUTIONS

IN-KIND CONTRIBUTIONS- EXPENDITURES MADE BY OTHERS

REIMBURSEMENTS/ REFUNDS OF DISBURSEMENTS

DIVIDENDS/ INTEREST

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

CONTRIBUTOR NAME NONE		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-DATE	

CONTRIBUTOR NAME		STATE USE ONLY	CONTRIBUTOR ADDRESS (NUMBER AND STREET)	
OCCUPATION		STATE USE ONLY	(CITY, STATE AND ZIP CODE)	
EMPLOYER NAME			DATE(S) RECEIVED THIS PERIOD	AMOUNT(S) RECEIVED THIS PERIOD
EMPLOYER ADDRESS (NUMBER AND STREET)				
(CITY, STATE AND ZIP CODE)				
RECEIPT DESCRIPTION (If In-Kind)			AGGREGATE YEAR-TO-DATE	

1 SUBTOTAL (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

LOANS RECEIVED

SCHEDULE B

Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE B" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME: American Democratic Majority**ACCOUNT NAME and NUMBER:** American Democratic Majority *****0330

NAME AND ADDRESS OF LENDER	ORIGINAL LOAN AMOUNT	NEW LOANS THIS PERIOD	TOTAL AMOUNT OF LOAN PLUS INTEREST	OUTSTANDING BALANCE THIS PERIOD
	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, STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, 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
	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, STATE AND ZIP CODE)				AGGREGATE YEAR-TO-DATE
1) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE
2) NAME AND ADDRESS OF GUARANTOR				AMOUNT OUTSTANDING
OCCUPATION	EMPLOYER NAME AND ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)			AGGREGATE YEAR-TO-DATE

1. TOTAL NEW LOANS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 9, Column A.)	\$0.00
2. TOTAL AMOUNT OF LOANS PLUS INTEREST, THIS PERIOD	\$0.00
3. TOTAL LOAN PAYMENTS, THIS PERIOD (Complete this line on the last page used. Carry forward to Page 2, Line 17, Column A.)	\$0.00
4. TOTAL OF ALL OUTSTANDING LOANS PLUS INTEREST (Complete this line on the last page used. Carry back to Page 10, "Schedule F", Line 1.)	\$0.00

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE.

- | | |
|--|---|
| <input checked="" type="checkbox"/> NJ GUBERNATORIAL CANDIDATES/COMMITTEES | <input type="checkbox"/> NJ LEGISLATIVE CANDIDATES/COMMITTEES |
| <input type="checkbox"/> ALL OTHER CANDIDATES/COMMITTEES | <input type="checkbox"/> INDEPENDENT EXPENDITURES |

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

PAYEE NAME, ADDRESS (Number, Street, City and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		
NONE					

ALLOCATION OF EXPENDITURES BENEFITTING CANDIDATE(S)/COMMITTEE(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITTING CANDIDATE(S)/COMMITTEE(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	\$0.00
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	\$0.00
3. SUBTOTAL (Add all outstanding obligations incurred/ 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.)	\$0.00

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E

Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE.

NJ GUBERNATORIAL CANDIDATES/COMMITTEES

NJ LEGISLATIVE CANDIDATES/COMMITTEES

ALL OTHER CANDIDATES/COMMITTEES

INDEPENDENT EXPENDITURES

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

PAYEE NAME, ADDRESS (Number, Street, City and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		
NONE					

ALLOCATION OF EXPENDITURES BENEFITTING CANDIDATE(S)/COMMITTEE(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITTING CANDIDATE(S)/COMMITTEE(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	\$0.00
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	\$0.00
3. SUBTOTAL (Add all outstanding obligations incurred/ 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.)	\$0.00

**ITEMIZED EXPENDITURES MADE AND INCURRED
ON BEHALF OF CANDIDATES AND COMMITTEES**

SCHEDULE E Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE.

