

# 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  
Friends of Mike Ferguson

ADDRESS (number and street) c/o Ron Gravino P.O. Box 225  
 Check if different than previously reported. (ACC)  
Colonia NJ 07067

2. **FEC IDENTIFICATION NUMBER** C00366195  
**CITY** **STATE** **ZIP CODE** **STATE** **DISTRICT**  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
NJ 07

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)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [ ] [ ] [ ] in the State of [ ]  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 10 01 2007 through 12 31 2007

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 Ronald R. Gravino

Signature of Treasurer Electronically Filed by Ronald R. Gravino Date 01 31 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Friends of Mike Ferguson

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	77165.22	1123484.22
(b) Total Contribution Refunds (from Line 20(d)).....	171250.00	182900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	-94084.78	940584.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	219773.58	671261.54
(b) Total Offsets to Operating Expenditures (from Line 14).....	61.00	61.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	219712.58	671200.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	365378.30	
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	

**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 3 (Revised 12/2003)

Write or Type Committee Name  
Friends of Mike Ferguson

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

46525.00

601293.00

(ii) Unitemized.....

7631.00

35134.00

(iii) TOTAL of contributions

54156.00

636427.00

from individuals..... ▶

0.00

98.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

23009.22

486959.22

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))

77165.22

1123484.22

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

61.00

61.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

5883.31

18353.29

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

83109.53

1141898.51

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	219773.58	671261.54
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	85000.00	135000.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	85000.00	135000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	112750.00	121800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	58500.00	61100.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	171250.00	182900.00
21. OTHER DISBURSEMENTS.....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	476023.58	989161.54

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	758292.35
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	83109.53
25. SUBTOTAL (add Line 23 and Line 24).....	841401.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	476023.58
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	365378.30

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b>		<b>Candidate ID Number</b>
Mike Ferguson		H8NJ06118
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>
Friends of Mike Ferguson		C C00366195
<b>Committee Address</b>		
c/o Ron Gravino P.O. Box 225		
<b>City</b>	<b>State</b>	<b>ZIP</b>
Colonia	NJ	07067-
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	865898.51	0.00
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	865898.51	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Joanne Aarseth

Mailing Address 20840 Miranda Falls Square

City State Zip Code  
Sterling VA 20165

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Freddie Mac Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 71119.C22459

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Richard Appleby

Mailing Address 12791 Cinnamon Way

City State Zip Code  
Palm City FL 34990

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

**Transaction ID:** 71227.C22593

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Raymond N. Beegle

Mailing Address 23 Crestwood Dr

City State Zip Code  
Chatham NJ 07928-1720

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
International Risk Management Insurance

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 71119.C22463

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Mary Benjamin

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2007

Mailing Address 4 Tuccamirgan Road

Transaction ID: 71227.C22592

City Flemington State NJ Zip Code 08822

Amount of Each Receipt this Period  
500.00

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

Receipt

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
S. Rodgers Benjamin

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2007

Mailing Address 27 Fox Grape Road

Transaction ID: 71119.C22456

City Flemington State NJ Zip Code 08822

Amount of Each Receipt this Period  
400.00

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

Receipt

Name of Employer Flemington Fur Co. Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
William Bischoff

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2007

Mailing Address 15 Anderson Road

Transaction ID: 71119.C22460

City Clinton State NJ Zip Code 08809

Amount of Each Receipt this Period  
250.00

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

Receipt

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) Victoria Blatter	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 6418 Crosswoods Drive	<b>Transaction ID:</b> 71227.C22655
	City State Zip Code Falls Church VA 22044	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Merck	Occupation Vice President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Roger Bodman	Date of Receipt MM / DD / YYYY 10 / 17 / 2007
	Mailing Address 59 Harbourton - Mt. Airy Road	<b>Transaction ID:</b> 71119.C22437
	City State Zip Code Lambertville NJ 08530	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Public Strategies Impact, LLC	Occupation Public Affairs Cons.	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Wayne Boich	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 400 Alton Road	<b>Transaction ID:</b> 71227.C22626
	City State Zip Code Miami FL 33139	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Boich Companies	Occupation CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 9 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Wayne Boich

Mailing Address 400 Alton Road

City State Zip Code  
Miami FL 33139

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

Name of Employer Boich Companies Occupation CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

**Transaction ID:** 71227.C22625

Amount of Each Receipt this Period  
2300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Patrick E. Brown

Mailing Address St. Vincent de Paul Church  
Bebout Avenue

City State Zip Code  
Stirling NJ 07980

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

Name of Employer St. Vincent de Paul Occupation Priest

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	7

**Transaction ID:** 71119.C22467

Amount of Each Receipt this Period  
100.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ray Carson

Mailing Address 32 East Shore Terrace

City State Zip Code  
Sparta NJ 07871

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

Name of Employer Wyeth Occupation VP Human Resources

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  

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

**Transaction ID:** 71119.C22433

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2650.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 83

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Richard Clark

Mailing Address 5875 Hickory Hollow Lane

City State Zip Code  
Doylestown PA 18901

FEC ID number of contributing federal political committee. C

Name of Employer Merck & Co Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 23 / 2007

Transaction ID: 71119.C22447

Amount of Each Receipt this Period 2300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Michael Connelly, III

Mailing Address 26 Frost Rd

City State Zip Code  
Greenwich CT 06830-3825

FEC ID number of contributing federal political committee. C

Name of Employer Carlyle Group Occupation Equity Trader

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
11 / 16 / 2007

Transaction ID: 71119.C22554

Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Michael Creem

Mailing Address 53 Templar Way

City State Zip Code  
Summit NJ 07901

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2300.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 23 / 2007

Transaction ID: 71119.C22451

Amount of Each Receipt this Period 2300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 5600.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 83  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Joe Davis

Mailing Address 2719 Sycamore St

City State Zip Code  
Alexandria VA 22305-1809

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

Name of Employer Occupation  
Artemis Strategies Public Affairs

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

**Transaction ID:** 71227.C22654

Amount of Each Receipt this Period  
1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Denise G. DeSimone

Mailing Address 1-3 Chapin Road

City State Zip Code  
Bernardsville NJ 07924

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

Name of Employer Occupation  
Schering Plough Corp. senior vice president finance

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

**Transaction ID:** 71227.C22589

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Richard Enderley

Mailing Address 259 Airport Rd

City State Zip Code  
Bedminster NJ 07921-2803

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

Name of Employer Occupation  
R.F. Enderley Co. Inc. President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 71119.C22465

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2750.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) Strategic Global Policy, LLC	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 17 S High St Ste 1220	<b>Transaction ID:</b> 71227.C22623
	City State Zip Code Columbus OH 43215-3441	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Matthew Evans	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 2238 Yorkshire Rd	<b>Transaction ID:</b> 71227.C22628
	City State Zip Code Columbus OH 43221-4019	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Memo <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) <b>[MEMO ITEM]</b> Partnership->Strategic Global Policy, LLC
Name of Employer Occupation Strategic Global Policy Management		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Strategic Global Policy, LLC	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 17 S High St Ste 1220	<b>Transaction ID:</b> 71227.C22624
	City State Zip Code Columbus OH 43215-3441	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Occupation		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2200.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Brian Murphy

Mailing Address 8226 Trail Lake Dr

City Powell State OH Zip Code 43065-8152

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

Name of Employer Strategic Global Policy Occupation Management

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 71227.C22658  
 Amount of Each Receipt this Period 200.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership->Strategic Global Policy, LLC

**B.** Full Name (Last, First, Middle Initial)  
Strategic Global Policy, LLC

Mailing Address 17 S High St Ste 1220

City Columbus State OH Zip Code 43215-3441

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

Name of Employer Occupation

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 80112.C22659  
 Amount of Each Receipt this Period 300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Brian Murphy

