FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

CARDEN FOR CONGRESS

ADDRESS (number and street) ▼ 26 Park Street

Check if different than previously reported. (ACC)

CITY ▲ Montclair STATE ▲ NJ ZIP CODE ▲ 07042

2. FEC IDENTIFICATION NUMBER ▼ C00375626

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

STATE ▼ NJ DISTRICT 07

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 2005 through 09 30 2005

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Miriam Mitchell

Signature of Treasurer Electronically Filed by Miriam Mitchell Date 10 09 2005

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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