- | | |
|---|---|
| <input type="checkbox"/> NJ GUBERNATORIAL CANDIDATES/COMMITTEES | <input type="checkbox"/> NJ LEGISLATIVE CANDIDATES/COMMITTEES |
| <input checked="" type="checkbox"/> ALL OTHER CANDIDATES/COMMITTEES | <input type="checkbox"/> INDEPENDENT EXPENDITURES |

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

PAYEE NAME, ADDRESS (Number, Street, City and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		
NONE					

ALLOCATION OF EXPENDITURES BENEFITTING CANDIDATE(S)/COMMITTEE(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number, Street, City and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITTING CANDIDATE(S)/COMMITTEE(S)

CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	\$0.00
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a, Line 16b, or Line 16c, Column A.)	\$0.00
3. SUBTOTAL (Add all outstanding obligations incurred/ 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.)	\$0.00

ITEMIZED EXPENDITURES MADE AND INCURRED ON BEHALF OF CANDIDATES AND COMMITTEES SCHEDULE E Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.
 USE A SEPARATE "SCHEDULE E" FOR EACH SEPARATE ACCOUNT AND EACH SEPARATE RECIPIENT TYPE.

NJ GUBERNATORIAL CANDIDATES/COMMITTEES
 NJ LEGISLATIVE CANDIDATES/COMMITTEES
 ALL OTHER CANDIDATES/COMMITTEES
 INDEPENDENT EXPENDITURES

COMMITTEE NAME: American Democratic Majority

ACCOUNT NAME AND NUMBER: American Democratic Majority *****0330

PAYEE NAME, ADDRESS (Number,Street,City and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		
NONE					

ALLOCATION OF EXPENDITURES BENEFITTING CANDIDATE(S)/COMMITTEE(S)			
CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

PAYEE NAME, ADDRESS (Number,Street,City and Zip Code)	PURPOSE	AMOUNT(S) THIS PERIOD		TRANSACTION DATE(S)	CHECK NO(S).
		INCURRED/NOT PAID	DISBURSED		

ALLOCATION OF EXPENDITURES BENEFITTING CANDIDATE(S)/COMMITTEE(S)			
CANDIDATE/COMMITTEE NAME	ELECTION DATE	DISTRICT OR COUNTY OR MUNICIPALITY	PRO-RATED AMOUNT

1. SUBTOTAL (Add all disbursements made to each recipient type listed on this page.)	\$0.00
2. TOTAL DISBURSEMENTS, THIS PERIOD (Complete this line on the last page used for each recipient type. Carry forward to Page 2, either Line 16a,Line 16b, or Line 16c,Column A.)	\$0.00
3. SUBTOTAL (Add all outstanding obligations incurred/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.)	\$0.00

DEBTS AND OBLIGATIONS OWED BY COMMITTEE

SCHEDULE F

Page No. 1 of 1

PLEASE TYPE OR PRINT. PHOTOCOPIES MAY BE USED IF ADDITIONAL FORMS ARE NEEDED.

USE A SEPARATE "SCHEDULE F" FOR EACH SEPARATE ACCOUNT

COMMITTEE NAME:

American Democratic Majority

ACCOUNT NAME and NUMBER:

American Democratic Majority *****0330

Date Incurred	Creditor's Name	Address	Description	Outstanding Beginning Balance This Period	Amount Incurred This Period	Payments This Period	Outstanding Balance This Period
	NONE						

SUMMARY OF DEBTS AND OBLIGATIONS:

1. TOTAL OUTSTANDING LOANS PLUS INTEREST FROM SCH B, PG 5, LINE 4	\$0.00
2. TOTAL OUTSTANDING OBLIGATIONS INCURRED/NOT PAID ON BEHALF OF CANDIDATES/COMMITTEES FORM SCHEDULE E, PAGE 9, LINE 4	\$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

