



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
New Jersey First

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		98403.01
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	35142.94									
(c) Total Receipts (from Line 19) .....	49700.00	54789.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	84842.94	153192.94								
7. Total Disbursements (from Line 31) .....	34675.03	103025.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	50167.91	50167.91								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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. 06/2004)

Write or Type Committee Name  
New Jersey First

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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		
(i) Itemized (use Schedule A) .....	11000.00	11000.00
(ii) Unitemized .....	200.00	200.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11200.00	11200.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	38500.00	43500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	49700.00	54700.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	88.93
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	1.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
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)) .....	49700.00	54789.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	49700.00	54789.93

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	10675.03	19725.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10675.03	19725.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	20000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	65500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	-2200.00
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))..	34675.03	103025.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	34675.03	103025.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 22

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) .....	49700.00	54700.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	49700.00	54700.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10675.03	19725.03
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	1.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10675.03	19724.03

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
New Jersey First

<b>A.</b>	Full Name (Last, First, Middle Initial) Marshall A Brachman	Date of Receipt MM / DD / YYYY 11 / 20 / 2009
	Mailing Address 634 A Street NE	<b>Transaction ID:</b> SA11AI.5507
	City State Zip Code Washington DC 20002	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Marshall Brachman LLC   Occupation: President/Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Linda Hall Daschle	Date of Receipt MM / DD / YYYY 11 / 24 / 2009
	Mailing Address 2830 Foxhall Road NW	<b>Transaction ID:</b> SA11AI.5541
	City State Zip Code Washington DC 20007	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: LHD & Associates   Occupation: President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joy K Howell	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 1001 26th Street NW	<b>Transaction ID:</b> SA11AI.5557
	City State Zip Code Washington DC 20037	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer: Cambridge Strategy Partners   Occupation: Managing Partner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
New Jersey First

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kevin D Kayes</p> <p>Mailing Address 2321 North Jackson Street</p> <p>City State Zip Code Arlington VA 22201</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Quinn Gillespie &amp; Associates</p> <p>Occupation Government Relations</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.5509</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Alexander D Lurie</p> <p>Mailing Address 3827 Garfield Street NW</p> <p>City State Zip Code Washington DC 20007</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Bockorny Group</p> <p>Occupation Attorney</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.5511</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">500.00</span></p> <p>Receipt</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Merola</p> <p>Mailing Address 819 7th Street NW Ste 501</p> <p>City State Zip Code Washington DC 20001</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Winning Strategies</p> <p>Occupation Partner</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 0 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.5513</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Receipt</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 22  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
New Jersey First

**A.**

Full Name (Last, First, Middle Initial)  
Benjamin L Palumbo

Mailing Address 1204 South Oakcrest Road

City State Zip Code  
Arlington VA 22202

FEC ID number of contributing federal political committee. **C**

Name of Employer Palumbo & Carrell Inc Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.5559

Amount of Each Receipt this Period  
500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Peter R Rosenblatt

Mailing Address 6431 Western Avenue NW

City State Zip Code  
Washington DC 20015

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.5543

Amount of Each Receipt this Period  
500.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
David A Slayton

Mailing Address 9844 Natick Road

City State Zip Code  
Burke VA 22015

FEC ID number of contributing federal political committee. **C**

Name of Employer Dynamic Animation Systems Inc Occupation Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.5514

Amount of Each Receipt this Period  
1000.00

Receipt

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
New Jersey First

**A.** Full Name (Last, First, Middle Initial)  
Lisa A Stewart

Mailing Address 4619 1/2 B MacArthur Boulevard NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. C

Name of Employer: Beacon Consulting Group   Occupation: Executive Vice President

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** SA11AI.5518

Amount of Each Receipt this Period: 500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Transnational Solutions LLC

Mailing Address 6538 Collins Avenue

City Miami Beach State FL Zip Code 33141

FEC ID number of contributing federal political committee. C

Name of Employer:   Occupation:

