

**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 First

ADDRESS (number and street)

Riverfront Plaza Station

PO Box 200597

☐Check if different
than previously
reported. (ACC)

Newark

NJ

07102

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00391458

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)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly 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 (12G)

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

01

01

2009

through

03

31

2009

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

Peter D. Nichols

Signature of Treasurer

Electronically Filed by Peter D. Nichols

Date

04

13

2009

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
New Jersey First

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	1	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		98403.01
(b) Cash on Hand at Beginning of Reporting Period	98403.01	
(c) Total Receipts (from Line 19)	88.93	88.93
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	98491.94	98491.94
7. Total Disbursements (from Line 31)	30850.00	30850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	67641.94	67641.94
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)	0.00	

☒ 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Jersey First

Report Covering the Period:

From:

M M
0 1D D
0 1Y Y Y Y
2 0 0 9

To:

M M
0 3D D
3 1Y Y Y Y
2 0 0 9

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	0.00	0.00
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(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	88.93	88.93
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)	0.00	0.00
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)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	88.93	88.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	88.93	88.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	3050.00	3050.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	3050.00	3050.00
22. Transfers to Affiliated/Other Party Committees.....	15000.00	15000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	15000.00
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	0.00	0.00
(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))	0.00	0.00
29. Other Disbursements.....	-2200.00	-2200.00
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	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	30850.00	30850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30850.00	30850.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3050.00	3050.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3050.00	3050.00

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

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

FOR LINE NUMBER: PAGE 6 / 13

(check only one)

☐ 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)

New Jersey First

A.

Full Name (Last, First, Middle Initial)

Lautenberg NJ Victory Committee

Mailing Address Gateway One

City

Newark

State

NJ

Zip Code

07102

FEC ID number of contributing
federal political committee.

C C00409482

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

88.93

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 7 / 2 0 0 9

Transaction ID: SA12.5453

Amount of Each Receipt this Period

88.93

Joint Fundraising Transfer

SUBTOTAL of Receipts This Page (optional)

88.93

TOTAL This Period (last page this line number only)

88.93

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 7 / 13

<input checked="" 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 type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
New Jersey First

A. Full Name (Last, First, Middle Initial) Common Sense Consulting	Transaction ID: SB21B.5454 Date of Disbursement																				
Mailing Address 222 Stony Brook Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>0</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	5		2	0	0	9												
City Hopewell State NJ Zip Code 08525	Amount of Each Disbursement this Period																				
Purpose of Disbursement Administrative Services Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year																				
B. Full Name (Last, First, Middle Initial) Common Sense Consulting	Transaction ID: SB21B.5455 Date of Disbursement																				
Mailing Address 222 Stony Brook Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	6		2	0	0	9												
City Hopewell State NJ Zip Code 08525	Amount of Each Disbursement this Period																				
Purpose of Disbursement Administrative Services Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year																				
C. Full Name (Last, First, Middle Initial) Common Sense Consulting	Transaction ID: SB21B.5457 Date of Disbursement																				
Mailing Address 222 Stony Brook Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	6		2	0	0	9												
City Hopewell State NJ Zip Code 08525	Amount of Each Disbursement this Period																				
Purpose of Disbursement Administrative Services Candidate Name	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year																				

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

3000.00

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)

PAGE 8 / 13

<input type="checkbox"/> 21b	<input checked="" 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 type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Jersey First

A.

Full Name (Last, First, Middle Initial)

Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name

008
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Calendar Year

Transaction ID: SB22.5458

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15000.00

SUBTOTAL of Disbursements This Page (optional)

15000.00

TOTAL This Period (last page this line number only)

15000.00

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)

PAGE 9 / 13

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
New Jersey First

A. Full Name (Last, First, Middle Initial) Franken Recount Fund	Transaction ID: SB23.5459 Date of Disbursement
Mailing Address 4190 Vinewood Lane	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 8 / 2 0 0 9</div> </div>
City State Zip Code Minneapolis MN 55442 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Calendar Year	<div> <div>011</div> <div>Category/Type</div> </div>
B. Full Name (Last, First, Middle Initial) Friends of Byron Dorgan	Transaction ID: SB23.5460 Date of Disbursement
Mailing Address PO Box 871	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 0 / 2 0 0 9</div> </div>
City State Zip Code Bismarck ND 58502 Purpose of Disbursement Contribution Candidate Name	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> </div>
C. Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: SB23.5463 Date of Disbursement
Mailing Address PO Box 270701	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 0 9</div> </div>
City State Zip Code West Hartford CT 06127 Purpose of Disbursement Contribution Candidate Name Christopher J Dodd	Amount of Each Disbursement this Period <div>5000.00</div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<div> <div>011</div> <div>Category/Type</div> </div>

SUBTOTAL of Disbursements This Page (optional)

15000.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

New Jersey First

A.

Full Name (Last, First, Middle Initial)

Friends of Chris Dodd

Mailing Address PO Box 270701

City

West Hartford

State

CT

Zip Code

06127

Purpose of Disbursement

Contribution

011

Category/
Type

Candidate Name

Christopher J Dodd

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2010

☐ Primary

☒ General

☐ Other (specify) ▼

State: CT

District: 00

Transaction ID: SB23.5464

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Friends of Joe Lieberman

Mailing Address PO Box 231294

City

Hartford

State

CT

Zip Code

06123

Purpose of Disbursement

Prior Period Void (Contribution 2006)

011

Category/
Type

Candidate Name

Joseph I Lieberman

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

2006

☒ Primary

☐ General

☐ Other (specify) ▼

State: CT

District: 00

Transaction ID: SB23.5467

Date of Disbursement

03 / 31 / 2009

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

15000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 / 13

<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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

New Jersey First

A.

Full Name (Last, First, Middle Initial)

Andre Richardson for City Council

Mailing Address PO Box 5264

City
Jersey CityState
NJZip Code
07305Purpose of Disbursement
Contribution - Non-Federal

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Non-Federal

Transaction ID: SB29.5465

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	0	9

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Cumberland County Democratic Committee

Mailing Address PO Box 812

City
VinelandState
NJZip Code
08332Purpose of Disbursement
Prior Period Void (Contribution-Non-Fed)

Candidate Name

011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Non-Federal

Transaction ID: SB29.5468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	0	9

Amount of Each Disbursement this Period

-2500.00

SUBTOTAL of Disbursements This Page (optional)

-2200.00

TOTAL This Period (last page this line number only)

-2200.00

Image# 29991934869

Form/Schedule: **F3XN**

Transaction ID:

Please be informed that New Jersey First (C00391458) is a small committee that has few administrative expenses. The committee currently has no paid staff or rented office space. The committee relies on consultants and volunteers to administer its activities. All expenses incurred to operate the committee are reported as federal operating expenditures on the committee's FEC reports.

Form/Schedule: **SA12**

Transaction ID: **SA12.5453**

This transaction is a final distribution of joint fundraising proceeds collected in 2008. Related memos accompanied joint fundraising transfers that were reported in prior periods.

Image# 29991934870

Form/Schedule: **SB23**

Transaction ID: **SB23.5467**

Prior period void. Does not result in an impermissible or excessive contribution.

Form/Schedule: **SB29**

Transaction ID: **SB29.5468**

Prior period void. Does not result in an impermissible or excessive contribution.