DEBTOR NAME AND ADDRESS (Number, Street, City, State and Zip Code)		BALANCE DUE AT BEGINNING OF THIS PERIOD	NEW AMOUNT THIS PERIOD	TOTAL AMOUNT RECEIVED THIS PERIOD	BALANCE DUE AT CLOSE OF THIS PERIOD
NONE					
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION				
DATE DEBT INCURRED	DEBT DESCRIPTION				
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**

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

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 Code 08650
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME	ELEC Identification Number	
<input checked="" type="radio"/> Statewide Committee <input type="radio"/> Municipal Committee			
County	Municipality STATEWIDE	Political Party, if any DEMOCRAT	
Committee Email (Optional)		Committee Website (Optional)	
Type of Filing: <input checked="" type="checkbox"/> Initial Registration Statement <input type="checkbox"/> Additional Depository <input type="checkbox"/> Deputy Treasurer <input type="checkbox"/> Amendment (please specify) <u>INITIAL REGISTRATION FOR INDEPENDENT EXPENDITURE COMMITTEE</u>			

1. Chairperson Name SEAN M. KENNEDY				
Mailing Address PO BOX 8899		City TRENTON	State NJ	Zip Code 08650
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME	Occupation 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 PO BOX 8899		City TRENTON	State NJ	Zip Code 08650
Resident Address, if different from mailing address 527 DUBOIS AVE		City BARRINGTON	State NJ	Zip Code 08650
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME	Occupation 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 CHERRY HILL	State NJ	Zip Code 08034	(Area Code) Day Telephone (856) 751-9000
Account Name AMERICAN DEMOCRATIC MAJORITY			
Account Number *****0330			

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

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) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name
PATRICIA E. JONES

Mailing Address
PO BOX 8899

City TRENTON	State NJ	Zip Code 08650	*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME
-----------------	-------------	-------------------	--	--

Name
MELISSA POLLITT

Mailing Address
PO BOX 8899

City TRENTON	State NJ	Zip Code 08650	*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME
-----------------	-------------	-------------------	--	--

Name
DONNA M. ROBINSON TAYLOR

Mailing Address
PO BOX 8899

City TRENTON	State NJ	Zip Code 08650	*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME
-----------------	-------------	-------------------	--	--

5. General Organizational Category or Affiliation (Select One)

<input type="radio"/> Business	<input type="radio"/> Ideological Group	<input type="radio"/> Public Question
<input type="radio"/> Labor Union	<input type="radio"/> Political Club	<input type="radio"/> Support
<input type="radio"/> Professional Association	<input type="radio"/> Trade Association	<input type="radio"/> Oppose
<input type="radio"/> Other _____	<input checked="" type="radio"/> Independent Expenditure Only Committee	

6. List the names/ mailing addresses of the persons (other than chairperson) or entities having direct or indirect control over the affairs of the continuing political committee. (This includes, but is not limited to persons in whose name or at whose direction or suggestion the committee solicits funds or makes contributions.)

<u>PATRICIA E JONES</u> Name of Person or Entity	<u>DIRECTOR OF OUTREACH, VETS' AFFAIRS</u> Occupation
<u>PO BOX 8899</u> Mailing Address	<u>COUNTY OF CAMDEN</u> Employer Name
<u>TRENTON</u> City	<u>520 MARKET ST</u> Employer Mailing Address
<u>NJ, 08650</u> State, Zip Code	<u>CAMDEN, NJ 08102</u> City, State, Zip Code

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

6. (Continued)

JOHN F. CONNERS
Name of Person or Entity
PO BOX 8899
Mailing Address
TRENTON
City
NJ, 08650
State, Zip Code

RETIRED
Occupation
NONE - RETIRED
Employer Name
Employer Mailing Address
City, State, Zip Code

7. List the names/ mailing addresses of the persons or entities not already listed in question #6 who, directly or through an agent, participated in the initial organization of the continuing political committee.