Mailing Address 8226 Trail Lake Dr

City Powell State OH Zip Code 43065-8152

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

Name of Employer Strategic Global Policy Occupation Management

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 80112.C22660  
 Amount of Each Receipt this Period 300.00

Memo  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 Partnership->Strategic Global Policy, LLC

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 83

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Cynthia Feeley

Mailing Address 24 Laurelwood

City State Zip Code  
Bernardsville NJ 07924-2115

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Homemaker Homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 23 / 2007

**Transaction ID:** 71119.C22462

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Behrends Foster

Mailing Address 1722 N Nelson St

City State Zip Code  
Arlington VA 22207-3643

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Am. Health Insurance Plans Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
11 / 16 / 2007

**Transaction ID:** 71119.C22547

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert Franks

Mailing Address 11 Heather Lane

City State Zip Code  
Warren NJ 07059

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Healthcare Institute of New Je President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 17 / 2007

**Transaction ID:** 71119.C22430

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Constance Girard-diCarlo

Mailing Address 210 W Rittenhouse Sq  
Apt. 1006

City Philadelphia State PA Zip Code 19103-6850

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2007  
**Transaction ID:** 71119.C22440  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David Girard-diCarlo

Mailing Address 210 W Rittenhouse Sq  
Apt 1006

City Philadelphia State PA Zip Code 19103-5785

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

Name of Employer Blank Rome Comisky & McCauley Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2007  
**Transaction ID:** 71119.C22439  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Charles Grezlak

Mailing Address 22 John Dyer Way

City Doylestown State PA Zip Code 18901

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

Name of Employer Merck Occupation Executive

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 71227.C22652  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) Jerry Harnik		Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 9 Walnut Hollow Ln		Transaction ID: 71119.C22548
	City Lincroft	State NJ	Zip Code 07738-1005
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Strategies for Wealth	Occupation Partner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank Isoldi		Date of Receipt MM / DD / YYYY 10 / 23 / 2007
	Mailing Address 831 Stevens Avenue		Transaction ID: 71119.C22461
	City Westfield	State NJ	Zip Code 07090
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Caldwell Banker	Occupation Realtor	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) James Kissane		Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 300 E 64th St Apt 21AD		Transaction ID: 71119.C22557
	City New York	State NY	Zip Code 10021-7599
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer Bear Stearns & Co.	Occupation Securities Sales	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Susan Kissane

Mailing Address 300 E 84th St Apt 21AD

City State Zip Code  
New York NY 10028-4414

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

Name of Employer Occupation  
Bear Stearns & Co. Securities Trader

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 71119.C22558

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Paul Kuhl

Mailing Address P.O Box 26

City State Zip Code  
Flemington NJ 08822

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

Name of Employer Occupation  
Kuhl Corporation CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 71227.C22594

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Thomas Lehrman

Mailing Address 1170 5th Avenue

City State Zip Code  
New York NY 10029

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

Name of Employer Occupation  
Ficus Partners LLC Investor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 71227.C22636

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 83

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Peter Lijoi

Mailing Address 124 Canoe Brook Parkway

City State Zip Code  
Summit NJ 07901-1436

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SGS Communities Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2007

**Transaction ID:** 71227.C22595

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Karen Ling

Mailing Address 300 Albany Street, Apt. 9D

City State Zip Code  
New York NY 10280

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wyeth Vice President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2007

**Transaction ID:** 71119.C22432

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Michael Lloyd

Mailing Address 44 Mackenzie Rd.

City State Zip Code  
Morristown NJ 07960

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Knight Capital Group Equity Trader

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2007

**Transaction ID:** 71119.C22537

Amount of Each Receipt this Period  
25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 525.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 83

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Michael Lloyd

Mailing Address 44 Mackenzie Rd.

City State Zip Code  
Morristown NJ 07960

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Knight Capital Group Equity Trader

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 375.00

Date of Receipt MM / DD / YYYY  
11 / 16 / 2007

**Transaction ID:** 71227.C22639

Amount of Each Receipt this Period 25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Michael Lloyd

Mailing Address 44 Mackenzie Rd.

City State Zip Code  
Morristown NJ 07960

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Knight Capital Group Equity Trader

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY  
11 / 16 / 2007

**Transaction ID:** 71227.C22650

Amount of Each Receipt this Period 25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Warren Loadholt

Mailing Address 142 W. 3rd Avenue

City State Zip Code  
Roselle NJ 07203

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
10 / 23 / 2007

**Transaction ID:** 71119.C22536

Amount of Each Receipt this Period 25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 75.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 83  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Warren Loadholt

Mailing Address 142 W. 3rd Avenue

City Roselle State NJ Zip Code 07203

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 275.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID: 71227.C22647**

Amount of Each Receipt this Period 25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Warren Loadholt

Mailing Address 142 W. 3rd Avenue

City Roselle State NJ Zip Code 07203

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

Name of Employer Retired Occupation Retired

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID: 71227.C22638**

Amount of Each Receipt this Period 25.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Ara Marangosian

Mailing Address 110 Stone Fence Rd

City Bernardsville State NJ Zip Code 07924-1726

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

Name of Employer Stirling Textiles & Chemicals Occupation Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID: 71227.C22590**

Amount of Each Receipt this Period 500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **550.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 83  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
James Marvin

Mailing Address 734 Crescent Pkwy

City State Zip Code  
Westfield NJ 07090-2304

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

Name of Employer Requested Occupation Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 71119.C22550

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Nancy McCutcheon

Mailing Address 2011 S. Helena

City State Zip Code  
Spokane WA 99203

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

Name of Employer Self Occupation Investor

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 71227.C22643

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
James P. McVeigh

Mailing Address 17 East 89th Street  
Apt.12 A

City State Zip Code  
New York NY 10128

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

Name of Employer Bank of America Occupation Investment Banker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3300.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 71119.C22552

Amount of Each Receipt this Period  
300.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2550.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 83
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) James P. McVeigh	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 17 East 89th Street Apt.12 A	<b>Transaction ID:</b> 71119.C22553
	City State Zip Code New York NY 10128	Amount of Each Receipt this Period 1700.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Bank of America Investment Banker	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Laurie Michel	Date of Receipt MM / DD / YYYY 10 / 17 / 2007
	Mailing Address 10 W. Rosemont Avenue	<b>Transaction ID:</b> 71119.C22438
	City State Zip Code Alexandria VA 22301	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Merck & Co., Inc. Senior Director	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jacqueline Mitchell	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 47 E 88th St Apt 10A	<b>Transaction ID:</b> 71119.C22555
	City State Zip Code New York NY 10128-1152	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Sempra Energy Trading Corp. Trader	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Timothy Moriarty

Mailing Address 35 Ridge Road

City State Zip Code  
Summit NJ 07901

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

Name of Employer Occupation  
Twin Oaks Partners Investment manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	7

**Transaction ID:** 71119.C22538

Amount of Each Receipt this Period  
75.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Timothy Moriarty

Mailing Address 35 Ridge Road

City State Zip Code  
Summit NJ 07901

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

Name of Employer Occupation  
Twin Oaks Partners Investment manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 525.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

**Transaction ID:** 71227.C22651

Amount of Each Receipt this Period  
75.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Timothy Moriarty

Mailing Address 35 Ridge Road

City State Zip Code  
Summit NJ 07901

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

Name of Employer Occupation  
Twin Oaks Partners Investment manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

**Transaction ID:** 71227.C22640

Amount of Each Receipt this Period  
75.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Jamsheed Najmi

Mailing Address 201 Union Avenue

City State Zip Code  
Bridgewater NJ 08807

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

Name of Employer  
Self Employed

Occupation  
Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
500.00

Transaction ID: 71227.C22591

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David Norcross

Mailing Address 10 W Rosemont Ave.

