

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines New Jersey Democratic State Committee

ADDRESS (number and street) 196 West State Street Trenton NJ 08608 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00104471 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 03 01 2006 through 03 31 2006

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 Kiran R. Desai

Signature of Treasurer Electronically Filed by Kiran R. Desai Date 05 17 2006

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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
New Jersey Democratic State Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		312387.98
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	152302.56									
(c) Total Receipts (from Line 19)	74057.54	84732.27								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	226360.10	397120.25								
7. Total Disbursements (from Line 31)	99875.66	270635.81								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	126484.44	126484.44								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	35036.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
New Jersey Democratic State Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	7650.00	7650.00
(i) Itemized (use Schedule A)	255.00	255.00
(ii) Unitemized	7905.00	7905.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	10000.00
(c) Other Political Committees (such as PACs)	7905.00	17905.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees	0.00	40.62
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	1677.39	2311.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	64475.15	64475.15
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	64475.15	64475.15
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	74057.54	84732.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9582.39	20257.12

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	9580.30	32782.60
(ii) Non-Federal Share.....	34337.27	118766.05
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	43917.57	151548.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	12000.00	12000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	12000.00	12000.00
29. Other Disbursements.....	0.00	500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	43958.09	106587.16
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	43958.09	106587.16
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	99875.66	270635.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	65538.39	151869.76

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7905.00	17905.00
34. Total Contribution Refunds (from Line 28(d))	12000.00	12000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-4095.00	5905.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	9580.30	32782.60
37. Offsets to Operating Expenditures (from Line 15, page 3)	1677.39	2311.50
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7902.91	30471.10

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. James A. Carey		Date of Receipt MM / DD / YYYY 03 / 23 / 2006
Mailing Address 2211 1st Avenue		Transaction ID: 11ai-000028814
City Spring Lake	State NJ	Zip Code 07762
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 275.00
Name of Employer None	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) B. M. Daniel Almeida		Date of Receipt MM / DD / YYYY 03 / 23 / 2006
Mailing Address PO Box 443		Transaction ID: 11ai-000028813
City Fords	State NJ	Zip Code 08863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 4500.00
Name of Employer Florida Grove Mgmt	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) C. M. Daniel Almeida		Date of Receipt MM / DD / YYYY 03 / 24 / 2006
Mailing Address PO Box 443		Transaction ID: 11ai-000028819
City Fords	State NJ	Zip Code 08863
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1775.00
Name of Employer Florida Grove Mgmt	Occupation Real Estate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6275.00	

SUBTOTAL of Receipts This Page (optional)	6550.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Daniel J. Dalton		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 53 Silven Lake Rd		Transaction ID: 11 ai-000028831
City State Zip Code Clayton NJ 08312	Amount of Each Receipt this Period 275.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Dalton Insurance Agency, L- LC	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B. Full Name (Last, First, Middle Initial) Gary T. Etter		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2006
Mailing Address 44 Gallmeier Rd		Transaction ID: 11 ai-000028820
City State Zip Code Frenchtown NJ 08825	Amount of Each Receipt this Period 550.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Greenman - Pedersen, Inc.	Occupation Engineer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

C. Full Name (Last, First, Middle Initial) Charles B. Carey		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address PO Box 4		Transaction ID: 11 ai-000028826
City State Zip Code Summit NJ 07902	Amount of Each Receipt this Period 275.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Dwyer, Connell & Lisbona	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional) ▶	1100.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Henry Papit		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2006	
Mailing Address 172 Wabasso Trl		Transaction ID: SA11ai-M2-000000192	
City State Zip Code Medford NJ 08055	Amount of Each Receipt this Period 475.00		
FEC ID number of contributing federal political committee. C	NJ Party Victory Fund		
Name of Employer Occupation None Retired	[MEMO ITEM] NJ Party Victory Fund		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

Full Name (Last, First, Middle Initial) B. Mr. Matthew Vaughn		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 61 Monticello Way		Transaction ID: SA11ai-M2-000000191	
City State Zip Code South River NJ 08882	Amount of Each Receipt this Period 114.00		
FEC ID number of contributing federal political committee. C	NJ Party Victory Fund		
Name of Employer Occupation State Of New Jersey Asst Commissioner	[MEMO ITEM] NJ Party Victory Fund		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

Full Name (Last, First, Middle Initial) C. Allen B & Laura Weisse		Date of Receipt M M / D D / Y Y Y Y 03 / 23 / 2006	
Mailing Address 164 Hillside Ave		Transaction ID: SA11ai-M2-000000190	
City State Zip Code Springfield NJ 07081	Amount of Each Receipt this Period 190.00		
FEC ID number of contributing federal political committee. C	NJ Party Victory Fund		
Name of Employer Occupation None Retired	[MEMO ITEM] NJ Party Victory Fund		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