Name of Person or Entity
Mailing Address
City
State, Zip Code

Occupation
Employer Name
Employer Mailing Address
City, State, Zip Code

Name of Person or Entity
Mailing Address
City
State, Zip Code

Occupation
Employer Name
Employer Mailing Address
City, State, Zip Code

Name of Person or Entity
Mailing Address
City
State, Zip Code

Occupation
Employer Name
Employer Mailing Address
City, State, Zip Code

Name of Person or Entity
Mailing Address
City
State, Zip Code

Occupation
Employer Name
Employer Mailing Address
City, State, Zip Code

8. Describe the economic, political or other particular interests and objectives to be advanced by the continuing political committee.
MAKING INDEPENDENT EXPENDITURES IN SUPPORT OF DEMOCRATIC CANDIDATES IN NEW JERSEY.

9. List the name and resident address of a New Jersey resident who has been designated by the continuing political committee as the agent of the continuing political committee to accept service of legal process.

Name

WILLIAM M. TAMBUSSI, ESQUIRE C/O BROWN & CONNERY LAW FIRM

Resident Address

360 N. HADDON AVE

City

WESTMONT

State

NJ

Zip Code

08108

10. Has any New Jersey candidate or officeholder (other than a federal candidate) established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of this continuing political committee, or will any New Jersey candidate do so in the future?

YES NO

11. What is the total amount of money this continuing political 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 expected to be spent for New Jersey election-related activity 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 raised will be used for New Jersey election-related activity during:

(Please estimate to the best of your ability.)

This calendar year? 0 %

Next calendar year? 75 %

14. Is making contributions to New Jersey candidates or committees, or otherwise engaging in New Jersey election-related activity expected to be a major purpose of this continuing political committee?

YES NO

15. Besides engaging in election-related activity, what other types of expenditures will be made by this continuing political committee?
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
_____ outside New Jersey
X _____ *both inside and outside New Jersey

* 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 *****

Treasurer SEAN M KENNEDY

Date 12/03/2020

Registration Number *****

PIN *****

Chairperson PATRICIA EGAN JONES

Date 12/03/2020

FORM R-3**REPORT OF CONTRIBUTIONS AND
EXPENDITURES****REPORT FILED:****NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

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

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>**Filed On**
4/13/2021 3:13:46 PM Amendment

COMMITTEE NAME OR APPROVED ACRONYM

AMERICAN DEMOCRATIC MAJORITY

STREET ADDRESS

PO BOX 8899

CITY

TRENTON

STATE

NJ

ZIP CODE

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

DEPOSITORY SUMMARY
BANK ACCOUNT AND OTHER ASSETS INFORMATION

Asset Name AMERICAN DEMOCRATIC MAJORITY		Asset Type Depository Bank	
Name TD BANK NA		Telephone Number 856-751-9000	
Address 1701 ROUTE 70 EAST, CHERRY HILL NJ 08034			
Account Number ****0330			
Opening Balance \$100.00	Deposits \$1,250,000.00	Disbursements \$320.70	Closing Balance \$1,249,779.30
Value of Asset at Purchase (if applicable)		Maturity Date	

SCCHEDULE 1 - Monetary Contributions (In Excess of \$300 and all Currency Contributions)

Account: AMERICAN DEMOCRATIC MAJORITY **0330**

Currency Contribution

Contributor Name GARDEN STATE FORWARD		Contributor Address 180 W STATE STREET, TRENTON NJ 08607	
Date Received 01/13/2021	Amount \$1,250,000.00	Aggregate Amount \$1,250,000.00	Comments
GRAND TOTAL:			\$1,250,000.00

SCHEDULE 8 - Expenditures (Campaign/Operating)**Account: AMERICAN DEMOCRATIC MAJORITY ****0330**

