

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

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

KEEP NEW JERSEY MOVING INC

ADDRESS (number and street)

535 E CRESCENT AVENUE

☐Check if different
than previously
reported. (ACC)

RAMSEY

NJ

07446

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00386854

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☒October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2005

through

09

30

2005

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

Type or Print Name of Treasurer

Joseph R. Torre

Signature of Treasurer

Electronically Filed by Joseph R. Torre

Date

05

05

2005

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only							
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FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
KEEP NEW JERSEY MOVING INC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	5

To:

M	M	D	D	Y	Y	Y	Y
0	9	3	0	2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2005		16880.00
(b) Cash on Hand at Beginning of Reporting Period	28370.01	
(c) Total Receipts (from Line 19)	18650.00	66600.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	47020.01	83480.00
7. Total Disbursements (from Line 31)	9825.50	46285.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	37194.51	37194.51
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

KEEP NEW JERSEY MOVING INC

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y Y Y
2 0 0 5

To:

M M
0 9D D
3 0Y Y Y Y
2 0 0 5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	18250.00	62050.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	400.00	550.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	18650.00	62600.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	18650.00	62600.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	4000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18650.00	66600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18650.00	66600.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	1325.50	2285.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	1325.50	2285.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	43500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	500.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9825.50	46285.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9825.50	46285.49

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18650.00	62600.00
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18650.00	62100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1325.50	2285.49
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1325.50	2285.49

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 6 / 13

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KEEP NEW JERSEY MOVING INC

A.

Full Name (Last, First, Middle Initial)

Jeffrey Boscamp

Mailing Address 30 Prospect Ave.

City

Hackensack

State

NJ

Zip Code

07601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackensack Univ Medical
Center

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.4250

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kevin Collins

Mailing Address 34 Oak Road

City

Saddle River

State

NJ

Zip Code

07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 8 / 2 0 0 5

Transaction ID: SA11A1.4251

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jerome D. Cuttitta

Mailing Address 11 Fairview Dr.

City

N. Caldwell

State

NJ

Zip Code

07006

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 6 / 2 0 0 5

Transaction ID: SA11A1.4252

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

KEEP NEW JERSEY MOVING INC

A. Full Name (Last, First, Middle Initial) Marie L. Garibaldi		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 0 8 / 2 0 0 5
Mailing Address 34 Kingswood Rd.		Transaction ID: SA11A1.4264
City Weekawken	State NJ	Zip Code 07075
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

B. Full Name (Last, First, Middle Initial) Peter C. Gerhard		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 5
Mailing Address 2 Deputy Minister Dr.		Transaction ID: SA11A1.4267
City Colts Neck	State NJ	Zip Code 07722
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Goldman Sachs	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Richard A. Hubschman		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 5
Mailing Address 20 McGrath Dr.		Transaction ID: SA11A1.4272
City Cresskill	State NJ	Zip Code 07626
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

KEEP NEW JERSEY MOVING INC

A. Full Name (Last, First, Middle Initial) Edward Ludwig			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 2 0 / 2 0 0 5	
Mailing Address 605 Piermont Rd.			Transaction ID: SA11A1.4274	
City State Zip Code Demarest NJ 07627			Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Beckton Dickenson		Occupation Business Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		
B. Full Name (Last, First, Middle Initial) Raymond T. Martino			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 5 / 2 0 0 5	
Mailing Address PO Box 78			Transaction ID: SA11A1.4269	
City State Zip Code Manahawkin NJ 08050			Amount of Each Receipt this Period 4500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Contractor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4500.00		
C. Full Name (Last, First, Middle Initial) Michael Sean McGeary			Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 1 3 / 2 0 0 5	
Mailing Address 17 S. Franklin Tpke			Transaction ID: SA11A1.4265	
City State Zip Code Ramsey NJ 07446			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed		Occupation Office Management Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

KEEP NEW JERSEY MOVING INC

A. Full Name (Last, First, Middle Initial)
William J. Montgorgis

Mailing Address 286 Gregory Rd.

City State Zip Code
Franklin Lakes NJ 07417

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.4276

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Vivian Nolasco

Mailing Address 23 Forest Ridge Rd.

City State Zip Code
Upper Saddle River NJ 07458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 5

Transaction ID: SA11A1.4258

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Steven A. Paganessi

Mailing Address 10 Finn Ct.

City State Zip Code
Mahwah NJ 07430

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 5

Transaction ID: SA11A1.4262

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 / 13

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

KEEP NEW JERSEY MOVING INC

A. Full Name (Last, First, Middle Initial)
Dennis Porterfield
Mailing Address 321 Race Track Rd.

City State Zip Code
Hohokus NJ 07423

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 5

Transaction ID: SA11A1.4277

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Charles Riccobono
Mailing Address 20 Prospect Ave., Suite 915

City State Zip Code
Hackensack NJ 07601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 3 / 2 0 0 5

Transaction ID: SA11A1.4271

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mortimer S. Steinberg
Mailing Address 1600 Parker Ave., #11F

City State Zip Code
Fort Lee NJ 07024

FEC ID number of contributing
federal political committee.

C

Name of Employer
UBS Financial

Occupation
Investment Advisor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 5

Transaction ID: SA11A1.4278

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 / 13

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

KEEP NEW JERSEY MOVING INC

A. Full Name (Last, First, Middle Initial) Steven Topfer			Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 0 5	
Mailing Address 750 Butternut Dr.			Transaction ID: SA11A1.4260	
City State Zip Code Franklin Lakes NJ 07417		Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed Occupation Physician				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Richard M. Winters			Date of Receipt M M / D D / Y Y Y Y 0 9 / 2 0 / 2 0 0 5	
Mailing Address 5 Old County Ct.			Transaction ID: SA11A1.4275	
City State Zip Code Demarest NJ 07627		Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C				
Name of Employer Self-Employed Occupation Surgeon/Physician				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

18250.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

KEEP NEW JERSEY MOVING INC

Full Name (Last, First, Middle Initial)

A. Perkins Coie, LLP

Mailing Address 607 14th Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4283

Date of Disbursement

/ /

Amount of Each Disbursement this Period

437.50

Full Name (Last, First, Middle Initial)

B. Perkins Coie, LLP

Mailing Address 607 14th Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
Legal Services

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4286

Date of Disbursement

/ /

Amount of Each Disbursement this Period

888.00

SUBTOTAL of Disbursements This Page (optional)

1325.50

TOTAL This Period (last page this line number only)

1325.50

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

KEEP NEW JERSEY MOVING INC

Full Name (Last, First, Middle Initial)

A. FRELINGHUYSEN FOR CONGRESS

Mailing Address 19 CATTANO AVENUE

City
MORRISTOWN

State
NJ

Zip Code
07960

Purpose of Disbursement
Contribution

Candidate Name
RODNEY FRELINGHUYSEN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 11

Transaction ID: SB23.4284

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. LAUTENBERG 20 YEARS COMMITTEE

Mailing Address GATEWAY ONE 23RD FLOOR

City
NEWARK

State
NJ

Zip Code
07102

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4281

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. LAUTENBERG 20 YEARS COMMITTEE

Mailing Address GATEWAY ONE 23RD FLOOR

City
NEWARK

State
NJ

Zip Code
07102

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

8500.00