**FEC FORM 3**

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Don Payne for Congress

ADDRESS (number and street) ▼ P.O. Box 2406

Check if different than previously reported. (ACC)

CITY ▲ Newark STATE ▲ NJ ZIP CODE ▲ 07114

2. FEC IDENTIFICATION NUMBER ▼

C00225045

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

STATE ▼ NJ DISTRICT 10

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on in the State of

(c) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on in the State of

5. Covering Period 07 01 2004 through 09 30 2004

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 cas123

Signature of Treasurer Electronically Filed by cas123 Date 10 15 2004

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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