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

Date

PATRICIA EGAN JONES

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

FORM D-4

ELEC Received
Apr 17, 2021
3:38 PM

Committee Name AMERICAN DEMOCRATIC MAJORITY			
Identifying Title or Acronym (Optional)			
Street Address PO BOX 8899			
City TRENTON		State NJ	Zip Code 08650
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME	ELEC Identification Number 0W0000019311Q2021	
<input checked="" type="radio"/> Statewide Committee <input type="radio"/> Municipal Committee			
County	Municipality STATEWIDE	Political Party, if any DEMOCRAT	
Committee Email (Optional)		Committee Website (Optional)	
Type of Filing: <input type="checkbox"/> Initial Registration Statement <input type="checkbox"/> Additional Depository <input type="checkbox"/> Deputy Treasurer			
<input checked="" type="checkbox"/> Amendment (please specify) CHANGE TO BANK SIGNERS			

1. Chairperson Name SEAN M. KENNEDY				
Mailing Address PO BOX 8899		City TRENTON	State NJ	Zip Code 08650
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME	Occupation 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 PO BOX 8899		City TRENTON	State NJ	Zip Code 08650
Resident Address, if different from mailing address 527 DUBOIS AVE		City BARRINGTON	State NJ	Zip Code 08007
*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME	Occupation 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 CHERRY HILL	State NJ	Zip Code 08034	(Area Code) Day Telephone (856) 751-9000
Account Name AMERICAN DEMOCRATIC MAJORITY			
Account Number *****0330			

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

3. Depository Information (continued)

Name of Bank or Depository N/A				
Mailing Address				
City	State	Zip Code	(Area Code) Day Telephone	
Account Name				
Account Number				

4. LIST THE NAME(S), MAILING ADDRESS(ES) AND TELEPHONE NUMBER(S) OF ANY PERSON(S) AUTHORIZED TO SIGN CHECKS OR OTHERWISE MAKE TRANSACTIONS

Name SEAN KENNEDY				
Mailing Address PO BOX 8899				
City TRENTON	State NJ	Zip Code 08650	*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME

Name PATRICIA E. JONES				
Mailing Address PO BOX 8899				
City TRENTON	State NJ	Zip Code 08650	*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME

Name DONNA M. ROBINSON TAYLOR				
Mailing Address PO BOX 8899				
City TRENTON	State NJ	Zip Code 08650	*(Area Code) Day Telephone (609) 331-9908	*(Area Code) Evening Telephone SAME

5. General Organizational Category or Affiliation (Select One)

<input type="radio"/> Business	<input type="radio"/> Ideological Group	<input type="radio"/> Public Question
<input type="radio"/> Labor Union	<input type="radio"/> Political Club	<input type="radio"/> Support
<input type="radio"/> Professional Association	<input type="radio"/> Trade Association	<input type="radio"/> Oppose
<input type="radio"/> Other _____	<input checked="" type="radio"/> Independent Expenditure Only Committee	

6. List the names/ mailing addresses of the persons (other than chairperson) or entities having direct or indirect control over the affairs of the continuing political committee. (This includes, but is not limited to persons in whose name or at whose direction or suggestion the committee solicits funds or makes contributions.)

<u>PATRICIA E. JONES</u> Name of Person or Entity <u>PO BOX 8899</u> Mailing Address <u>TRENTON</u> City <u>NJ 08650</u> State, Zip Code	<u>DIRECTOR OF OUTREACH, VETS AFFAIRS</u> Occupation <u>COUNTY OF CAMDEN</u> Employer Name <u>520 MARKET ST</u> Employer Mailing Address <u>CAMDEN, NJ 08102</u> City, State, Zip Code
---	---

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

6. (Continued)

JOHN F. CONNERS
Name of Person or Entity
PO BOX 8899
Mailing Address
TRENTON
City
NJ, 08650
State, Zip Code

RETIRED
Occupation
NONE - RETIRED
Employer Name
Employer Mailing Address
City, State, Zip Code

7. List the names/ mailing addresses of the persons or entities not already listed in question #6 who, directly or through an agent, participated in the initial organization of the continuing political committee.