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.5565

Amount of Each Receipt this Period: 1000.00

Receipt (Partnership)

**C.** Full Name (Last, First, Middle Initial)  
Steven R Perles

Mailing Address 6538 Collins Avenue

City Miami Beach State FL Zip Code 33141

FEC ID number of contributing federal political committee. C

Name of Employer: Transnational Solutions LLC   Occupation: Member

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
12 / 23 / 2009

**Transaction ID:** SA11AI.5565.0

Amount of Each Receipt this Period: 1000.00

Memo (Partner Share)

**[MEMO ITEM]**

**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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
New Jersey First

<b>A.</b>	Full Name (Last, First, Middle Initial) Ruby J Warner		Date of Receipt
	Mailing Address 7 Bridle Path		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Southampton	NJ	08088
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer None		Occupation Retired	Transaction ID: SA11AI.5520 Amount of Each Receipt this Period <input type="text"/> 500.00 Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Washington Strategic Consulting LLC		Date of Receipt
	Mailing Address 1025 Connecticut Avenue NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer		Occupation	Transaction ID: SA11AI.5527 Amount of Each Receipt this Period <input type="text"/> 1000.00 Receipt (Partnership)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kyle Mulroy		Date of Receipt
	Mailing Address 1025 Connecticut Avenue NW		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 1 1 / 2 0 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20036
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer Washington Strategic Consulting		Occupation Member	Transaction ID: SA11AI.5527.0 Amount of Each Receipt this Period <input type="text"/> 1000.00 Memo (Partner Share)  <b>[MEMO ITEM]</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
New Jersey First

**A.**

Full Name (Last, First, Middle Initial)  
Katherine H Yehl

Mailing Address 228 E Street NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tim Yehl LLC Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: SA11AI.5522

Amount of Each Receipt this Period

500.00
--------

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Timothy James Yehl

Mailing Address 228 E Street NE

City State Zip Code  
Washington DC 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Timothy Yehl LLC Founder/President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: SA11AI.5524

Amount of Each Receipt this Period

1000.00
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Receipt

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00
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**TOTAL** This Period (last page this line number only) .....

11000.00
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 22  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Jersey First

**A.** Full Name (Last, First, Middle Initial)  
BNSF RailPAC

Mailing Address PO Box 961039  
Suite 220

City State Zip Code  
Fort Worth TX 76161

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID:** SA11C.5546

Amount of Each Receipt this Period  
2500.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Comcast Corporation PAC

Mailing Address 1500 Market Street  
35th Floor

City State Zip Code  
Philadelphia PA 19102

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2009

**Transaction ID:** SA11C.5552

Amount of Each Receipt this Period  
2500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
CSX Corporation Good Government Fund

Mailing Address 1331 Pennsylvania Avenue NW  
Suite 560

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** SA11C.5529

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 22  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
New Jersey First

**A.** Full Name (Last, First, Middle Initial)  
Gibbons PC PAC Inc

Mailing Address One Gateway Center

City State Zip Code  
Newark NJ 07102

FEC ID number of contributing federal political committee. **C** C00412635

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 24 / 2009

**Transaction ID:** SA11C.5548

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Holland & Knight Committee for Effective Government

Mailing Address 2099 Pennsylvania Avenue NW  
Suite 100

City State Zip Code  
Washington DC 20006

FEC ID number of contributing federal political committee. **C** C00171330

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** SA11C.5531

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Johnson & Johnson PAC

Mailing Address One Johnson & Johnson Plaza

City State Zip Code  
New Brunswick NJ 08933

FEC ID number of contributing federal political committee. **C** C00010983

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** SA11C.5533

Amount of Each Receipt this Period  
5000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

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

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

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

FOR LINE NUMBER: PAGE 14 / 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
New Jersey First

**A.** Full Name (Last, First, Middle Initial)  
MacAndrews & Forbes Holdings Inc PAC

Mailing Address 35 East 62nd Street

City State Zip Code  
New York NY 10065

FEC ID number of contributing federal political committee. **C** C00432856

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** SA11C.5535

Amount of Each Receipt this Period  
5000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers PAC

