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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: If typing, type over the lines. 12FE4M5

DOUGLAS PAULS
COMMERCE BANCORP PAC-FED

ADDRESS (number and street) ▼ 1701 ROUTE 70 EAST

Check if different than previously reported. (ACC) CHERRY HILL NJ 08034

2. FEC IDENTIFICATION NUMBER ▼ C00303156

CITY ▲ STATE ▲ ZIP CODE ▲

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- X October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on ____ in the State of ____

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on ____ in the State of ____

5. Covering Period 09 09 2002 through 09 30 2002

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 Douglas J. Pauls

Signature of Treasurer [signature] Date 10 11 2002

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

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FEC FORM 3X (Revised 1/01)

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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name
COMMERCE BANCORP PAC-FED

Report Covering the Period: From: 07 01 2002 To: 09 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		490,358
(b) Cash on Hand at Beginning of Reporting Period	9,736,39	
(c) Total Receipts (from Line 19)	5,000,00	50,700,00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14,736,39	55,603,28
7. Total Disbursements (from Line 30)	10,000,00	50,866,99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4,736,39	4,736,39
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	128,135,31	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

☐ 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

22037761639

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name
COMMERCE BANCORP PAC FED

Report Covering the Period: From: 01 01 2004 To: 04 30 2004

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		
(i) Itemized (use Schedule A)		
(ii) Unitemized		45,000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶		45,000.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	5,000.00	5,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶		50,000.00
20. Total Federal Receipts (subtract Line 16 from Line 19) ▶		20,000.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶		1866.99
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	10000.00	97000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		10000.00
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶		
29. Other Disbursements		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶		50866.99
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶		50866.99

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	50100.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	5000.00	50100.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		1866.99
36. Offsets to Operating Expenditures (from Line 15, page 3)		
37. Net Operating Expenditures (subtract Line 36 from Line 35) ▶		1866.99

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)
COMMERCE BANCORP PAC-FED

A.
Full Name (Last, First, Middle Initial): TREFFINGER FOR SENATE
Mailing Address: PO BOX 470
City: CEDAR GROVE State: NJ Zip Code: 07009
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☒ Other (specify) ▼ Reimbursement
Aggregate Year-to-Date ▼ 5,000.00
Date of Receipt: 09 15 2002
Amount of Each Receipt this Period: 5,000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt:
Amount of Each Receipt this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼
Date of Receipt:
Amount of Each Receipt this Period:

SUBTOTAL of Receipts This Page (optional) ▶ 5,000.00

TOTAL This Period (last page this line number only) ▶ 5,000.00

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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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

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NAME OF COMMITTEE (In Full)
COMMERCE BANCORP PAC - FED

A.
Full Name (Last, First, Middle Initial): CASTLE CAMPAIGN FUND
Mailing Address
City State Zip Code
Purpose of Disbursement: CONTRIBUTION
Candidate Name: MIKE CASTLE
Category/Type
Office Sought: ☒ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 11 2005
Amount of Each Disbursement this Period: 20 000 00

B.
Full Name (Last, First, Middle Initial): RE-ELECT WELDON TO CONGRESS
Mailing Address
City State Zip Code
Purpose of Disbursement: CONTRIBUTION
Candidate Name: CURT WELDON
Category/Type
Office Sought: ☒ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 11 2005
Amount of Each Disbursement this Period: 10 000 00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF JIM SAXTON
Mailing Address
City State Zip Code
Purpose of Disbursement: CONTRIBUTION
Candidate Name: JIM SAXTON
Category/Type
Office Sought: ☒ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 07 07 2005
Amount of Each Disbursement this Period: 5 000 00

SUBTOTAL of Disbursements This Page (optional) ▶ 35 000 00

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

FEC Schedule B (Form 3X) (Revised 1/01)

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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) ☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

PAGE OF

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): COMMERCE BANCORP PAC-FED

A.

Full Name (Last, First, Middle Initial): SOARIES FOR CONGRESS

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: CONTRIBUTION

Candidate Name:

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 09 / 17 / 2002

Amount of Each Disbursement this Period: 100000

B.

Full Name (Last, First, Middle Initial): FRIENDS OF MELISSA BROWN

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: CONTRIBUTION

Candidate Name: MELISSA BROWN

Category/Type:

Office Sought: ☒ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 09 / 25 / 2002

Amount of Each Disbursement this Period: 100000

C.

Full Name (Last, First, Middle Initial):

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Category/Type:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

Date of Disbursement:

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 2,000.00

TOTAL This Period (last page this line number only) ▶ 10,000.00

FEC Schedule B (Form 3X) (Revised 1/01)

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SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 11 OF FORM 3X

NAME OF COMMITTEE (In Full)
COMMERCE BANCORP PAC - PEP

LOAN SOURCE Full Name (Last, First, Middle Initial)
COMPAC, NJ

Mailing Address
1701 RT 70 EAST

City CHERRY HILL State NJ ZIP Code 08034

Election:
- [ ] Primary
- [ ] General
- [x] Other (specify) LOAN

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7433862		91,314.05

TERMS

Date Incurred	Date Due	Interest Rate	Secured
11 01 2000	11 01 2002	PRIME % (opt)	[ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 91,314.05

TOTALS This Period (last page in this line only) ▶

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

FEC Schedule C (Form 3X) (Revised 1/01)

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SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
COMMERCE BANCORP PAC-FED

LOAN SOURCE Full Name (Last, First, Middle Initial)
COMPAC, NJ

Mailing Address
1701 RT. 70 E.

City CHERRY HILL State NJ ZIP Code 08034

Election:
- [ ] Primary
- [ ] General
- [x] Other (specify) LOAN

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25,000.00		25,808.48

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
08/09/2001	11/01/2002	PRIME % (apr)	[ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 25,808.48

TOTALS This Period (last page in this line only) ▶

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

FEC Schedule C (Form 3X) (Revised 1/01)

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SCHEDULE C (FEC Form 3X)
LOANS

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

PAGE OF

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
COMMERCE BANCORP PAC-FED

LOAN SOURCE Full Name (Last, First, Middle Initial)
COMPAC, NJ

Mailing Address
1701 RT. 70 E.

City CHERRY HILL State NJ ZIP Code 08034

Election:
- [ ] Primary
- [ ] General
- [x] Other (specify) ▼ COMP

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400000		401578

TERMS

Date Incurred	Date Due	Interest Rate	Secured
12 14 2001	11 01 2002	PRIME % (apr)	[ ] Yes [ ] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 401578

TOTALS This Period (last page in this line only) ▶

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

FEC Schedule C (Form 3X) (Revised 1/01)

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SCHEDULE C (FEC Form 3X)
LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full): COMMERCE BANCORP PAC-FED

LOAN SOURCE Full Name (Last, First, Middle Initial): COMPAC, NJ

Mailing Address: 1701 RT. 70 EAST

City: CHERRY HILL State: NJ ZIP Code: 08034

Election: [ ] Primary [ ] General [X] Other (specify) ▼ LOAN

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7,000.00		7,000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured
03 09 2002	11 01 2002	PRIME % (apr)	[ ] Yes [ ] No

List All Endorsers or Guarantors (If any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 7,000.00

TOTALS This Period (last page in this line only) ▶ 128,175.31

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

FEC Schedule C (Form 3X) (Revised 1/01)

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Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☒	Hand Delivered	Date of Receipt 10/15/02
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	
	PREPARER	10/15/02 DATE PREPARED

(6/2000)