

**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

Rob Andrews U.S. House Committee

ADDRESS (number and street)  
▼

215 Fourth Ave

☐Check if different  
than previously  
reported. (ACC)

Haddon Heights

NJ

08035

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00243428

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

NJ

01

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 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

10

01

2007

through

12

31

2007

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

Ms. Maureen A. Doherty

Signature of Treasurer

Electronically Filed by Ms. Maureen A. Doherty

Date

08

13

2008

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 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Rob Andrews U.S. House Committee

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 7

To:

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	250153.75	1077853.87
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2241.40
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	250153.75	1075612.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	184942.96	719161.21
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	8677.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	184942.96	710483.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2381481.13	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

## 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 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Rob Andrews U.S. House Committee

Report Covering the Period:

From:

M M  
1 0D D  
0 1Y Y Y Y  
2 0 0 7

To:

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

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

145853.75

616545.58

(ii) Unitemized.....

0.00

0.00

(iii) TOTAL of contributions  
from individuals..... ▶

145853.75

616545.58

(b) Political Party Committees.....

0.00

1000.00

(c) Other Political Committees  
(such as PACS).....

104300.00

460308.29

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

250153.75

1077853.87

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES.....

0.00

0.00

## 13. LOANS

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.).....

0.00

8677.54

## 15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

19437.27

99484.59

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

269591.02

1186016.00

# DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	184942.96	719161.21
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2241.40
(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 20(a), (b), and (c)).....	0.00	2241.40
21. OTHER DISBURSEMENTS.....	132816.00	304259.46
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	317758.96	1025662.07

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2429649.07
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	269591.02
25. SUBTOTAL (add Line 23 and Line 24).....	2699240.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	317758.96
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2381481.13

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

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

FOR LINE NUMBER: PAGE 5 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Henry Abrams

Mailing Address 7608 Curving Ln

City

Baltimore

State

MD

Zip Code

21204-6611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5856

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Steven V Abramson

Mailing Address 1499 Flat Rock Rd

City

Penn Valley

State

PA

Zip Code

19072-1248

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Universal Display Corp

Occupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5764

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Stephen Addezio

Mailing Address 8 Continental Ln

City

Marlton

State

NJ

Zip Code

08053-4606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5681

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1050.00

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

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

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

FOR LINE NUMBER: PAGE 6 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Alchele

Mailing Address 2424 Dickson Ln

City

Malvern

State

PA

Zip Code

19355-9713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5786

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

James J Albertine

Mailing Address 6307 Mountain Branch Ct

City

Bethesda

State

MD

Zip Code

20817-5838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albertine Enterprises

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: C6065

Amount of Each Receipt this Period

320.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

James J Albertine

Mailing Address 6307 Mountain Branch Ct

City

Bethesda

State

MD

Zip Code

20817-5838

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albertine Enterprises

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1320.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5585

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1320.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

John M Albertaine

Mailing Address 100 Federal Dr

City

Fredericksburg

State

VA

Zip Code

22405-3102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albertaine Enterprises

Occupation  
CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5586

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Kimberly Alfano

Mailing Address 33 Birchwood Dr

City

Marlton

State

NJ

Zip Code

08053-1437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5731

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Frank Allen

Mailing Address 39 charles lane

City

cherry hill

State

NJ

Zip Code

08003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
archer & greiner

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5720

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Allen

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5992

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Phyllis Alroy

Mailing Address 1643 Pennington Rd.

City

Ewing

State

NJ

Zip Code

08618

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation

retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5695

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Steven M Altschuler

Mailing Address 210 W. Rittenhouse Sq.

City

Philadelphia

State

PA

Zip Code

19103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5980

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1025.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth G Andres

Mailing Address 264 Kings Hwy E

City

Haddonfield

State

NJ

Zip Code

08033-1907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Andres & Berger

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5713

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Irving Angerman

Mailing Address 16 Easthaven Ln

City

White Plains

State

NY

Zip Code

10605-5460

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5890

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

David Antis

Mailing Address 40 Crestline Rd

City

Wayne

State

PA

Zip Code

19087-2671

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5787

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce Armon

Mailing Address 766 Arden Rd

City

Jenkintown

State

PA

Zip Code

19046-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5857

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Jorge Arroyo

Mailing Address 712 Old Indian Mills Rd

City

Tabernacle

State

NJ

Zip Code

08088-9024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benefits Consultants group

Occupation  
Recordkeeping/ retirement plan admin

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5784

Amount of Each Receipt this Period

600.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

George Asimos, Jr.

