



REPORT OF INDEPENDENT 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)
Website: www.elec.state.nj.us

FORM IND

ELEC Received
Apr 04, 2018
2:20 PM

☐ Amendment

Name STRONGER FOUNDATIONS, INC.			
Street Address P.O. BOX 751			
City RAHWAY	State NJ	Zip Code 07065	*(Area Code) Day Telephone 201-507-9500
Election Type: (Select One)	<input type="radio"/> Primary <input type="radio"/> General	<input checked="" type="radio"/> May Municipal <input type="radio"/> Run-Off	<input type="radio"/> Fire District <input type="radio"/> Special
County HUDSON COUNTY	Legal Name of Election District or Municipality BAYONNE CITY		Election Date 05/08/2018
Political Party NONPARTISAN			
If the name entered above is an individual, please provide below the individual's occupation, and the name and address of the individual's employer.			
Occupation		Employer Name	
Employer Address			

EXPENDITURE INFORMATION

Payment Date 03/22/2018	Check No. 1029	Purpose TV MEDIA BUYS	Amount Incurred/Not Paid	Amount Disbursed \$33,998.30
Full Name of Payee ALTICE MEDIA SOLUTIONS				
Full Mailing Address P.O. BOX 392090, PITTSBURGH, PA, 15251-9090				
Payment Date 03/27/2018	Check No. 1030	Purpose DIGITAL MEDIA BUYS	Amount Incurred/Not Paid	Amount Disbursed \$12,000.00
Full Name of Payee ANDERSEN POLITICAL SERVICES				
Full Mailing Address 43 VAN WAGENEN AVE, APT. GG, JERSEY CITY, NJ, 07306				
Payment Date 03/27/2018	Check No. 1031	Purpose TV MEDIA BUYS	Amount Incurred/Not Paid	Amount Disbursed \$19,999.65
Full Name of Payee COMCAST SPOTLIGHT				
Full Mailing Address P.O. BOX 415949, BOSTON, MA 02241-5949				
Payment Date 04/02/2018	Check No. 1032	Purpose TV PRODUCTION	Amount Incurred/Not Paid	Amount Disbursed \$14,000.00
Full Name of Payee SWITCH MEDIA CREATIVE, INC.				
Full Mailing Address 7 LATIMER AVE, CORAM, NY, 11727				
Total For Election: \$79,997.95		Total, This Report:		Total, This Page: \$79,997.95

Registration Number *****

PIN *****

Name **CHRISTOPHER L LALEVEE**

Date **04/04/2018**

*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.