10/10/2002 16 : 53

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) ▼ PO Box 2129

X Check if different than previously reported. (ACC)

Westfield | NJ | 07091

2. **FEC IDENTIFICATION NUMBER** ▼ — CITY ▲ — STATE ▲ — ZIP CODE ▲

C00375626

3. IS THIS REPORT — NEW (N) **OR** X AMENDED (A)

STATE ▼ DISTRICT: NJ | 07

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quaterly Report (Q1)

July 15 Quaterly Report (Q2)

October 15 Quaterly 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 6 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 1 0 1 0 2 0 0 2

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)