City State Zip Code  
Alexandria VA 22301-2624

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

Name of Employer  
Blank, Rome LLP

Occupation  
Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
2300.00

Transaction ID: 71119.C22435

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Alfred Renda

Mailing Address 6 Laga Court

City State Zip Code  
Ringoos NJ 08551-1319

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

Name of Employer  
Self Employed

Occupation  
Contractor

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Amount of Each Receipt this Period  
250.00

Transaction ID: 71119.C22464

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3050.00**

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

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

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

FOR LINE NUMBER: PAGE 25 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Ronald Rosbruch

Mailing Address 1 Channel Dr

City State Zip Code  
Monmouth Beach NJ 07750-1384

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

Name of Employer Occupation  
Guardian Life Agent

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2007

**Transaction ID:** 71227.C22644

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
William Ruane

Mailing Address 42 Wilkeshire Boulevard

City State Zip Code  
Randolph NJ 07869

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

Name of Employer Occupation  
Wyeth Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2007

**Transaction ID:** 71119.C22434

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
R. Gregory Sachs

Mailing Address 92 Mountain Ave

City State Zip Code  
Summit NJ 07901

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

Name of Employer Occupation  
Summit Medical Group Physician

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2007

**Transaction ID:** 71119.C22453

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 83

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Daniel Sadler

Mailing Address 467 Whiton Road

City State Zip Code  
Neshanic Station NJ 08853-4211

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Central NJ Colon/Rectal Surgeon

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2007

Transaction ID: 71119.C22455

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Robert A. Sameth

Mailing Address Tall Pines Road, Box 78

City State Zip Code  
New Vernon NJ 07976

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Western Pest Services Executive

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2007

Transaction ID: 71119.C22454

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Slater

Mailing Address 94 South Stone Hedge Road

City State Zip Code  
Basking Ridge NJ 07920

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wyeth Attorney

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 17 / 2007

Transaction ID: 71119.C22429

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 2000.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Robert Stack

Mailing Address 6 Hodge Road

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Occupation  
Community Options, Inc. President & CEO

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

**Transaction ID:** 80124.C22664

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Ari Storch

Mailing Address 11720 Gregerscroft Road

City State Zip Code  
Potomac MD 20854

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

Name of Employer Occupation  
Artemis Strategies Co-Chairman

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

**Transaction ID:** 71227.C22653

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Christopher Viehbacher

Mailing Address 4708 Wynneford Way

City State Zip Code  
Raleigh NC 27614

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

Name of Employer Occupation  
GlaxoSmithKline President

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

**Transaction ID:** 71227.C22588

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 83

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Debra Vitale

Mailing Address 1100 Miami Court

City State Zip Code  
Mountainside NJ 07092

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Suburban Health Group, PA Nurse

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2007

Transaction ID: 71119.C22458

Amount of Each Receipt this Period  
250.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Alexander Vogel

Mailing Address 10000 Mount Airy Rd

City State Zip Code  
Upperville VA 20184-1750

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mehlman Vogel Castagheti, Inc Partner

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2007

Transaction ID: 71119.C22546

Amount of Each Receipt this Period  
500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Fred von Zuben

Mailing Address 79 Blue Mill Road

City State Zip Code  
Morristown NJ 07960

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Retired Retired

Receipt For: 2008 Election Cycle-to-Date ▼

Primary  General  
 Other (specify) ▼

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2007

Transaction ID: 71227.C22587

Amount of Each Receipt this Period  
1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1750.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 83  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
AICPA PAC

Mailing Address Harborside Financial Center  
201 Plaza Three

City Jersey City State NJ Zip Code 07311

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2359.22

Date of Receipt MM / DD / YYYY  
10 / 23 / 2007

**Transaction ID:** 71119.C22543

Amount of Each Receipt this Period 359.22

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

NOTE: Catering & Room Charge

**B.**

Full Name (Last, First, Middle Initial)  
American College of Radiology Assoc. PAC

Mailing Address 1891 Preston White Drive

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt MM / DD / YYYY  
11 / 16 / 2007

**Transaction ID:** 71227.C22617

Amount of Each Receipt this Period 1500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Blank Rome LLP Federal PAC

Mailing Address 600 New Hampshire Avenue, NW

City Washington State DC Zip Code 20037

FEC ID number of contributing federal political committee. **C** C00150797

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 17 / 2007

**Transaction ID:** 71119.C22436

Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2859.22**

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

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

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

FOR LINE NUMBER: PAGE 31 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

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

Mailing Address 1500 Market Street

City Philadelphia State PA Zip Code 19102

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 71227.C22615  
 Amount of Each Receipt this Period 5000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Eli Lilly and Company

Mailing Address Political Action Committee

City Indianapolis State IN Zip Code 46285

FEC ID number of contributing federal political committee. **C** C00082792

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 71227.C22616  
 Amount of Each Receipt this Period 4000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address PO Box 805379

City Chicago State IL Zip Code 60680-5379

FEC ID number of contributing federal political committee. **C** C00141218

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 71227.C22620  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

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

FOR LINE NUMBER: PAGE 32 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.** Full Name (Last, First, Middle Initial)  
Genworth Financial Inc. PAC

Mailing Address 6620 West Broad Street

City Richmond State VA Zip Code 23230

FEC ID number of contributing federal political committee. **C** C00404194

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 71227.C22621  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

Mailing Address 1750 New York Avenue, NW

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00000885

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 71119.C22545  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
More Conservatives PAC

Mailing Address 675 North Washington Street Suite 410

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00366195

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 16 / 2007  
**Transaction ID:** 71227.C22622  
 Amount of Each Receipt this Period 1000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 83

(check only one)

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

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Progress Energy Emoloyees PAC  
Mailing Address PO Box 1510

City Raleigh State NC Zip Code 27602-1510

FEC ID number of contributing federal political committee. **C** C00091884

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 08 / 2007

Transaction ID: 71119.C22544

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
US Oncology Inc.  
Mailing Address Good Government Committee  
16825 Northcase Drive, Suite 1300

City Houston State TX Zip Code 77060

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1650.00

Date of Receipt  
MM / DD / YYYY  
11 / 26 / 2007

Transaction ID: 71227.C22560

Amount of Each Receipt this Period  
650.00

In-Kind  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

Event Expense

**C.**

Full Name (Last, First, Middle Initial)  
Verizon Communications, Inc.  
Mailing Address Good Government Club  
1717 Arch Street

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2007

Transaction ID: 71227.C22619

Amount of Each Receipt this Period  
2000.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

4650.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 83  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Wyeth Good Government Fund

Mailing Address Five Giralda Farms

City State Zip Code  
Madison NJ 07940

FEC ID number of contributing federal political committee. **C** C00115303

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 71119.C22449

Amount of Each Receipt this Period  
2500.00

Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	23009.22

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Commerce Bank

Mailing Address PO Box 2580

City State Zip Code  
Cherry Hill NJ 08034-5400

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
14524.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	7