SUBTOTAL of Receipts This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 45
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Allen B & Laura Weisse		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2006	
Mailing Address 164 Hillside Ave		Transaction ID: SA11ai-M2-000000189	
City State Zip Code Springfield NJ 07081	Amount of Each Receipt this Period 95.00		
FEC ID number of contributing federal political committee. C	NJ Party Victory Fund		
Name of Employer Occupation None Retired	[MEMO ITEM] NJ Party Victory Fund		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

Full Name (Last, First, Middle Initial) B. Robert & Ruth Goldston		Date of Receipt M M / D D / Y Y Y Y 02 / 23 / 2006	
Mailing Address 149 BOUVANT DR		Transaction ID: SA11ai-M2-000000194	
City State Zip Code PRINCETON NJ 08540	Amount of Each Receipt this Period 260.00		
FEC ID number of contributing federal political committee. C	Dollars for Democrats		
Name of Employer Occupation Self Psychologist	[MEMO ITEM] Dollars for Democrats		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

Full Name (Last, First, Middle Initial) C. Sylvia & David Rubin		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 259 W OAK ST		Transaction ID: SA11ai-M2-000000195	
City State Zip Code RAMSEY NJ 07446	Amount of Each Receipt this Period 375.00		
FEC ID number of contributing federal political committee. C	Dollars for Democrats		
Name of Employer Occupation Orange Pathology Pathologist	[MEMO ITEM] Dollars for Democrats		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ .00		

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 45
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Democratic National Committee

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11ai-M2-000000193

Amount of Each Receipt this Period
 17781.62

NJ Party Victory Fund Unitemized

[MEMO ITEM]
 NJ Party Victory Fund Unitemized

B. Full Name (Last, First, Middle Initial)
UNITEMIZED CONTRIBUTIONS

Mailing Address 430 S CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11ai-M2-000000196

Amount of Each Receipt this Period
 14850.60

Dollars for Democrats

[MEMO ITEM]
 Dollars for Democrats

C. Full Name (Last, First, Middle Initial)
Unitemized Contributions

Mailing Address 430 S CAPITOL ST SE

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ .00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 3 / 3 1 / 2 0 0 6

Transaction ID: SA11ai-M2-000000188

Amount of Each Receipt this Period
 28.34

ASDC Partnership Program Unitemized

[MEMO ITEM]
 ASDC Partnership Program Unitemized

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	7650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 45
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Commerce Bank - Visa		Date of Receipt M M / D D / Y Y Y Y Y 03 / 17 / 2006
Mailing Address P.O Box 2580		Transaction ID: 15-01-02522-04196
City State Zip Code Cherry Hill NJ 08034	Amount of Each Receipt this Period 851.43	
FEC ID number of contributing federal political committee. C	Overpayment - Food & Beverage	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 864.39	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Infinisource		Date of Receipt M M / D D / Y Y Y Y Y 03 / 13 / 2006
Mailing Address 48 E. Washington Street		Transaction ID: 15-01-02517-04187
City State Zip Code Coldwater MI 49036	Amount of Each Receipt this Period 271.00	
FEC ID number of contributing federal political committee. C	Reimbursement - COBRA	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 271.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Infinisource		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2006
Mailing Address 48 E. Washington Street		Transaction ID: 15-01-02524-04201
City State Zip Code Coldwater MI 49036	Amount of Each Receipt this Period 542.00	
FEC ID number of contributing federal political committee. C	Reimbursement - COBRA	
Name of Employer Occupation	Aggregate Year-to-Date ▼ 813.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	1664.43
TOTAL This Period (last page this line number only) ▶	1664.43

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Robin Neustein		Transaction ID: 28a-16-04253-04351 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 0 / 2 0 0 6
Mailing Address 103 Fifth Ave 5th Floor		Amount of Each Disbursement this Period 2000.00
City New York State NY Zip Code 10003		
Purpose of Disbursement Refund - Requested (2005 Contribution)	Category/ Type	
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) ▼	

Full Name (Last, First, Middle Initial) B. Agnes Varis		Transaction ID: 28a-16-04257-04355 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 6
Mailing Address 150 Central Park South		Amount of Each Disbursement this Period 10000.00
City New York State NY Zip Code 10019		
Purpose of Disbursement Refund - Requested (2005 Contribution)	Category/ Type	
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) ▼	

SUBTOTAL of Disbursements This Page (optional)	12000.00
TOTAL This Period (last page this line number only)	12000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Carmen N. Brown		Transaction ID: 30b-01-02480-04143 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 54 Jacob Ct.		Amount of Each Disbursement this Period 25.55
City Ewing State NJ Zip Code 08628	Purpose of Disbursement Refund - Overpayment SUI/SDI Candidate Name <input type="checkbox"/> 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) ▼	