Name of Person or Entity
Mailing Address
City
State, Zip Code

Occupation
Employer Name
Employer Mailing Address
City, State, Zip Code

Name of Person or Entity
Mailing Address
City
State, Zip Code

Occupation
Employer Name
Employer Mailing Address
City, State, Zip Code

Name of Person or Entity
Mailing Address
City
State, Zip Code

Occupation
Employer Name
Employer Mailing Address
City, State, Zip Code

Name of Person or Entity
Mailing Address
City
State, Zip Code

Occupation
Employer Name
Employer Mailing Address
City, State, Zip Code

8. Describe the economic, political or other particular interests and objectives to be advanced by the continuing political committee.

MAKING INDEPENDENT EXPENDITURES IN SUPPORT OF DEMOCRATIC CANDIDATES IN NEW JERSEY

9. List the name and resident address of a New Jersey resident who has been designated by the continuing political committee as the agent of the continuing political committee to accept service of legal process.

Name

WILLIAM M. TAMBUSSI, ESQ. C/O BROWN & CONNERY LLP

Resident Address

360 N. HADDON AVENUE

City

WESTMONT

State

NJ

Zip Code

08108

10. Has any New Jersey candidate or officeholder (other than a federal candidate) established, authorized the establishment of, maintained or participated directly or indirectly in the management or control of this continuing political committee, or will any New Jersey candidate do so in the future?

YES NO

11. What is the total amount of money this continuing political 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 expected to be spent for New Jersey election-related activity 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 raised will be used for New Jersey election-related activity during:

(Please estimate to the best of your ability.)

This calendar year? 0 %

Next calendar year? 75 %

14. Is making contributions to New Jersey candidates or committees, or otherwise engaging in New Jersey election-related activity expected to be a major purpose of this continuing political committee?

YES NO

15. Besides engaging in election-related activity, what other types of expenditures will be made by this continuing political committee?

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
_____ outside New Jersey
X _____ *both inside and outside New Jersey

* 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 *****

Treasurer PATRICIA EGAN JONES

Date 04/17/2021

Registration Number *****

PIN *****

Chairperson SEAN M KENNEDY

Date 04/17/2021

SUPPLEMENTAL CONTRIBUTOR AND EXPENDITURE INFORMATION**FORM 48-HR****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>

48-Hr #1

Filed On
5/28/2021 11:50:52 AM

 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 an 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

TRENTON

STATE

NJ

ZIP CODE

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

Date

PATRICIA EGAN JONES

Full Name (Treasurer)

Signature (Treasurer)

CONTRIBUTION INFORMATION**Type : Monetary** Currency Contribution

Contributor Name FRIENDS OF ASSEMBLY SPEAKER JOE ROBERTS			Contributor Address PO BOX 1326, BELLMAWR NJ 08099		
Date Received 05/26/2021	Amount \$10,000.00	Aggregate Amount \$10,000.00	Comments		
GRAND TOTAL:					\$10,000.00

EXPENDITURE INFORMATION

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/ACCOUNTING - LEGAL SERVICES		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/ACCOUNTING - LEGAL SERVICES		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/ACCOUNTING - LEGAL SERVICES		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 EXPENDITURE - SUPPORT JOHNSON LD37 SEN		Comments		

Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
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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/ACCOUNTING - LEGAL SERVICES		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 INC. 5185 MACARTHUR BLVD, SUITE 601, WASHINGTON DC 20016		\$0.00	04/30/2021	\$5,314.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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	04/30/2021	\$9,613.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT JOHNSON LD37 SEN		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		\$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 - CREATIVE & DESIGN		Comments		

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

Purpose		DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN CAMDEN CITY			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 - CONSULTING - CREATIVE & 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 EXPENDITURE - SUPPORT CARSTARPHEN 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	05/14/2021	\$9,613.00	
Purpose		DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT JOHNSON LD37 SEN			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	05/14/2021	\$7,533.00	
Purpose		DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - OPPOSE HUTTLE LD37 SEN			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	05/14/2021	\$6,544.00	
Purpose		DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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	05/14/2021	\$6,544.00	