**Transaction ID:** 80121.C22661

Amount of Each Receipt this Period  
2055.01

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Commerce Bank

Mailing Address PO Box 2580

City State Zip Code  
Cherry Hill NJ 08034-5400

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
16771.03

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	6	/	2	0	0	7

**Transaction ID:** 80121.C22662

Amount of Each Receipt this Period  
2246.04

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Commerce Bank

Mailing Address PO Box 2580

City State Zip Code  
Cherry Hill NJ 08034-5400

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
18353.29

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	7

**Transaction ID:** 80121.C22663

Amount of Each Receipt this Period  
1582.26

Other Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5883.31**

**TOTAL** This Period (last page this line number only) ..... ► **5883.31**

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<p><b>A.</b> Full Name (Last, First, Middle Initial) Capitol Copy Service</p> <p>Mailing Address 116 West State Street</p> <p>City Trenton State NJ Zip Code 08608-</p> <p>Purpose of Disbursement Printing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80112.E5083</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 172.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>PRINTING</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Congressional Club</p> <p>Mailing Address 2001 New Hampshire Avenue, NW</p> <p>City Washington State DC Zip Code 20009-</p> <p>Purpose of Disbursement Event Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E4978</p> <p>Date of Disbursement 11 / 19 / 2007</p> <p>Amount of Each Disbursement this Period 150.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>EVENT EXPENSE</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 489</p> <p>City Newark State NJ Zip Code 07101-0489</p> <p>Purpose of Disbursement Cell Phone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71011.E4945</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 89.92</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CELL PHONE</b></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>412.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) Verizon Wireless Mailing Address PO Box 489 City Newark State NJ Zip Code 07101-0489 Purpose of Disbursement Cell Phone Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71227.E4975 <b>Date of Disbursement</b> 11 / 19 / 2007 Amount of Each Disbursement this Period 39.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 CELL PHONE	
<b>B.</b>	Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101- Purpose of Disbursement Internet & Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71011.E4950 <b>Date of Disbursement</b> 10 / 02 / 2007 Amount of Each Disbursement this Period 174.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET & TRAVEL	
<b>C.</b>	Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 1270 City Newark State NJ Zip Code 07101- Purpose of Disbursement Internet & Travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71119.E4959 <b>Date of Disbursement</b> 10 / 24 / 2007 Amount of Each Disbursement this Period 111.54 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 INTERNET & TRAVEL	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>325.55</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 83

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) American Express</p> <p>Mailing Address P.O. Box 1270</p> <p>City Newark State NJ Zip Code 07101-</p> <p>Purpose of Disbursement CREDIT CARD:SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80112.E5084</p> <p>Date of Disbursement 12 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 1153.70</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CREDIT CARD:SEE BELOW</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Verizon Wireless</p> <p>Mailing Address PO Box 489</p> <p>City Newark State NJ Zip Code 07101-0489</p> <p>Purpose of Disbursement Internet</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80124.E5090</p> <p>Date of Disbursement 12 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 123.08</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: INTERNET</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ruths Chris Steak House</p> <p>Mailing Address 724 9th Street Northwest</p> <p>City Washington State DC Zip Code 20001-</p> <p>Purpose of Disbursement Event Expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 80124.E5092</p> <p>Date of Disbursement 12 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 667.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE</p>

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

1153.70

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Finemondo	Transaction ID: 80124.E5093 Date of Disbursement 12 / 22 / 2007
	Mailing Address 1319 F Street, NW	Amount of Each Disbursement this Period 66.77
	City Washington State DC Zip Code 20004-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event Expense	<b>[MEMO ITEM]</b> MEMO: EVENT EXPENSE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) United States Post Office	Transaction ID: 80124.E5094 Date of Disbursement 12 / 22 / 2007
	Mailing Address 400 Southern AVE SE	Amount of Each Disbursement this Period 118.90
	City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postal Service	<b>[MEMO ITEM]</b> MEMO: POSTAL SERVICE
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Commerce Bank	Transaction ID: 71227.E4979 Date of Disbursement 11 / 27 / 2007
	Mailing Address PO Box 2580	Amount of Each Disbursement this Period 15.00
	City Cherry Hill State NJ Zip Code 08034-5400	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Bank Fee	<b>BANK FEE</b>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	15.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Commerce Bank Visa</p> <p>Mailing Address PO Box 2580</p> <p>City Cherry Hill State NJ Zip Code 08034-</p> <p>Purpose of Disbursement CREDIT CARD: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71011.E4947</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 1066.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CREDIT CARD: SEE BELOW</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address PO Box 1525</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71011.E4949</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 272.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Delta Airlines, Inc.</p> <p>Mailing Address PO Box 20706</p> <p>City Atlanta State GA Zip Code 30320-6001</p> <p>Purpose of Disbursement Travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71011.E4948</p> <p>Date of Disbursement 10 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 794.81</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL</p>

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

1066.81

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Commerce Bank Visa	Transaction ID: 71119.E4966 Date of Disbursement 11 / 06 / 2007
	Mailing Address PO Box 2580	Amount of Each Disbursement this Period 3252.72
	City Cherry Hill State NJ Zip Code 08034	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement CREDIT CARD:SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		CREDIT CARD:SEE BELOW

B.	Full Name (Last, First, Middle Initial) Amtrak	Transaction ID: 71119.E4967 Date of Disbursement 11 / 06 / 2007
	Mailing Address PO Box 1525	Amount of Each Disbursement this Period 101.00
	City Washington State DC Zip Code 20005-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: TRAVEL

C.	Full Name (Last, First, Middle Initial) Northwest Airlines	Transaction ID: 71119.E4968 Date of Disbursement 11 / 06 / 2007
	Mailing Address 7500 Airline Dr	Amount of Each Disbursement this Period 1221.32
	City Minneapolis State MN Zip Code 55450-1101	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Travel Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: TRAVEL

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	3252.72
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
La Famiglia Ristorante

Mailing Address 8 S Front St

City Philadelphia State PA Zip Code 19106-3001

Purpose of Disbursement  
Event Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71119.E4969  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

1546.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT EXPENSE

B.

Full Name (Last, First, Middle Initial)  
Locanda

Mailing Address 633 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-4303

Purpose of Disbursement  
Event Expense  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71119.E4970  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

384.40
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

MEMO: EVENT EXPENSE

C.

Full Name (Last, First, Middle Initial)  
Dylan, Drama & Miller

Mailing Address 9 Strong Street

City Wallington State NJ Zip Code 07057-

Purpose of Disbursement  
Research & Analysis  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71011.E4946  
Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RESEARCH & ANALYSIS

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

1500.00
---------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Dylan, Drama & Miller

Mailing Address 9 Strong Street

City Wallington State NJ Zip Code 07057-

Purpose of Disbursement  
Research & Analysis

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71119.E4972  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	0	7

Amount of Each Disbursement this Period

1500.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

RESEARCH & ANALYSIS

B.

Full Name (Last, First, Middle Initial)  
Caves Valley Golf Club

Mailing Address 2910 Blendon Rd

City Owings Mills State MD Zip Code 21117-2360

Purpose of Disbursement  
Event Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71227.E4986  
Date of Disbursement

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

Amount of Each Disbursement this Period

3284.00
---------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

EVENT EXPENSE

C.

Full Name (Last, First, Middle Initial)  
Somerville Elks Lodge 1068

Mailing Address 350 Union Ave

City Bridgewater State NJ Zip Code 08807-3107

Purpose of Disbursement  
Event Expense

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71227.E4988  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

841.25
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

EVENT EXPENSE

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

5625.25
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 45 / 83

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Falcon Printing & Graphics, Inc.

Mailing Address 339 W Main St

City Freehold State NJ Zip Code 07728-2517

Purpose of Disbursement  
Printing

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71227.E4989

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

1727.55

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

PRINTING

B.

Full Name (Last, First, Middle Initial)  
NRCC

Mailing Address 320 First Street S.E.

City Washington State DC Zip Code 20003-

Purpose of Disbursement  
Transfer of Excess Funds

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80112.E5073

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

15000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

TRANSFER OF EXCESS FUNDS

C.