Full Name (Last, First, Middle Initial) B. Daniel C. Dollbaum		Transaction ID: 30b-01-02481-04144 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 6
Mailing Address 6 Butler Pl. #1		Amount of Each Disbursement this Period 58.97
City Kearny State NJ Zip Code 07032	Purpose of Disbursement Refund - Overpayment SUI/SDI Candidate Name <input type="checkbox"/> 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) ▼	

Full Name (Last, First, Middle Initial) C. ADP, Inc.		Transaction ID: 30b-01-02570-04363 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 3 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 77.94
City Ft Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Processing Fees Candidate Name <input type="checkbox"/> 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	162.46
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Diane Legreide		Transaction ID: 30b-01-02507-04177 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 68 Brant Dr		Amount of Each Disbursement this Period 406.50	
City Brick State NJ Zip Code 08724	Purpose of Disbursement Salary 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) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth E. Berry		Transaction ID: 30b-01-02508-04178 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 100 Robbinsville - Allentown Rd Rear Apt		Amount of Each Disbursement this Period 1290.42	
City Robbinsville State NJ Zip Code 08691	Purpose of Disbursement Salary 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) ▼		

Full Name (Last, First, Middle Initial) C. Carmen N. Brown		Transaction ID: 30b-01-02509-04179 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6	
Mailing Address 54 Jacob Ct.		Amount of Each Disbursement this Period 1085.51	
City Ewing State NJ Zip Code 08628	Purpose of Disbursement Salary 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) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	2782.43
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Elizabeth Cervenak		Transaction ID: 30b-01-02510-04180 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 1114 Town Court North		Amount of Each Disbursement this Period 1516.64
City Lawrenceville State NJ Zip Code 08648	Purpose of Disbursement Salary 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) Roberto C Frugone		Transaction ID: 30b-01-02511-04181 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 184 Peer Place		Amount of Each Disbursement this Period 1573.27
City Denville State NJ Zip Code 07834	Purpose of Disbursement Salary 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) Margaret L. Martin		Transaction ID: 30b-01-02512-04182 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 777 W. State St. #9-B		Amount of Each Disbursement this Period 1466.64
City Trenton State NJ Zip Code 08618	Purpose of Disbursement Salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4556.55
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Richard P McGrath Full Name (Last, First, Middle Initial) Mailing Address 100 Hiram Sq City New Brunswick State NJ Zip Code 08901 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-01-02513-04183 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006 Amount of Each Disbursement this Period 2976.37 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

B. Daniel C. Dollbaum Full Name (Last, First, Middle Initial) Mailing Address 6 Butler Pl. #1 City Kearny State NJ Zip Code 07032 Purpose of Disbursement Salary Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-01-02514-04184 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006 Amount of Each Disbursement this Period 2231.42 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

C. United States Federal Government Full Name (Last, First, Middle Initial) Mailing Address Internal Revenue Service City Washington State DC Zip Code 20001 Purpose of Disbursement Payroll Taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Transaction ID: 30b-01-02515-04185 Date of Disbursement MM / DD / YYYY 03 / 15 / 2006 Amount of Each Disbursement this Period 5626.48 Category/Type
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	10834.27
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. State of New Jersey		Transaction ID: 30b-01-02516-04186
Mailing Address Department of Treasury		Date of Disbursement MM / DD / YYYY 03 / 15 / 2006
City Trenton	State NJ	Zip Code 08608
Purpose of Disbursement Payroll Taxes	Category/ Type	Amount of Each Disbursement this Period 1131.86
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Aetna US Health Care		Transaction ID: 30b-01-02523-04199
Mailing Address PO Box 7247-0221		Date of Disbursement MM / DD / YYYY 03 / 20 / 2006
City Philadelphia	State PA	Zip Code 19170-0221
Purpose of Disbursement Insurance	Category/ Type	Amount of Each Disbursement this Period 2468.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Aetna US Health Care		Transaction ID: 30b-01-02523-04200
Mailing Address PO Box 7247-0221		Date of Disbursement MM / DD / YYYY 03 / 20 / 2006
City Philadelphia	State PA	Zip Code 19170-0221
Purpose of Disbursement Insurance	Category/ Type	Amount of Each Disbursement this Period 516.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ► **4115.86**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. ADP, Inc.		Transaction ID: 30b-01-02571-04364 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 6
Mailing Address 1125 Virginia Drive		Amount of Each Disbursement this Period 154.88
City Ft Washington State PA Zip Code 19034	Purpose of Disbursement Payroll Processing Fees 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Elizabeth E. Berry		Transaction ID: 30b-01-02553-04264 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 100 Robbinsville - Allentown Rd Rear Apt		Amount of Each Disbursement this Period 1290.43
City Robbinsville State NJ Zip Code 08691	Purpose of Disbursement Salary 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) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Carmen N. Brown		Transaction ID: 30b-01-02554-04265 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 54 Jacob Ct.		Amount of Each Disbursement this Period 1060.23
City Ewing State NJ Zip Code 08628	Purpose of Disbursement Salary 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) ▼	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ► **2505.54**

