

For Other Than An Authorized Committee  
(Summary Page)

'FINANCIAL RETURN'  
FEC MAIL ROOM

2001 OCT 11 P 11

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (In full)  
**CAMPAIGN FUND OF DON DIFRANCESCO**

ADDRESS (number and street)  Check if different than previously reported  
**PO Box 407**

CITY, STATE and ZIP CODE  
**BERKELEY HEIGHTS NJ 07922**

2. FEC IDENTIFICATION NUMBER  
**CC 0338277**

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

4. TYPE OF REPORT


- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31
- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/01</u> through <u>9/30/01</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ <u>985</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>-0-</u>	
(c) Total Receipts (from Line 19)	\$	\$
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$	\$
7. Total Disbursements (from Line 30)	\$	\$ <u>985</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>-0-</u>	\$ <u>-0-</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$	

For further information contact:  
Federal Election Commission  
600 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-684-1100

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  
**JAMES ZAWENGO**

Signature of Treasurer  Date 10/8/01

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

--	--	--	--	--	--	--	--	--	--

FEC FORM 3X  
(revised 9/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE <i>CAMPTON FOR DON P. FRAZARCO</i>	REPORT COVERING PERIOD FROM <i>8/1/01</i> TO <i>9/30/01</i>	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)		11(a)(i)
ii. Unitemized		11(a)(ii)
iii. Total (add i and ii) >		11(a)(iii)
b. Political Party Committees		11(b)
c. Other Political Committees (such as PACs)		11(c)
d. Total Contributions (add a iii, b and c) >		11(d)
12. Transfers From Affiliated/Other Party Committees		12
13. All Loans Received		13
14. Loan Repayments Received		14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		16
17. Other Federal Receipts (Dividends, Interest, etc.)		17
18. Transfers from Nonfederal Account for Joint Activity		18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		19
20. Total Federal Receipts (subtract line 18 from line 19) >		20
<b>II Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		21(a)(i)
ii. Non-Federal Share		21(a)(ii)
b. Other Federal Operating Expenditures		21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >		21(c)
22. Transfers to Affiliated/Other Party Committees		22
23. Contributions to Federal Candidates/Committees and Other Political Committees		23
24. Independent Expenditures (use Schedule E)		24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		25
26. Loan Repayments Made		26
27. Loans Made		27
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees		28(a)
b. Political Party Committees		28(b)
c. Other Political Committees (such as PACs)		28(c)
d. Total Contribution Refunds (add a, b and c) >		28(d)
29. Other Disbursements		29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		31
<b>III Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)		32
33. Total Contribution Refunds (from line 28d)		33
34. Net Contributions (other than loans)(subtract line 33 from 32)		34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		35
36. Offsets to Operating Expenditures (from line 15)		36
37. Net Operating Expenditures (subtract line 36 from 35) >		37

MAXIMUM

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): CAMPAIGN FUND FOR PIFANEECO

Table with 7 rows (A-G) and 4 columns: Name of Employer, Date, Amount of Each Receipt, and Receipt For (Primary/General/Other). Includes aggregate year-to-date fields.

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE      OF       
FOR LINE NUMBER

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)

*CAMPAIGN FUNDS FOR [unclear]*

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional) .....

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



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-5

James Zanengo, Treasurer  
Campaign Fund of Don DiFrancesco  
P.O. Box 407  
Berkely Heights, NJ 07922

SEP 7 2001

Identification Number: C00338277

Reference: Termination Report (4/1/01-6/30/01)

Dear Mr. Zanengo:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report requested that the Commission permit your committee to terminate pursuant to 2 U.S.C. §433(d) and 11 CFR §102.3. Preliminary review of your April Quarterly (4/1/00-6/30/00) and Year End (10/1/00-12/31/00) Reports raised questions concerning certain information disclosed by your committee. Your committee must continue to file all required reports with the Commission until this matter has been resolved. The Commission will notify you when your request to terminate has been approved and the committee is no longer required to file reports with the Commission.

Any amendment or clarification should be filed with the Federal Election Commission. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

A handwritten signature in cursive script that reads "Angel L. Williamson".

Angel L. Williamson  
Reports Analyst  
Reports Analysis Division

### ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>10-9-01</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i> PREPARER	<i>10-11-01</i> DATE PREPARED