Full Name (Last, First, Middle Initial)  
Baltusrol Golf Club

Mailing Address P.O. Box 9

City Springfield State NJ Zip Code 07081-0009

Purpose of Disbursement  
Event Expense

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71119.E4960

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

1865.90

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

EVENT EXPENSE

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

18593.45

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Baltusrol Golf Club

Transaction ID: 80112.E5081  
Date of Disbursement

Mailing Address P.O. Box 9

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

City Springfield State NJ Zip Code 07081-0009

Amount of Each Disbursement this Period

548.71
--------

Purpose of Disbursement  
Event Expense  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

EVENT EXPENSE

B.

Full Name (Last, First, Middle Initial)  
Edonation.com

Transaction ID: 71227.E4984  
Date of Disbursement

Mailing Address 118 N Saint Asaph Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	7	7

City Alexandria State VA Zip Code 22314-

Amount of Each Disbursement this Period

58.50
-------

Purpose of Disbursement  
Bank Fee  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

BANK FEE

C.

Full Name (Last, First, Middle Initial)  
Edonation.com

Transaction ID: 71227.E4985  
Date of Disbursement

Mailing Address 118 N Saint Asaph Street

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	7	7

City Alexandria State VA Zip Code 22314-

Amount of Each Disbursement this Period

12.50
-------

Purpose of Disbursement  
Bank Fee  
Candidate Name

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

BANK FEE

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

619.71
--------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**A.**

Full Name (Last, First, Middle Initial)  
Edonation.com

Mailing Address 118 N Saint Asaph Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71227.E4982  
Date of Disbursement  
11 / 16 / 2007

Amount of Each Disbursement this Period  
495.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BANK FEE

**B.**

Full Name (Last, First, Middle Initial)  
Edonation.com

Mailing Address 118 N Saint Asaph Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71227.E4983  
Date of Disbursement  
11 / 16 / 2007

Amount of Each Disbursement this Period  
15.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BANK FEE

**C.**

Full Name (Last, First, Middle Initial)  
Edonation.com

Mailing Address 118 N Saint Asaph Street

City Alexandria State VA Zip Code 22314-

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 71227.E4980  
Date of Disbursement  
11 / 16 / 2007

Amount of Each Disbursement this Period  
12.50

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

BANK FEE

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **522.50**

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

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Edonation.com	Transaction ID: 71227.E4981 Date of Disbursement 11 / 16 / 2007
	Mailing Address 118 N Saint Asaph Street	Amount of Each Disbursement this Period 292.50
	City Alexandria State VA Zip Code 22314- Purpose of Disbursement Bank Fee Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>BANK FEE</b>

B.	Full Name (Last, First, Middle Initial) Daniel Flatley	Transaction ID: 71227.E4977 Date of Disbursement 11 / 19 / 2007
	Mailing Address 38 Youngs Road	Amount of Each Disbursement this Period 288.00
	City Basking Ridge State NJ Zip Code 07920- Purpose of Disbursement Event Expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>EVENT EXPENSE</b>

C.	Full Name (Last, First, Middle Initial) Ronald R. Gravino Consulting	Transaction ID: 71119.E4965 Date of Disbursement 10 / 10 / 2007
	Mailing Address P.O. Box 225	Amount of Each Disbursement this Period 2523.14
	City Colonia State NJ Zip Code 07067- Purpose of Disbursement Compliance Consulting & Expenses Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>COMPLIANCE CONSULTING &amp; EXPENSES</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3103.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Hummel Distributing	Transaction ID: 71227.E4973 Date of Disbursement 11 / 21 / 2007
	Mailing Address 850 Springfield Road	Amount of Each Disbursement this Period 858.49
	City Union State NJ Zip Code 07083-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		POSTAGE

B.	Full Name (Last, First, Middle Initial) Jamestown Associates	Transaction ID: 71119.E4963 Date of Disbursement 10 / 24 / 2007
	Mailing Address 5 Mapleton Road Suite 300	Amount of Each Disbursement this Period 4515.50
	City Princeton State NJ Zip Code 08540-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Print & Production Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PRINT & PRODUCTION

C.	Full Name (Last, First, Middle Initial) Jamestown Associates	Transaction ID: 80112.E5076 Date of Disbursement 12 / 27 / 2007
	Mailing Address 5 Mapleton Road Suite 300	Amount of Each Disbursement this Period 1690.90
	City Princeton State NJ Zip Code 08540-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Research Fee & Expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		RESEARCH FEE & EXPENSES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7064.89</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Jamestown Associates

Transaction ID: 80112.E5075  
Date of Disbursement

Mailing Address 5 Mapleton Road  
Suite 300

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

City Princeton State NJ Zip Code 08540-

Amount of Each Disbursement this Period

1894.00
---------

Purpose of Disbursement  
Print & Production

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

PRINT & PRODUCTION

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Christian Jones

Transaction ID: 80128.E5097  
Date of Disbursement

Mailing Address PO Box 225

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

City Colonia State NJ Zip Code 07067-

Amount of Each Disbursement this Period

17495.10
----------

Purpose of Disbursement  
Payroll

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

PAYROLL

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
AICPA PAC

Transaction ID: 71119.C22543IK  
Date of Disbursement

Mailing Address Harborside Financial Center  
201 Plaza Three

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	7	7

City Jersey City State NJ Zip Code 07311-

Amount of Each Disbursement this Period

359.22
--------

Purpose of Disbursement  
NOTE:Catering & Room Charge

Category/ Type
-------------------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Candidate Name

IN KIND: NOTE:CATERING & ROOM CHARGE

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

19748.32
----------

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

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) The Townsend Group <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement Fundraising Services & Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71011.E4952 Date of Disbursement 10 / 02 / 2007 <hr/> Amount of Each Disbursement this Period 21241.41 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING SERVICES &amp; EXPENSES</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) The Townsend Group <hr/> Mailing Address 1006 Pendleton Street <hr/> City Alexandria State VA Zip Code 22314- <hr/> Purpose of Disbursement Fundraising Services & Expenses Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80112.E5082 Date of Disbursement 12 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 12591.55 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING SERVICES &amp; EXPENSES</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Payscale <hr/> Mailing Address 210 Portage Avenue <hr/> City Palo Alto State CA Zip Code 94306- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71119.E4958 Date of Disbursement 11 / 05 / 2007 <hr/> Amount of Each Disbursement this Period 68.69 <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>PAYROLL TAXES</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>33901.65</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b> Full Name (Last, First, Middle Initial) Paycycle <hr/> Mailing Address 210 Portage Avenue <hr/> City Palo Alto State CA Zip Code 94306- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71119.E4957 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 0 5 / 2 0 0 7
	Amount of Each Disbursement this Period 1081.93 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PAYROLL TAXES
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Paycycle <hr/> Mailing Address 210 Portage Avenue <hr/> City Palo Alto State CA Zip Code 94306- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80112.E5085 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 88.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PAYROLL TAXES
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Paycycle <hr/> Mailing Address 210 Portage Avenue <hr/> City Palo Alto State CA Zip Code 94306- <hr/> Purpose of Disbursement Payroll Taxes Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80112.E5087 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 8701.22 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	PAYROLL TAXES
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	9872.14
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Paycycle	Transaction ID: 80112.E5086 Date of Disbursement
	Mailing Address 210 Portage Avenue	<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City Palo Alto State CA Zip Code 94306-	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="194.38"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

B.	Full Name (Last, First, Middle Initial) Paycycle	Transaction ID: 80121.E5089 Date of Disbursement
	Mailing Address 210 Portage Avenue	<input type="text" value="12"/> / <input type="text" value="27"/> / <input type="text" value="2007"/>
	City Palo Alto State CA Zip Code 94306-	Amount of Each Disbursement this Period
	Purpose of Disbursement Payroll Taxes	<input type="text" value="1742.91"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	PAYROLL TAXES