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

<p>A. Elizabeth Cervenak</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1114 Town Court North</p> <p>City Lawrenceville State NJ Zip Code 08648</p> <p>Purpose of Disbursement Salary</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>Transaction ID: 30b-01-02555-04266</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1516.64"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>B. Roberto C Frugone</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 184 Peer Place</p> <p>City Denville State NJ Zip Code 07834</p> <p>Purpose of Disbursement Salary</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>Transaction ID: 30b-01-02556-04267</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1573.27"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>C. Diane Legreide</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 68 Brant Dr</p> <p>City Brick State NJ Zip Code 08724</p> <p>Purpose of Disbursement Salary</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>Transaction ID: 30b-01-02557-04268</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="30"/> / <input type="text" value="2006"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1742.87"/></p>
<p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4832.78"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. Margaret L. Martin		Transaction ID: 30b-01-02558-04269 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 777 W. State St. #9-B		Amount of Each Disbursement this Period 1466.64
City Trenton State NJ Zip Code 08618	Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) B. Richard P McGrath		Transaction ID: 30b-01-02559-04270 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 100 Hiram Sq		Amount of Each Disbursement this Period 2976.38
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Salary 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) ▼	

Full Name (Last, First, Middle Initial) C. Daniel C. Dollbaum		Transaction ID: 30b-01-02560-04271 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 6
Mailing Address 6 Butler Pl. #1		Amount of Each Disbursement this Period 2231.42
City Kearny State NJ Zip Code 07032	Purpose of Disbursement Salary 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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	6674.44
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 21 / 45

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) A. United States Federal Government		Transaction ID: 30b-01-02561-04272
Mailing Address Internal Revenue Service		Date of Disbursement MM / DD / YYYY 03 / 30 / 2006
City Washington	State DC	Amount of Each Disbursement this Period 6205.45
Zip Code 20001		
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. State of New Jersey		Transaction ID: 30b-01-02562-04273
Mailing Address Department of Treasury		Date of Disbursement MM / DD / YYYY 03 / 30 / 2006
City Trenton	State NJ	Amount of Each Disbursement this Period 1246.68
Zip Code 08608		
Purpose of Disbursement Payroll Taxes	Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ►

7452.13

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

43916.46

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Apollo News Service	Nature of Debt (Purpose): Periodicals
Mailing Address PO Box 598	
City State ZIP Code East Brunswick NJ 08816	

Outstanding Balance Beginning This Period 45.45	Transaction ID: 10-000012	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.45

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 2971	
City State ZIP Code Omaha NE 68103-2971	

Outstanding Balance Beginning This Period 1797.94	Transaction ID: 10-000017	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1797.94

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ATX Communications Services, Inc.	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 57194	
City State ZIP Code Philadelphia PA 19111	

Outstanding Balance Beginning This Period 6603.97	Transaction ID: 10-000018	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6603.97

1) SUBTOTALS This Period This Page (optional).....	8447.36
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Commerce Bank - Visa	Nature of Debt (Purpose): Balance Due - Expenses
Mailing Address P.O Box 2580	
City State ZIP Code Cherry Hill NJ 08034	

Outstanding Balance Beginning This Period 1000.00	Transaction ID: 10-000024	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Express	Nature of Debt (Purpose): Delivery Services
Mailing Address P.O. Box 1140 Department A	
City State ZIP Code Memphis TN 38101	

Outstanding Balance Beginning This Period 34.96	Transaction ID: 10-000013	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 34.96

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Labels & Lists	Nature of Debt (Purpose): Research Materials
Mailing Address 2500 116th Avenue NE	
City State ZIP Code Bellevue WA 98004	

Outstanding Balance Beginning This Period 9352.22	Transaction ID: 10-000014	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9352.22

1) SUBTOTALS This Period This Page (optional).....	10387.18
2) TOTALS This Period (last page this line number only).....	
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Liberty Insurance Co.			Nature of Debt (Purpose): Insurance
Mailing Address 525 Route 33			
City State ZIP Code Millstone NJ 07726			

Outstanding Balance Beginning This Period <input type="text" value="615.00"/>		Transaction ID: 10-000021	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="615.00"/>	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor LSG Strategies, Inc.			Nature of Debt (Purpose): Voter Identification
Mailing Address 1001 G Street N.W.			
City State ZIP Code Washington DC 20001			

Outstanding Balance Beginning This Period <input type="text" value="10559.48"/>		Transaction ID: 10-000019	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10559.48"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rabinowitz, Trenk, Lubetkin & Tully, PC			Nature of Debt (Purpose): Legal Services
Mailing Address Attorneys at Law 200 Executive Drive, Suite 225			
City State ZIP Code West Orange NJ 07052-3303			