Purpose		DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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	05/14/2021	\$200,000.00	
Purpose		MEDIA - CABLE TV - IE EXPENDITURE - SUPPORT JOHNSON LD37 SEN			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 POSTAGE) - IE EXPENDITURE - OPPOSE HUTTLE LD37 SEN			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	\$8,006.00	
Purpose		DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT JOHNSON LD37 SEN			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 POSTAGE) - IE EXPENDITURE - OPPOSE HUTTLE LD37 SEN			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	\$7,830.00	
Purpose		DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT JOHNSON LD37 SEN			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
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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
Purpose	MEDIA - CABLE TV - IE EXPENDITURE - OPPOSE HUTTLE LD37 SEN		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
Purpose	MEDIA - RADIO - IE EXPENDITURE - SUPPORT CARSTARPHEN CAMDEN CITY		Comments		
Total Disbursements					\$857,100.53

SUPPLEMENTAL CONTRIBUTOR AND EXPENDITURE INFORMATION**FORM 48-HR****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>

48-Hr #2

Filed On
5/29/2021 12:43:22 PM

 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 an 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

TRENTON

STATE

NJ

ZIP CODE

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

Date

PATRICIA EGAN JONES

Full Name (Treasurer)

Signature (Treasurer)

CONTRIBUTION INFORMATION**Type : Monetary** Currency Contribution

Contributor Name IBEW LOCAL 94 POLITICAL EDUCATION COMMITTEE			Contributor Address 219 FRANKLIN ST, HIGHTSTOWN NJ 08520		
Date Received 05/28/2021	Amount \$2,500.00	Aggregate Amount \$2,500.00	Comments		

 Currency Contribution

Contributor Name INTL UNION OF OPERATING ENGINEERS LOCAL 542 POL ACTION FUND			Contributor Address 1375 VIRGINIA DRIVE, SUITE 100, FORT WASHINGTON PA 19034		
Date Received 05/28/2021	Amount \$5,000.00	Aggregate Amount \$5,000.00	Comments		

 Currency Contribution

Contributor Name NJ STATE FIREFIGHTERS MUTUAL BENEVOLENT ASSN			Contributor Address 1447 CAMPBELL STREET, RAHWAY NJ 07065		
Date Received 05/28/2021	Amount \$2,500.00	Aggregate Amount \$2,500.00	Comments		

 Currency Contribution

Contributor Name OLIVIA, CHRISTOPHER			Contributor Address 5 WILLOW POINT, MOORESTOWN NJ 08057		
Employer Name ROTHMAN ORTHOPAEDICS			Employer Address 925 CHESTNUT ST, 5TH FLOOR, PHILADELPHIA PA 19107		
Occupation Management/Administrator/Executive					
Date Received 05/29/2021	Amount \$2,500.00	Aggregate Amount \$2,500.00	Comments		

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 JOHNSON/OPOSE HUTTLE LD37 SENATE		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	05/27/2021	\$5,000.00
Purpose	MEDIA- PRODUCTION - CREATIVE & DESIGN		Comments		

Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
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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 EXPENDITURE - SUPPORT CARSTARPHEN 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	05/27/2021	\$11,287.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - OPPOSE HUTTLE LD37 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	\$6,752.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT JOHNSON LD37 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 POSTAGE) - IE EXPENDITURE - OPPOSE HUTTLE LD37 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	\$6,752.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT JOHNSON LD37 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 POSTAGE) - IE EXPENDITURE - SUPPORT JOHNSON LD37 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	\$7,157.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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	05/27/2021	\$6,723.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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	05/27/2021	\$6,544.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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	05/27/2021	\$6,544.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN 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	05/27/2021	\$6,544.00
Purpose	DIRECT MAIL (PRINTING AND POSTAGE) - IE EXPENDITURE - SUPPORT CARSTARPHEN CAMDEN CITY		Comments		