C.	Full Name (Last, First, Middle Initial) TurnKey Productions, LLC	Transaction ID: 71011.E4953 Date of Disbursement
	Mailing Address 370 Tall Tree Court	<input type="text" value="10"/> / <input type="text" value="02"/> / <input type="text" value="2007"/>
	City Jackson State NJ Zip Code 08527-	Amount of Each Disbursement this Period
	Purpose of Disbursement Fundraising Services	<input type="text" value="16500.00"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	FUNDRAISING SERVICES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="18437.29"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) TurnKey Productions, LLC  Mailing Address 370 Tall Tree Court  City Jackson State NJ Zip Code 08527-  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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71119.E4961 Date of Disbursement 10 / 24 / 2007  Amount of Each Disbursement this Period 1000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING SERVICES</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) TurnKey Productions, LLC  Mailing Address 370 Tall Tree Court  City Jackson State NJ Zip Code 08527-  Purpose of Disbursement Software Telecomm. Fed ex Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71119.E4962 Date of Disbursement 10 / 24 / 2007  Amount of Each Disbursement this Period 3287.67  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>SOFTWARE TELECOMM. FED EX</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) TurnKey Productions, LLC  Mailing Address 370 Tall Tree Court  City Jackson State NJ Zip Code 08527-  Purpose of Disbursement Fundraising Services & Expenses Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71119.E4971 Date of Disbursement 11 / 06 / 2007  Amount of Each Disbursement this Period 11952.36  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING SERVICES &amp; EXPENSES</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>25240.03</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

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

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
TurnKey Productions, LLC

Transaction ID: 71227.E4987

Date of Disbursement

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

Mailing Address 370 Tall Tree Court

Amount of Each Disbursement this Period

10224.70
----------

City Jackson State NJ Zip Code 08527-

Purpose of Disbursement  
Fundraising Services & Expenses

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

FUNDRAISING SERVICES & EXPENSES

State: District:

B.

Full Name (Last, First, Middle Initial)  
TurnKey Productions, LLC

Transaction ID: 80112.E5078

Date of Disbursement

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

Mailing Address 370 Tall Tree Court

Amount of Each Disbursement this Period

20000.00
----------

City Jackson State NJ Zip Code 08527-

Purpose of Disbursement  
Fundraising Services

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

FUNDRAISING SERVICES

State: District:

C.

Full Name (Last, First, Middle Initial)  
TurnKey Productions, LLC

Transaction ID: 80112.E5079

Date of Disbursement

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

Mailing Address 370 Tall Tree Court

Amount of Each Disbursement this Period

2000.00
---------

City Jackson State NJ Zip Code 08527-

Purpose of Disbursement  
Fundraising Services

Category/ Type
-------------------

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

FUNDRAISING SERVICES

State: District:

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

32224.70
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**TOTAL** This Period (last page this line number only) ..... ▶

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) TurnKey Productions, LLC  Mailing Address 370 Tall Tree Court  City Jackson State NJ Zip Code 08527-  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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80112.E5080 Date of Disbursement 12 / 27 / 2007  Amount of Each Disbursement this Period 33000.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>FUNDRAISING SERVICES</b>
<b>B.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 4833  City Trenton State NJ Zip Code 08650-4833  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71119.E4964 Date of Disbursement 10 / 22 / 2007  Amount of Each Disbursement this Period 222.18  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TELEPHONE</b>
<b>C.</b>	Full Name (Last, First, Middle Initial) Verizon  Mailing Address PO Box 4833  City Trenton State NJ Zip Code 08650-4833  Purpose of Disbursement Telephone Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E4976 Date of Disbursement 11 / 19 / 2007  Amount of Each Disbursement this Period 221.95  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  <b>TELEPHONE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>33444.13</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>219773.58</b>





# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Texas Freedom Fund	Transaction ID: 71227.E4997 Date of Disbursement
	Mailing Address 104 East Hume Avenue	<input type="checkbox"/> 12 / <input type="checkbox"/> 27 / <input type="checkbox"/> 2007
	City Alexandria State VA Zip Code 22301-	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Refund of General	<input type="checkbox"/> 5000.00
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) The Congressman Joe Barton Committee	Transaction ID: 71227.E4998 Date of Disbursement
	Mailing Address PO Box 1444	<input type="checkbox"/> 12 / <input type="checkbox"/> 27 / <input type="checkbox"/> 2007
	City Ennis State TX Zip Code 75120-	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Refund of General	<input type="checkbox"/> 2000.00
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) Roy B Fund	Transaction ID: 71227.E4999 Date of Disbursement
	Mailing Address Rely On Your Beliefs Fund 209 Pennsylvania Ave., SE	<input type="checkbox"/> 12 / <input type="checkbox"/> 27 / <input type="checkbox"/> 2007
	City Washington State DC Zip Code 20003-	Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of Contribution Refund of General	<input type="checkbox"/> 5000.00
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<p><b>A.</b> Full Name (Last, First, Middle Initial) The Freedom Project</p> <p>Mailing Address 424 C St., NE</p> <p>City Washington State DC Zip Code 20002-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5000</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) ERIC PAC</p> <p>Mailing Address 25 E Main St Ste 200</p> <p>City Richmond State VA Zip Code 23219-2109</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5003</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) GlaxoSmithKline PAC</p> <p>Mailing Address 1500 K Street NW Suite 650</p> <p>City Washington State DC Zip Code 20005-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5018</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>15000.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Honeywell International PAC <hr/> Mailing Address 101 Constitution Avenue NW Suite 500 West <hr/> City Washington State DC Zip Code 20001- <hr/> Purpose of Disbursement Refund of Contribution Refund of General Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5031 Date of Disbursement 12 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Schering-Plough Better Government Fund <hr/> Mailing Address 1130 Connecticut Ave. NW, Suite 500 <hr/> City Washington State DC Zip Code 20036-3980 <hr/> Purpose of Disbursement Refund of Contribution Refund of General Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5047 Date of Disbursement 12 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Comm. for the Preservation of Capitalism <hr/> Mailing Address PO Box 65314 <hr/> City Washington State DC Zip Code 20035-5314 <hr/> Purpose of Disbursement Refund of Contribution Refund of General Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5048 Date of Disbursement 12 / 27 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	8000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
ACCPAC

Transaction ID: 71227.E5049  
Date of Disbursement

Mailing Address Air Conditioning Contractors of Am  
2800 Shirlington Road #300

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

City Arlington State VA Zip Code 22206-

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

B.

Full Name (Last, First, Middle Initial)  
NACDS PAC

Transaction ID: 71227.E5037  
Date of Disbursement

Mailing Address 413 N. Lee Street

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

City Alexandria State VA Zip Code 22314-

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

C.