Outstanding Balance Beginning This Period <input type="text" value="92.80"/>		Transaction ID: 10-000015	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="92.80"/>	

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="11267.28"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Sprint	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO BoX 740463	
City State ZIP Code Cincinnati OH 45274-0463	

Outstanding Balance Beginning This Period <input type="text" value="381.11"/>	Transaction ID: 10-000022	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="381.11"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor United Parcel Service	Nature of Debt (Purpose): Delivery Services
Mailing Address PO Box 7247-0244	
City State ZIP Code Philadelphia PA 19170-0001	

Outstanding Balance Beginning This Period <input type="text" value="1451.30"/>	Transaction ID: 10-000016	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1451.30"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 588	
City State ZIP Code Fair Lawn NJ 07410	

Outstanding Balance Beginning This Period <input type="text" value="2097.96"/>	Transaction ID: 10-000023	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2097.96"/>

1) SUBTOTALS This Period This Page (optional).....	<input type="text" value="3930.37"/>
2) TOTALS This Period (last page this line number only).....	<input type="text"/>
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 / 45	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Xpedite Systems Inc	Nature of Debt (Purpose): Fax Services
Mailing Address P O Box 14024	
City State ZIP Code Newark NJ 07101	

Outstanding Balance Beginning This Period	Transaction ID: 10-000020	
1003.81		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1003.81

1) SUBTOTALS This Period This Page (optional).....	1003.81
2) TOTALS This Period (last page this line number only).....	35036.00
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE 27 / 45

NAME OF COMMITTEE (In Full)

New Jersey Democratic State Committee

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation :

- I. FUNDRAISING activities are allocated using the 'funds received method' where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.
For PACs Only : Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER

General Fundraising

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

25.00 %

NONFEDERAL %

75.00 %Transaction ID:
H2-0016

ACTIVITY OR EVENT IDENTIFIER

September 14 2005 Event

ACTIVITY IS:

 Fundraising Direct Candidate Support

CHECK IF THE RATIO IS:

 New Revised Same as Previously Reported

FEDERAL %

25.00 %

NONFEDERAL %

75.00 %Transaction ID:
H2-0036

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
 New Jersey Democratic State Committee

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Transfers -- Bank of America	M M / D D / Y Y Y Y 03 / 21 / 2006	64475.15

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative	64475.15	Transaction ID: H318a-01-02526
ii) Generic Voter Drive		Transaction ID:
iii) Exempt Activities		Transaction ID:
iv) Direct Fundraising (List Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred for Direct Fundraising		
v) Direct Candidate Support (List of Activity or Event Identifier)		
a) _____		Transaction ID:
b) _____		Transaction ID:
c) Total Amount Transferred For Direct Candidate Support		
vi) Public Communications Referring Only to Party (Made by PAC)		Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	64475.15
TOTAL This Period (Generic Voter Drive)	0.00
TOTAL This Period (Exempt Activities)	0.00
TOTAL This Period (Direct Fundraising)	0.00
TOTAL This Period (Direct Candidate Support)	0.00
TOTAL This Period (Public Communications Referring Only to Party)	0.00
TOTAL This Period (Total Amount Transferred)	64475.15

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) ITS Mailing Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1020 E. Main Street			Allocated Activity or Event Year-To-Date 92932.15		
City Norristown	State PA	Zip Code 19401	Date MM / DD / YYYY 03 / 03 / 2006		
Purpose of Disbursement: Postage Supplies			Transaction ID: 21a-01-02482-04145		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
61.95		233.05		295.00

B. Full Name (Last, First, Middle Initial) Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date 92932.65		
City Cherry Hill	State NJ	Zip Code 08034	Date MM / DD / YYYY 03 / 06 / 2006		
Purpose of Disbursement: See Memo Items			Transaction ID: 21a-01-02486-0013		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.11		0.39		0.50

C. Full Name (Last, First, Middle Initial) Commerce Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 900 St Georges Ave			Allocated Activity or Event Year-To-Date 0.00		
City Woodbridge	State NJ	Zip Code 07095	Date MM / DD / YYYY 03 / 06 / 2006		
Purpose of Disbursement: Service Charge			Transaction ID: 21a-01-02486-04149		
Activity or Event Identifier: Admin 05/06 [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.11		0.39		0.50

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
62.06		233.44		295.50

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Ford Credit			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address Box 220564			Allocated Activity or Event Year-To-Date 93496.58	
City Pittsburgh	State PA	Zip Code 15257-2564	Date MM / DD / YYYY 03 / 06 / 2006	
Purpose of Disbursement: Travel Expenses			Category/Type	
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02487-04150	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
118.43		445.50		563.93