Mailing Address 1325 Massachusetts Avenue NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

**Transaction ID:** SA11C.5536

Amount of Each Receipt this Period  
5000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
NLA PAC Inc

Mailing Address 49 South Maple Avenue

City State Zip Code  
Marlton NJ 08053

FEC ID number of contributing federal political committee. **C** C00359380

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

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

**Transaction ID:** SA11C.5537

Amount of Each Receipt this Period  
500.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **10500.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 22  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
New Jersey First

**A.** Full Name (Last, First, Middle Initial)  
Pharmaceutical Research & Manufacturers of America PAC  
Mailing Address 1100 15th Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

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

**Transaction ID:** SA11C.5539  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Pharmaceutical Research & Manufacturers of America PAC  
Mailing Address 1100 15th Street NW

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00021972

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  

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

**Transaction ID:** SA11C.5568  
 Amount of Each Receipt this Period  
 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Public Service Enterprise Group Inc PAC (PEGPAC)  
Mailing Address 80 Park Plaza

City State Zip Code  
Newark NJ 07102

FEC ID number of contributing federal political committee. **C** C00383489

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

**Transaction ID:** SA11C.5553  
 Amount of Each Receipt this Period  
 1500.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 22
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
New Jersey First

<b>A.</b>	Full Name (Last, First, Middle Initial) Union Pacific Corporation Fund for Effective Government		Date of Receipt
	Mailing Address 600 13th Street NW Suite 340		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 2 / 1 5 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee. <b>C</b> C00010470		<b>Transaction ID:</b> SA11C.5562
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00
			Receipt

<b>B.</b>	Full Name (Last, First, Middle Initial) WAL-PAC		Date of Receipt
	Mailing Address 702 SW 8th Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 2 4 / 2 0 0 9
	City	State	Zip Code
	Bentonville	AR	72716
	FEC ID number of contributing federal political committee. <b>C</b> C00093054		<b>Transaction ID:</b> SA11C.5550
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2500.00
			Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 7500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> 38500.00

**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)

PAGE 17 / 22

<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)  
New Jersey First

A.	Full Name (Last, First, Middle Initial) Common Sense Consulting	Transaction ID: SB21B.5572 Date of Disbursement
	Mailing Address 222 Stony Brook Road	<input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Hopewell State NJ Zip Code 08525	Amount of Each Disbursement this Period
	Purpose of Disbursement Administrative Services Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	

B.	Full Name (Last, First, Middle Initial) Common Sense Consulting	Transaction ID: SB21B.5575 Date of Disbursement
	Mailing Address 222 Stony Brook Road	<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Hopewell State NJ Zip Code 08525	Amount of Each Disbursement this Period
	Purpose of Disbursement Administrative Services Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	

C.	Full Name (Last, First, Middle Initial) Common Sense Consulting	Transaction ID: SB21B.5577 Date of Disbursement
	Mailing Address 222 Stony Brook Road	<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
	City Hopewell State NJ Zip Code 08525	Amount of Each Disbursement this Period
	Purpose of Disbursement Administrative Services Candidate Name	<input type="text" value="1000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="001"/> Category/Type
	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 18 / 22

<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)  
New Jersey First

<b>A.</b>	Full Name (Last, First, Middle Initial) Katz Watson Group Inc  Mailing Address 236 Massachusetts Avenue NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Fundraising Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Transaction ID: SB21B.5573 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> Category/Type: 003	M	M	/	D	D	/	Y	Y	Y	Y	1	0	/	2	3	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	0	/	2	3	/	2	0	0	9														
2500.00																							
<b>B.</b>	Full Name (Last, First, Middle Initial) Katz Watson Group Inc  Mailing Address 236 Massachusetts Avenue NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Fundraising Expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Transaction ID: SB21B.5576 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>4</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">1030.75</td> </tr> </table> Category/Type: 003	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	4	/	2	0	0	9	1030.75
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	4	/	2	0	0	9														
1030.75																							
<b>C.</b>	Full Name (Last, First, Middle Initial) Katz Watson Group Inc  Mailing Address 236 Massachusetts Avenue NE  City Washington State DC Zip Code 20002  Purpose of Disbursement Fundraising Services Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	Transaction ID: SB21B.5583 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> Category/Type: 003	M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	1	8	/	2	0	0	9	2500.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	1	8	/	2	0	0	9														
2500.00																							