Full Name (Last, First, Middle Initial)  
Pfizer PAC

Transaction ID: 71227.E5058  
Date of Disbursement

Mailing Address 235 East 42nd Street

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

City New York State NY Zip Code 10017-

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: District:

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

8000.00
---------

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

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# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

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

Mailing Address 1500 Market Street

City Philadelphia State PA Zip Code 19102-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5060  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

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

Mailing Address One Johnson & Johnson Plaza

City New Brunswick State NJ Zip Code 08933-7204

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5064  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

5000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
The Billy Tauzin Committee

Mailing Address P.O. Box 1407

City Thibodaux State LA Zip Code 70302-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5065  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

300.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

10300.00

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

58500.00

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Lauren H. Bagnoli

Mailing Address 111 Oakwood Drive

City State Zip Code  
New Providence NJ 07974-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E4994  
Date of Disbursement

1 2 / 2 7 / 2 0 0 7

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Paul Bagnoli

Mailing Address 111 Oakwood Drive

City State Zip Code  
New Providence NJ 07974-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E4995  
Date of Disbursement

1 2 / 2 7 / 2 0 0 7

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Sol Barer

Mailing Address 625 Westfield Avenue

City State Zip Code  
Westfield NJ 07090-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E4996  
Date of Disbursement

1 2 / 2 7 / 2 0 0 7

Amount of Each Disbursement this Period

1800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6400.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<p><b>A.</b> Full Name (Last, First, Middle Initial) Mark Brenner</p> <p>Mailing Address 4605 S Palo Verde Rd Ste 605 Suite 605</p> <p>City Tucson State AZ Zip Code 85714-1963</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5002</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Goal Financial, LLC</p> <p>Mailing Address 9477 Waples Street Suite 100</p> <p>City San Diego State CA Zip Code 92121-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5004</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gina Conti</p> <p>Mailing Address 160 Oakwood Drive</p> <p>City New Providence State NJ Zip Code 07974-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5005</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

**6900.00**

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Kurt Conti

Mailing Address 160 Oakwood Drive

City Murray Hill State NJ Zip Code 07974-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 71227.E5006  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Linda Conti

Mailing Address 450 Mendham Road

City Bernardsville State NJ Zip Code 07924-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 71227.E5008  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Nat Conti

Mailing Address 450 Mendham Road

City Bernardsville State NJ Zip Code 07924-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
State: District:  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: 71227.E5007  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6900.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Paulette Coronato

Mailing Address 940 Fox Hill Ln

City State Zip Code  
Scotch Plains NJ 07076-3404

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5009  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
John C. Crimi

Mailing Address 41 Beavers Road

City State Zip Code  
Califon NJ 07830-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5010  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Chip Dillon

Mailing Address 32 Beekman Rd.

City State Zip Code  
Summit NJ 07901-1702

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5011  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6900.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<p><b>A.</b> Full Name (Last, First, Middle Initial) Margaret Dillon</p> <p>Mailing Address 32 Beekman Road</p> <p>City Summit State NJ Zip Code 07901-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5012</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Alfred Eckert</p> <p>Mailing Address 134 Ballantine Road</p> <p>City Bernardsville State NJ Zip Code 07924-</p> <p>Purpose of Disbursement Refund of Contribution Refund of Contrib</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5013</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Claire Eckert</p> <p>Mailing Address 134 Ballantine Road</p> <p>City Bernardsville State NJ Zip Code 07924-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5014</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

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

6900.00

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

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 69 / 83

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<p><b>A.</b> Full Name (Last, First, Middle Initial) Anne Estabrook</p> <p>Mailing Address 1401 Ocean Avenue</p> <p>City Spring Lake State NJ Zip Code 07762-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5019</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Robert Fachina</p> <p>Mailing Address PO Box 272</p> <p>City Flemington State NJ Zip Code 08822-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5015</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Thomas G. Ferguson</p> <p>Mailing Address 2856 Hurlingyham Drive</p> <p>City Wellington State FL Zip Code 33414-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5016</p> <p>Date of Disbursement 12 / 27 / 2007</p> <p>Amount of Each Disbursement this Period 2300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>5600.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 83

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Daniel Flatley  Mailing Address 38 Youngs Road  City Basking Ridge State NJ Zip Code 07920-  Purpose of Disbursement Refund of Contribution Refund of General Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5020 Date of Disbursement 12 / 27 / 2007  Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B.	Full Name (Last, First, Middle Initial) Belmont Geibel, Jr.  Mailing Address 17 Old Smalleytown Road  City Warren State NJ Zip Code 07059-  Purpose of Disbursement Refund of Contribution Refund of General Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5017 Date of Disbursement 12 / 27 / 2007  Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C.	Full Name (Last, First, Middle Initial) Mark Gerson  Mailing Address 800 Fifth Avenue, Apt. 28D  City New York State NY Zip Code 10021-  Purpose of Disbursement Refund of Contribution Refund of General Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5022 Date of Disbursement 12 / 27 / 2007  Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6900.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Katherine Hannigan	Transaction ID: 71227.E5027 Date of Disbursement 12 / 27 / 2007
	Mailing Address 391 Claremont Road	Amount of Each Disbursement this Period 2300.00
	City: Bernardsville State: NJ Zip Code: 07924-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Refund of Contribution Refund of General Candidate Name: Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) William Hannigan	Transaction ID: 71227.E5026 Date of Disbursement 12 / 27 / 2007
	Mailing Address 391 Claremont Rd	Amount of Each Disbursement this Period 2300.00
	City: Bernardsville State: NJ Zip Code: 07924-1120	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Refund of Contribution Refund of General Candidate Name: Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Kathleen Hugin	Transaction ID: 71227.E5028 Date of Disbursement 12 / 27 / 2007
	Mailing Address 19 Essex Road	Amount of Each Disbursement this Period 2300.00
	City: Summit State: NJ Zip Code: 07901-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement: Refund of Contribution Refund of General Candidate Name: Category/Type: 010	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.

Full Name (Last, First, Middle Initial)  
Robert Hugin

Mailing Address 19 Essex Road

City State Zip Code  
Summit NJ 07901-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5029  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)  
Tracey Keale

Mailing Address 41 Beavers Road

City State Zip Code  
Califon NJ 07830-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5030  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

1800.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)  
Alisa Hecht Kigner

Mailing Address 501 Ashwood Road

City State Zip Code  
Springfield NJ 07081-

Purpose of Disbursement  
Refund of Contribution Refund of General  
Candidate Name

010  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: 71227.E5033  
Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

2300.00

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

6400.00

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

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ITEMIZED DISBURSEMENTS**

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Jeffrey Kigner	Transaction ID: 71227.E5032 Date of Disbursement 12 / 27 / 2007
	Mailing Address 501 Ashwood Road	Amount of Each Disbursement this Period 2300.00
	City Springfield State NJ Zip Code 07081-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 010
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Steven Klinghoffer	Transaction ID: 71227.E5034 Date of Disbursement 12 / 27 / 2007
	Mailing Address 33 Wildwood Drive	Amount of Each Disbursement this Period 1700.00
	City Short Hills State NJ Zip Code 07078-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 010
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Spanish Bay Associates, LLC	Transaction ID: 71227.E5035 Date of Disbursement 12 / 27 / 2007
	Mailing Address PO Box 271	Amount of Each Disbursement this Period 2300.00
	City Hoboken State NJ Zip Code 07030-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 010
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	6300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) James Marvin	Transaction ID: 80112.E5077 Date of Disbursement 12 / 27 / 2007
	Mailing Address 734 Crescent Pkwy	Amount of Each Disbursement this Period 250.00
	City Westfield State NJ Zip Code 07090-2304	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of Contrib Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

B.	Full Name (Last, First, Middle Initial) James P. McVeigh	Transaction ID: 71227.E5050 Date of Disbursement 12 / 27 / 2007
	Mailing Address 17 East 89th Street Apt. 12 A	Amount of Each Disbursement this Period 1700.00
	City New York State NY Zip Code 10128-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

C.	Full Name (Last, First, Middle Initial) Laurie Michel	Transaction ID: 71227.E5051 Date of Disbursement 12 / 27 / 2007
	Mailing Address 10 W. Rosemont Avenue	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22301-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2950.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Gail Mulvihill</p> <p>Mailing Address P.O. Box 155</p> <p>City New Vernon State NJ Zip Code 07976-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5053</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Gene Mulvihill</p> <p>Mailing Address P.O. Box 155</p> <p>City New Vernon State NJ Zip Code 07976-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5052</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mark Murphy</p> <p>Mailing Address 37 Gloucester Road</p> <p>City Summit State NJ Zip Code 07901-</p> <p>Purpose of Disbursement Refund of Contribution Refund of General</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 71227.E5054</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2300.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="6900.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b>	Full Name (Last, First, Middle Initial) David Norcross  Mailing Address 10 W Rosemont Ave.  City Alexandria State VA Zip Code 22301-2624  Purpose of Disbursement Refund of Contribution Refund of General Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71227.E5055 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7	Amount of Each Disbursement this Period 2300.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Jennifer Packer  Mailing Address 1239 Veder Drive  City Hewlett Bay Park State NY Zip Code 11557-  Purpose of Disbursement Refund of Contribution Refund of General Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71227.E5057 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7	Amount of Each Disbursement this Period 1900.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Paul Packer  Mailing Address 1239 Veder Drive  City Hewlett Bay Park State NY Zip Code 11557-  Purpose of Disbursement Refund of Contribution Refund of General Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 71227.E5056 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7	Amount of Each Disbursement this Period 1900.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>6100.00</b>	
<b>TOTAL</b> This Period (last page this line number only) .....			