B. Full Name (Last, First, Middle Initial) PSE&G			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address PO Box 14105			Allocated Activity or Event Year-To-Date 93619.00	
City New Brunswick	State NJ	Zip Code 08906-4105	Date MM / DD / YYYY 03 / 06 / 2006	
Purpose of Disbursement: Utilities			Category/Type	
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02488-04151	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
25.71		96.71		122.42

C. Full Name (Last, First, Middle Initial) Common Sense Consulting			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 222 Stony Brook Rd.			Allocated Activity or Event Year-To-Date 98619.00	
City Hopewell	State NJ	Zip Code 08525	Date MM / DD / YYYY 03 / 06 / 2006	
Purpose of Disbursement: Compliance Consulting Services			Category/Type	
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02489-04152	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1050.00		3950.00		5000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1194.14		4492.21		5686.35

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Common Sense Consulting			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 222 Stony Brook Rd.			Allocated Activity or Event Year-To-Date 103619.00		
City Hopewell	State NJ	Zip Code 08525	Date <input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Compliance Consulting Services			Transaction ID: 21a-01-02490-04153		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1050.00		3950.00		5000.00

B. Full Name (Last, First, Middle Initial) Common Sense Consulting			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 222 Stony Brook Rd.			Allocated Activity or Event Year-To-Date 108619.00		
City Hopewell	State NJ	Zip Code 08525	Date <input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Compliance Consulting Services			Transaction ID: 21a-01-02491-04154		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1050.00		3950.00		5000.00

C. Full Name (Last, First, Middle Initial) Common Sense Consulting			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 222 Stony Brook Rd.			Allocated Activity or Event Year-To-Date 113619.00		
City Hopewell	State NJ	Zip Code 08525	Date <input type="text" value="03"/> / <input type="text" value="06"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Compliance Consulting Services			Transaction ID: 21a-01-02492-04155		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1050.00		3950.00		5000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3150.00		11850.00		15000.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Perkins Coie LLP

Mailing Address
1201 Third Avenue - 40th Floor

City State Zip Code
Seattle WA 98101-3099

Purpose of Disbursement:
Legal Services

Category/
Type

Activity or Event Identifier:
Admin 05/06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

114119.00

Date 03 / 07 / 2006

Transaction ID: 21a-01-02493-04156

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
105.00 + 395.00 = 500.00

B. Full Name (Last, First, Middle Initial)
Perkins Coie LLP

Mailing Address
1201 Third Avenue - 40th Floor

City State Zip Code
Seattle WA 98101-3099

Purpose of Disbursement:
Legal Services

Category/
Type

Activity or Event Identifier:
Admin 05/06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

114869.00

Date 03 / 07 / 2006

Transaction ID: 21a-01-02494-04157

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
157.50 + 592.50 = 750.00

C. Full Name (Last, First, Middle Initial)
Blue State Technologies

Mailing Address
352 Ford Ave

City State Zip Code
Fords NJ 08863

Purpose of Disbursement:
Computer Services

Category/
Type

Activity or Event Identifier:
Admin 05/06

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

120369.00

Date 03 / 08 / 2006

Transaction ID: 21a-01-02502-04165

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
1155.00 + 4345.00 = 5500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
1417.50 + 5332.50 = 6750.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Blue State Technologies			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 352 Ford Ave			Allocated Activity or Event Year-To-Date 120869.00	
City Fords	State NJ	Zip Code 08863	Date <input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Computer Services			Transaction ID: 21a-01-02502-04166	
Activity or Event Identifier: Admin 05/06				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

B. Full Name (Last, First, Middle Initial) Blue State Technologies			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 352 Ford Ave			Allocated Activity or Event Year-To-Date 121355.58	
City Fords	State NJ	Zip Code 08863	Date <input type="text" value="03"/> / <input type="text" value="08"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Travel Expenses			Transaction ID: 21a-01-02502-04167	
Activity or Event Identifier: Admin 05/06				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
102.18		384.40		486.58

C. Full Name (Last, First, Middle Initial) Hasler Financial Services, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 45850			Allocated Activity or Event Year-To-Date 121619.52	
City San Francisco	State CA	Zip Code 94145-0850	Date <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Office Equipment			Transaction ID: 21a-01-02504-04169	
Activity or Event Identifier: Admin 05/06				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.43		208.51		263.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
262.61		987.91		1250.52

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Hasler Financial Services, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 45850			Allocated Activity or Event Year-To-Date 121883.46	
City San Francisco	State CA	Zip Code 94145-0850	Date <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Office Equipment			Transaction ID: 21a-01-02504-04170	
Activity or Event Identifier: Admin 05/06				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.43		208.51		263.94

B. Full Name (Last, First, Middle Initial) Hasler Financial Services, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 45850			Allocated Activity or Event Year-To-Date 122147.40	
City San Francisco	State CA	Zip Code 94145-0850	Date <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Office Equipment			Transaction ID: 21a-01-02504-04171	
Activity or Event Identifier: Admin 05/06				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.43		208.51		263.94

