01/30/2003 17 : 30

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

Carden for Congress

ADDRESS (number and street) ▼ 26 Park Street

Check if different than previously reported. (ACC)

Montclair | NJ | 07042

2. **FEC IDENTIFICATION NUMBER** ▼ C00375626

CITY ▲ | STATE ▲ | ZIP CODE ▲

STATE ▼ DISTRICT NJ 07

3. IS THIS REPORT NEW (N) **OR** X 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 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

X Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 0 8 0 4 2 0 0 2 in the State of NJ

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 0 4 0 1 2 0 0 2 through 0 5 1 5 2 0 0 2

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 Miriam Mitchell

Signature of Treasurer Electronically Filed by Miriam Mitchell Date 0 1 3 0 2 0 0 3

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

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(Revised 1/2001)