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Timothy Ring	Transaction ID: 71227.E5059 Date of Disbursement 12 / 27 / 2007
	Mailing Address 1 Green Hills Road	Amount of Each Disbursement this Period 2300.00
	City Mendham State NJ Zip Code 07945-3023	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 010
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Michael Schwertfeger	Transaction ID: 71227.E5061 Date of Disbursement 12 / 27 / 2007
	Mailing Address 11 Jeffrey Lane	Amount of Each Disbursement this Period 2300.00
	City Bridgewater State NJ Zip Code 08807-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 010
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Threesome Partners, LLC	Transaction ID: 71227.E5062 Date of Disbursement 12 / 27 / 2007
	Mailing Address PO Box 271	Amount of Each Disbursement this Period 2300.00
	City Hoboken State NJ Zip Code 07030-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type 010
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

<b>A.</b> Full Name (Last, First, Middle Initial) J. Albert Smith <hr/> Mailing Address 120 Hobart Avenue <hr/> City Summit State NJ Zip Code 07901-2961 <hr/> Purpose of Disbursement Refund of Contribution Refund of General Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5063 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Joseph Trunfio <hr/> Mailing Address 10 Eagle Rock Drive <hr/> City Boonton State NJ Zip Code 07005- <hr/> Purpose of Disbursement Refund of Contribution Refund of General Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5066 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey Weinstein <hr/> Mailing Address 11 Anthony Ave. <hr/> City Edison State NJ Zip Code 08820- <hr/> Purpose of Disbursement Refund of Contribution Refund of General Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71227.E5039 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 7
	Amount of Each Disbursement this Period 2300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Karen Weinstein	Transaction ID: 71227.E5038 Date of Disbursement 12 / 27 / 2007
	Mailing Address 11 Anthony Ave.	Amount of Each Disbursement this Period 2300.00
	City Edison State NJ Zip Code 08820-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

B.	Full Name (Last, First, Middle Initial) Edward White	Transaction ID: 71227.E5069 Date of Disbursement 12 / 27 / 2007
	Mailing Address 3 Deer Path	Amount of Each Disbursement this Period 2300.00
	City Gladstone State NJ Zip Code 07934-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

C.	Full Name (Last, First, Middle Initial) Patricia White	Transaction ID: 71227.E5068 Date of Disbursement 12 / 27 / 2007
	Mailing Address 38 Youngs Road	Amount of Each Disbursement this Period 2300.00
	City New Vernon State NJ Zip Code 07976-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		010 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6900.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

A.	Full Name (Last, First, Middle Initial) Susan White	Transaction ID: 71227.E5070 Date of Disbursement 12 / 27 / 2007
	Mailing Address 3 Deer Path	Amount of Each Disbursement this Period 2300.00
	City Gladstone State NJ Zip Code 07934- Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) George Wildman	Transaction ID: 71227.E5071 Date of Disbursement 12 / 27 / 2007
	Mailing Address 2068 Old Raritan Road	Amount of Each Disbursement this Period 1000.00
	City Scotch Plains State NJ Zip Code 07076- Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Keith Zakheim	Transaction ID: 71227.E5072 Date of Disbursement 12 / 27 / 2007
	Mailing Address 408 Burnet Place	Amount of Each Disbursement this Period 500.00
	City Paramus State NJ Zip Code 07652- Purpose of Disbursement Refund of Contribution Refund of General Candidate Name	010 Category/ Type <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>111350.00</b>

**SCHEDULE C (FEC Form 3 )**

**LOANS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 82 / 83
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)  
Friends of Mike Ferguson

**Transaction ID: LS0727200152C4**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Michael Ferguson	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary 2004
Mailing Address Personal Funds 16 Mount Bethel Road	
City Warren State NJ ZIP Code 07059-	

Original Amount of Loan 200000.00	Cumulative Payment To Date 200000.00	Balance Outstanding at Close of This Period 0.00
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**TERMS**

Date Incurred MM DD YYYY 03 31 2004	Date Due ONDEMAND	Interest Rate .0000 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE D (FEC Form 3 )**  
**DEBTS AND OBLIGATIONS**  
**Excluding Loans**

(Use separate schedule(s) for each numbered line) PAGE 83 / 83  
 FOR LINE NUMBER: (check only one)  9  10

NAME OF COMMITTEE (In Full)  
 Friends of Mike Ferguson

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> TurnKey Productions, LLC	Nature of Debt (Purpose): Fundraising Services						
Mailing Address 370 Tall Tree Court							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Jackson</td> <td>NJ</td> <td>08527-</td> </tr> </table>	City	State	ZIP Code	Jackson	NJ	08527-	
City	State	ZIP Code					
Jackson	NJ	08527-					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="30000.00"/>	<b>Transaction ID: LS71119.E4961</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="30000.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="30000.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="30000.00"/>	<input style="width: 100%;" type="text" value="0.00"/>					

<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> TurnKey Productions, LLC	Nature of Debt (Purpose): Fundraising Services						
Mailing Address 370 Tall Tree Court							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Jackson</td> <td>NJ</td> <td>08527-</td> </tr> </table>	City	State	ZIP Code	Jackson	NJ	08527-	
City	State	ZIP Code					
Jackson	NJ	08527-					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="35000.00"/>	<b>Transaction ID: LS80112.E5079</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="35000.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="35000.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="35000.00"/>	<input style="width: 100%;" type="text" value="0.00"/>					

<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b> Paycycle	Nature of Debt (Purpose): Payroll Taxes						
Mailing Address 210 Portage Avenue							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">ZIP Code</td> </tr> <tr> <td>Palo Alto</td> <td>CA</td> <td>94306-</td> </tr> </table>	City	State	ZIP Code	Palo Alto	CA	94306-	
City	State	ZIP Code					
Palo Alto	CA	94306-					

Outstanding Balance Beginning This Period <input style="width: 100%;" type="text" value="1345.00"/>	<b>Transaction ID: LS71119.E4957</b>						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Amount Incurred This Period</td> <td style="width: 33%;">Payment This Period</td> <td style="width: 33%;">Outstanding Balance at Close of This Period</td> </tr> <tr> <td><input style="width: 100%;" type="text" value="0.00"/></td> <td><input style="width: 100%;" type="text" value="1345.00"/></td> <td><input style="width: 100%;" type="text" value="0.00"/></td> </tr> </table>	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="1345.00"/>	<input style="width: 100%;" type="text" value="0.00"/>	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period					
<input style="width: 100%;" type="text" value="0.00"/>	<input style="width: 100%;" type="text" value="1345.00"/>	<input style="width: 100%;" type="text" value="0.00"/>					

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input style="width: 100%;" type="text" value="0.00"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input style="width: 100%;" type="text" value="0.00"/>
<b>3) TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input style="width: 100%;" type="text" value="0.00"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input style="width: 100%;" type="text" value="0.00"/>