C. Full Name (Last, First, Middle Initial) Hasler Financial Services, LLC			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address P.O. Box 45850			Allocated Activity or Event Year-To-Date 122411.34	
City San Francisco	State CA	Zip Code 94145-0850	Date <input type="text" value="03"/> / <input type="text" value="09"/> / <input type="text" value="2006"/>	
Purpose of Disbursement: Office Equipment			Transaction ID: 21a-01-02504-04172	
Activity or Event Identifier: Admin 05/06				

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
55.43		208.51		263.94

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
166.29		625.53		791.82

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Dept 56- 0000191603 Staples Credit Plan - P.O. Box 902			Allocated Activity or Event Year-To-Date 122504.65		
City Des Moines	State IA	Zip Code 50368-9020	Date M M / D D / Y Y Y Y 03 / 13 / 2006		
Purpose of Disbursement: Office Supplies			Transaction ID: 21a-01-02505-04173		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.60		73.71		93.31

B. Full Name (Last, First, Middle Initial) Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Dept 56- 0000191603 Staples Credit Plan - P.O. Box 902			Allocated Activity or Event Year-To-Date 122525.81		
City Des Moines	State IA	Zip Code 50368-9020	Date M M / D D / Y Y Y Y 03 / 13 / 2006		
Purpose of Disbursement: Office Supplies			Transaction ID: 21a-01-02505-04174		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.44		16.72		21.16

C. Full Name (Last, First, Middle Initial) Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Dept 56- 0000191603 Staples Credit Plan - P.O. Box 902			Allocated Activity or Event Year-To-Date 122747.37		
City Des Moines	State IA	Zip Code 50368-9020	Date M M / D D / Y Y Y Y 03 / 13 / 2006		
Purpose of Disbursement: Service Charge			Transaction ID: 21a-01-02505-04175		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.53		175.03		221.56

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
70.57		265.46		336.03

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Financial Agent (United States Federal Government)			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Federal Tax Deposit Processing, Box 970030			Allocated Activity or Event Year-To-Date 124634.38		
City St Louis	State MO	Zip Code 63197	Date MM / DD / YYYY 03 / 15 / 2006		
Purpose of Disbursement: Tax Payment			Transaction ID: 21a-01-02518-04188		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
396.27		1490.74		1887.01

B. Full Name (Last, First, Middle Initial) Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date 126660.83		
City Cherry Hill	State NJ	Zip Code 08034	Date MM / DD / YYYY 03 / 17 / 2006		
Purpose of Disbursement: See Memo Items			Transaction ID: 21a-01-02519-0013		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
425.55		1600.90		2026.45

C. Full Name (Last, First, Middle Initial) Gaebels			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 85 Church St			Allocated Activity or Event Year-To-Date 0.00		
City New Brunswick	State NJ	Zip Code 08901	Date MM / DD / YYYY 03 / 17 / 2006		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02519-04189		
Activity or Event Identifier: Admin 05/06 [MEMO ITEM]					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
425.55		1600.90		2026.45

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
821.82		3091.64		3913.46

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date 127266.26		
City	State	Zip Code	Category/Type		
Cherry Hill	NJ	08034			
Purpose of Disbursement: See Memo Items					
Activity or Event Identifier: Admin 05/06			Date <input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> Transaction ID: 21a-01-02520-0013		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.14		478.29		605.43

B. Full Name (Last, First, Middle Initial) Marsilio's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 541 Roebling Ave.			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/Type		
Trenton	NJ	08611			
Purpose of Disbursement: Food & Beverage					
Activity or Event Identifier: Admin 05/06 [MEMO ITEM]			Date <input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> Transaction ID: 21a-01-02520-04190		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
35.07		131.93		167.00

C. Full Name (Last, First, Middle Initial) Big Fish Seafood Bistro			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 3535 US Route One Suite 370			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/Type		
Princeton	NJ	08540			
Purpose of Disbursement: Food & Beverage					
Activity or Event Identifier: Admin 05/06 [MEMO ITEM]			Date <input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2006"/> Transaction ID: 21a-01-02520-04191		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.00		79.00		100.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
127.14		478.29		605.43

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Marsilio's

Mailing Address
541 Roebling Ave.

City	State	Zip Code
Trenton	NJ	08611

Purpose of Disbursement:
Food & Beverage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Admin 05/06

[MEMO ITEM]

Date / /

Transaction ID: 21a-01-02520-04192

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
39.90		150.10		190.00

B. Full Name (Last, First, Middle Initial)
Marsilio's

Mailing Address
541 Roebling Ave.