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<table border="1"> <tr> <td style="font-weight: bold;">6030.75</td> </tr> </table>	6030.75
6030.75		
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<table border="1"> <tr> <td style="height: 20px;"> </td> </tr> </table>	

**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)

PAGE 19 / 22

<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)  
New Jersey First

A.	Full Name (Last, First, Middle Initial) Katz Watson Group Inc		Transaction ID: SB21B.5584	
	Mailing Address 236 Massachusetts Avenue NE		Date of Disbursement 12 / 18 / 2009	
	City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1580.28
	Purpose of Disbursement Fundraising Expenses		003	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		
	State: District:	Calendar Year		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1580.28
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10611.03

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
New Jersey First

<p><b>A.</b> Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee Inc</p> <p>Mailing Address PO Box 549</p> <p>City Napoleonville State LA Zip Code 70390</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Charlie Melancon</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: LA District: 00</p>	<p><b>Transaction ID:</b> SB23.5585 <b>Date of Disbursement:</b> 12 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Fisher for Ohio</p> <p>Mailing Address 32125 Solon Road</p> <p>City Solon State OH Zip Code 44139</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Lee Fisher</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: OH District: 00</p>	<p><b>Transaction ID:</b> SB23.5579 <b>Date of Disbursement:</b> 12 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends for Harry Reid</p> <p>Mailing Address PO Box 19163</p> <p>City Las Vegas State NV Zip Code 89132</p> <p>Purpose of Disbursement Contribution <input type="checkbox"/> 011 Category/Type</p> <p>Candidate Name Harry Reid</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NV District: 00</p>	<p><b>Transaction ID:</b> SB23.5589 <b>Date of Disbursement:</b> 12 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9000.00

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

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
New Jersey First

A.

Full Name (Last, First, Middle Initial)  
Friends of Barbara Boxer

Transaction ID: SB23.5591  
Date of Disbursement

Mailing Address PO Box 641751

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

City State Zip Code  
Los Angeles CA 90064

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

011
-----

Category/  
Type

Candidate Name  
Barbara Boxer

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 00

B.

Full Name (Last, First, Middle Initial)  
Friends of Chris Dodd

Transaction ID: SB23.5578  
Date of Disbursement

Mailing Address PO Box 270701

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	8		2	0	0	9

City State Zip Code  
West Hartford CT 06127

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Contribution

011
-----

Category/  
Type

Candidate Name  
Christopher J Dodd

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
Convention

State: CT District: 00

C.

Full Name (Last, First, Middle Initial)  
Hodes for Senate

Transaction ID: SB23.5586  
Date of Disbursement

Mailing Address 26 South Main Street

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

City State Zip Code  
Concord NH 03301

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Contribution

011
-----

Category/  
Type

Candidate Name  
Paul W Hodes

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: NH District: 00

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

12500.00
----------

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

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**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
New Jersey First

A. Full Name (Last, First, Middle Initial) Martha Coakley for Senate Committee	Transaction ID: SB23.5592	
	Date of Disbursement 12 / 22 / 2009	
Mailing Address PO Box 220	Amount of Each Disbursement this Period 2500.00	
City Boston	State MA	Zip Code 02113
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Martha Coakley		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-General	
State: MA District: 00		

SUBTOTAL of Disbursements This Page (optional) .....	2500.00
TOTAL This Period (last page this line number only) .....	24000.00