Check No.	Payee Name And Address	Date Incurred	Balance Amount	Date Disbursed	Amount Disbursed
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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 INFORMATION**FORM 48-HR****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>

48-Hr #3

Filed On
6/4/2021 6:07:55 PM

 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 an 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

TRENTON

STATE

NJ

ZIP CODE

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

Date

PATRICIA EGAN JONES

Full Name (Treasurer)

Signature (Treasurer)

CONTRIBUTION INFORMATION**Type : Monetary** Currency Contribution

Contributor Name ACACIA FINANCIAL GROUP INC.		Contributor Address 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 Contribution

Contributor Name CAMDEN IRON & METAL INC		Contributor Address 143 HARDING AVE, BELLMAWR NJ 08031	
Date Received 06/03/2021	Amount \$2,500.00	Aggregate Amount \$2,500.00	Description/Comments

 Currency Contribution

Contributor Name CARPENTERS ACTION FUND		Contributor Address 1803 SPRING GARDEN STREET, PHILADELPHIA PA 19130	
Date Received 06/03/2021	Amount \$25,000.00	Aggregate Amount \$25,000.00	Description/Comments

 Currency Contribution

Contributor Name CONSULTING ENGINEERS SERVICES		Contributor Address 645 BERLIN-CROSS KEYS RD, STE 1, SICKLERVILLE NJ 08081	
Date Received 06/03/2021	Amount \$5,000.00	Aggregate Amount \$5,000.00	Description/Comments

 Currency Contribution

Contributor Name GARDEN STATE FORWARD		Contributor Address 180 W STATE STREET, TRENTON NJ 08607	
Date Received 06/02/2021	Amount \$15,000.00	Aggregate Amount \$1,265,000.00	Description/Comments

 Currency Contribution

Contributor Name IRONWORKERS LOCAL 399 PAC		Contributor Address 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 Name IRONWORKERS LOCAL 399 PAC		Contributor Address 26 E FLEMING PIKE, HAMMONTON NJ 08037	
Date Received 06/03/2021	Amount \$2,500.00	Aggregate Amount \$5,000.00	Description/Comments

CONTRIBUTION INFORMATION

Currency Contribution

Contributor Name LEVITT, MICHAEL J		Contributor Address 2 COOPER STREET, CAMDEN NJ 08102	
Employer Name THE MICHAELS CO		Employer Address 2 COOPER STREET, CAMDEN NJ 08102	
Occupation Management/Administrator/Executive			
Date Received 06/03/2021	Amount \$2,500.00	Aggregate Amount \$2,500.00	Description/Comments

Currency Contribution

Contributor Name MALEY GIVENS PC		Contributor Address 1150 HADDON AVE, STE 210, COLLILNGSWOOD NJ 08108	
Date Received 06/03/2021		Description/Comments	
Amount \$2,500.00	Aggregate Amount \$2,500.00		

Currency Contribution

Contributor Name NEW YORK SHIPPING ASSOCIATION INC		Contributor Address 333 THORNALL ST, STE 3A, EDISON NJ 08307	
Date Received 06/03/2021		Description/Comments	
Amount \$2,500.00	Aggregate Amount \$2,500.00		

Currency Contribution

Contributor Name NJ STATE AFL-CIO PAC FUND		Contributor Address 106 W STATE STREET, TRENTON NJ 08608	
Date Received 06/03/2021		Description/Comments	
Amount \$2,500.00	Aggregate Amount \$2,500.00		

Currency Contribution

Contributor Name SJMCA PAC		Contributor Address ONE GREENTREE CENTER, STE 201, MARLTON NJ 08053	
Date Received 06/03/2021		Description/Comments	
Amount \$2,500.00	Aggregate Amount \$2,500.00		

GRAND TOTAL: \$72,500.00