City	State	Zip Code
Trenton	NJ	08611

Purpose of Disbursement:
Food & Beverage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Admin 05/06

[MEMO ITEM]

Date / /

Transaction ID: 21a-01-02520-04193

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.40		110.60		140.00

C. Full Name (Last, First, Middle Initial)
Marsilio's

Mailing Address
541 Roebling Ave.

City	State	Zip Code
Trenton	NJ	08611

Purpose of Disbursement:
Food & Beverage

Category/
Type

Type of Allocated Activity:

- Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:
Admin 05/06

[MEMO ITEM]

Date / /

Transaction ID: 21a-01-02520-04194

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.77		6.66		8.43

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Davis, Carl A.			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 99 Eastbrook Lane			Allocated Activity or Event Year-To-Date 127345.76		
City Willingboro	State NJ	Zip Code 08046	Date <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office Services - Facilities Maintenance			Transaction ID: 21a-01-02528-04205		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.70		62.80		79.50

B. Full Name (Last, First, Middle Initial) Prusik, Hank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 14 Cross Creek Drive			Allocated Activity or Event Year-To-Date 127500.76		
City Little Egg Harbor	State NJ	Zip Code 08087	Date <input type="text" value="03"/> / <input type="text" value="22"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office Services - Facilities Maintenance			Transaction ID: 21a-01-02529-04206		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
32.55		122.45		155.00

C. Full Name (Last, First, Middle Initial) Moran, Maggie			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 112 Inlet Terrace			Allocated Activity or Event Year-To-Date 127615.17		
City Belmar	State NJ	Zip Code 07719	Date <input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Reimbursement - Food & Beverage			Transaction ID: 21a-01-02540-04219		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.03		90.38		114.41

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
73.28		275.63		348.91

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial) Nova Information Systems			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7300 Chapman Highway			Allocated Activity or Event Year-To-Date 120.00		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Knoxville	TN	37920	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Credit Card Processing Fees			Transaction ID: 21a-01-02568-04361		
Activity or Event Identifier: General Fundraising			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
17.50		52.50		70.00

B. Full Name (Last, First, Middle Initial) E-OnlineData			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5 Milk St			Allocated Activity or Event Year-To-Date 155.00		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Portland	ME	04101	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Credit Card Processing Fees			Transaction ID: 21a-01-02569-04362		
Activity or Event Identifier: General Fundraising			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.75		26.25		35.00

C. Full Name (Last, First, Middle Initial) Kelly Maer, Fundraising Consultant			Type of Allocated Activity: <input type="checkbox"/> Administrative <input checked="" type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 307 West Mt. Vernon Ave			Allocated Activity or Event Year-To-Date 7155.00		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Haddonfield	NJ	08033	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Fundraising Consulting Services			Transaction ID: 21a-01-02531-04208		
Activity or Event Identifier: General Fundraising			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Date <input type="text"/> / <input type="text"/> / <input type="text"/>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1750.00		5250.00		7000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1776.25		5328.75		7105.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
New Jersey Democratic State Committee

A. Full Name (Last, First, Middle Initial)
Federal City Caterers

Mailing Address
1119 12th St N.W.

City	State	Zip Code	
Washington	DC	20005	

Purpose of Disbursement: Event Expenses - Food and Beverage	Category/ Type
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Activity or Event Identifier:
September 14 2005 Event

Type of Allocated Activity:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date
1834.55

Date 03 / 22 / 2006

Transaction ID: 21a-01-02527-04204

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
458.64		1375.91		1834.55

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
458.64		1375.91		1834.55

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
9580.30		34337.27		43917.57

Image# 26940142520

Form/Schedule: SA15 Offset to Line 30 B Transaction

Transaction ID: 15-01-02517-04187

Form/Schedule: SA15 The original disbursement was not included in any of the committee's administrative transfers from the non-federal account. Since the original transaction was not included in the committee's administrative transfers none of the vendor refund requires repayment to the non-federal account.
Transaction ID: 15-01-02522-04196

Image# 26940142521

Form/Schedule: **SA15** Offset to Line 30 B Transaction

Transaction ID: **15-01-02524-04201**

Form/Schedule: **H4** This entity is a consultant, not an employee of the committee.

Transaction ID: **21a-01-02528-04205**

Image# 26940142522

Form/Schedule: **H4** This entity is a consultant, not an employee of the committee.
Transaction ID: **21a-01-02529-04206**

Form/Schedule: **H4** This entity is a consultant, not an employee of the committee.
Transaction ID: **21a-01-02531-04208**

Image# 26940142523

Form/Schedule: **F3XA**

Transaction ID:

The April Monthly Report (and the two preceding reports) includes Memo Schedule A entries for contributions raised by the NJ Party Victory Fund Program. At the time of reporting, the committee had not received its share of the proceeds. The committee received a transfer related to the memo entries on 04/27/2006. The joint fundraising transfer is included in the committee's May Monthly Report (04/01/2006-04/30/2006).
