

**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

10

01

2005

through

12

31

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
1	0	0	1	2	0	0	5

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y</span> 2005		16880.00
(b) Cash on Hand at Beginning of Reporting Period .....	37194.51	
(c) Total Receipts (from Line 19) .....	11692.50	78292.50
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48887.01	95172.50
7. Total Disbursements (from Line 31) .....	864.96	47150.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48022.05	48022.05
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. 02/2003)

Page 3

Write or Type Committee Name

KEEP NEW JERSEY MOVING INC

Report Covering the Period:

From:

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

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	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	11250.00	73300.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	100.00	650.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11350.00	73950.00
(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) .....	11350.00	73950.00
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.) .....	342.50	342.50
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)) .....	11692.50	78292.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11692.50	78292.50

**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.....		864.96	3150.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		864.96	3150.45
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		0.00	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))..		864.96	47150.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		864.96	47150.45

**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) .....	11350.00	73950.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11350.00	73450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	864.96	3150.45
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	864.96	3150.45

# **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 / 11

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

KEEP NEW JERSEY MOVING INC

<b>A.</b> Full Name (Last, First, Middle Initial) Michael Armellino Mailing Address 900 Paslisade Avenue City Englewood State NJ Zip Code 07021 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 2500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4288 Amount of Each Receipt this Period 2500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Michael Geary Mailing Address 29. N. Saddle Brook Dr. City Ho-Ho-Kus State NJ Zip Code 07423 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Distributor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4290 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Sol Glastein Mailing Address 485 Machester Way City Wycoff State NJ Zip Code 07481 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Retail Management Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4293 Amount of Each Receipt this Period 1000.00

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

4000.00

**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 7 / 11

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Marvin Goldstein Mailing Address 740 East Drive City State Zip Code Oradell NJ 07649 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Proskauer, Rose, LLP Occupation Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 2 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4295 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Peter Gross Mailing Address 242 McKinley Pl. City State Zip Code Ridgewood NJ 07450 FEC ID number of contributing federal political committee. <b>C</b> 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 ▼ 1500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4297 Amount of Each Receipt this Period 1000.00
<b>C.</b> Full Name (Last, First, Middle Initial) William Hanson Mailing Address 235 Moore St. City State Zip Code Hackensack NJ 07801 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer James E. Hanson, Inc. Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 1 / 2 0 0 5 <b>Transaction ID:</b> SA11A1.4298 Amount of Each Receipt this Period 500.00

**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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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 11

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Gerald Kissler		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 0 / 2 0 0 5
Mailing Address 53 Hidden Ledge Rd.		
City	State	Zip Code
Englewood	NJ	07631
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.4300
Name of Employer N/A		Amount of Each Receipt this Period 1000.00
Occupation Retired		
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) H. Dennis Lauzon		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 7 / 2 0 0 5
Mailing Address 50 Sylvan Ave.		
City	State	Zip Code
Englewood Cliffs	NJ	07632
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.4302
Name of Employer Parkway Toyota		Amount of Each Receipt this Period 2000.00
Occupation Car Dealer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Dennis Maycher		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 1 / 2 0 0 5
Mailing Address 149 Atkins Terrace		
City	State	Zip Code
E. Rutherford	NJ	07073
FEC ID number of contributing federal political committee.		<b>Transaction ID:</b> SA11A1.4303
Name of Employer Self-Employed		Amount of Each Receipt this Period 250.00
Occupation Attorney		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

3250.00

**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 9 / 11

(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)

Edward Russo

Mailing Address 16 Coltsfoot Glen

City

Saddle River

State

NJ

Zip Code

07458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Russo Developers

Occupation  
Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: SA11A1.4305

Amount of Each Receipt this Period

2000.00

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

2000.00

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

11250.00

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

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

FOR LINE NUMBER: PAGE 10 / 11

(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

<b>A.</b> Full Name (Last, First, Middle Initial) Commerce Bank, N.A.			Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 5	
Mailing Address 1701 Route 70 East			<b>Transaction ID:</b> SA17.4314	
City State Zip Code Cherry Hill NJ 08034		Amount of Each Receipt this Period 109.05		
FEC ID number of contributing federal political committee. C		Interest		
Name of Employer Occupation				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 228.15		
<b>B.</b> Full Name (Last, First, Middle Initial) Commerce Bank, N.A.			Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 5	
Mailing Address 1701 Route 70 East			<b>Transaction ID:</b> SA17.4315	
City State Zip Code Cherry Hill NJ 08034		Amount of Each Receipt this Period 114.35		
FEC ID number of contributing federal political committee. C		Interest		
Name of Employer Occupation				
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 342.50		

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

223.40

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

223.40

# **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 11 / 11

<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.4308

Date of Disbursement

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

Amount of Each Disbursement this Period

864.96

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

864.96

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

864.96