Mailing Address 106 Evergreen Court

City

West Chester

State

PA

Zip Code

19382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5803

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Warren Ayres

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5993

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Douglas Bacher

Mailing Address 3 Hampshire Way

City

Medford

State

NJ

Zip Code

08055-2642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acacia Financial group

Occupation

Financial Advisor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5988

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Laurence Bafundo

Mailing Address 22 Stockton Dr

City

Voorhees

State

NJ

Zip Code

08043-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bafundo Porter LLC

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	5	/	2	0	0	7

Transaction ID: C5601

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

350.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Bailey

Mailing Address 1338 N Tulip Dr

City

West Chester

State

PA

Zip Code

19380-1432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DP Partners

Occupation

Regional Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5939

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Edward Baines

Mailing Address 6051 Ivy League Dr

City

Catonsville

State

MD

Zip Code

21228-5459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5838

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Jatinder Bains

Mailing Address 11 Hickory Ct

City

West Windsor

State

NJ

Zip Code

08550-5129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Channel Logistics

Occupation

president

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

900.00

Date of Receipt

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

Transaction ID: C5628

Amount of Each Receipt this Period

900.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Surinder Bains

Mailing Address 18 Natsisky Farm Rd

City

South Windsor

State

CT

Zip Code

06074-1833

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hyde Group LLC

Occupation

Regional Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5624

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Harris Bak

Mailing Address 132 Overlook Rd

City

New Rochelle

State

NY

Zip Code

10804-4139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Veritext

Occupation

CIO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5887

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Barbara L Ballard

Mailing Address 3103 Winchester Way

City

Fallston

State

MD

Zip Code

21047-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hire Quality Inc

Occupation

Self employed

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5727

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3100.00

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

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

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

FOR LINE NUMBER: PAGE 14 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert A Baratta

Mailing Address 902 Hummingbird Ln

City

West Chester

State

PA

Zip Code

19382-7530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5622

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Alex Barnes

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5995

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Carl B Barney

Mailing Address PO Box 1157

City

Crystal Bay

State

NV

Zip Code

89402-1157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
College America Services  
Inc.

Occupation  
Education Services

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5925

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 15 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Tawfiq Barqawi

Mailing Address 34 Wendee Way

City

Sewell

State

NJ

Zip Code

08080-3526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5770

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Batoff

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

22.09

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5994

Amount of Each Receipt this Period

22.09

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

James Becker

Mailing Address 2006 Wallace St

City

Philadelphia

State

PA

Zip Code

19130-3222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5804

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Leonard Becker

Mailing Address 251 Indian Creek Rd

City

Wynnewood

State

PA

Zip Code

19096-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
noneOccupation  
retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5760

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Louis Beckerman

Mailing Address 3 Highlander Dr

City

Scotch Plains

State

NJ

Zip Code

07076-2415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beckerman & CoOccupation  
Insurance Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5774

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Ross Begelman

Mailing Address 15 Hazelnut Drive

City

Voorhees

State

NJ

Zip Code

08043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5711

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

1100.00

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



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary Bell

Mailing Address 39 N Cherokee Ln

City

Brick

State

NJ

Zip Code

08724-4434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emulsion Technologies

Occupation

Sales

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5725

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Andrew Berger

Mailing Address 350 Clinton St

City

Brooklyn

State

NY

Zip Code

11231-3702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tannenbaum Helpert

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5882

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Michael Berger

Mailing Address 51 S Hinchman Ave

City

Haddonfield

State

NJ

Zip Code

08033-3725

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Andres & Berger

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5716

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

1100.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur Berkowitz

Mailing Address 618 Harriton Rd

City

Bryn Mawr

State

PA

Zip Code

19010-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JEBerkowitz

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5778

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Larry Besnoff

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5996

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Gabriel Bevilacqua.

Mailing Address 1000 Susan Rd

City

Philadelphia

State

PA

Zip Code

19115-2904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5839

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 19 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald Bindow

Mailing Address 32 Cooper Rd

City

Scarsdale

State

NY

Zip Code

10583-2832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Advocate Brokerage Corp

Occupation  
Ins. Broker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5955

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Alan D. Bleznak

Mailing Address 5105 North Park Drive

City

Pennsauken

State

NJ

Zip Code

08109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Bleznak Organization

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5696

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

David S. Blum

Mailing Address 610 Addison St

City

Philadelphia

State

PA

Zip Code

19147-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5623

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2750.00

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

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

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

FOR LINE NUMBER: PAGE 20 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

George Bodenger

Mailing Address 412 Wyntre Lea Dr

City

Bryn Mawr

State

PA

Zip Code

19010-2037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5840

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Scott Bovino

Mailing Address 23 Dunkin Dr

City

Washington Crossin

State

PA

Zip Code

18977-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Universal Display Corp

Occupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5754

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Marshall Brachman

Mailing Address 634 A St NE

City

Washington

State

DC

Zip Code

20002-6030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Lobbyist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5927

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

John Brennan

Mailing Address 3 Meadow Dr

City

Hillsdale

State

NJ

Zip Code

07642-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: C5676

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

John Brennan

Mailing Address 3 Meadow Dr

City

Hillsdale

State

NJ

Zip Code

07642-1908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: C5679

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Eric Brossman

Mailing Address 519 Bridgeview Dr

City

Lemoyne

State

PA

Zip Code

17043-1380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5858

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Julia Brown

Mailing Address 1405 Westover Rd

City

Yardley

State

PA

Zip Code

19067-1939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Universal Display Corp

Occupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5759

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Louis Bucelli

Mailing Address 2 Covington Ln

City

Voorhees

State

NJ

Zip Code

08043-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CME Conference Video Inc

Occupation  
executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5629

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Robert Bucknam

Mailing Address 120 Forest Dr

City

Hammonton

State

NJ

Zip Code

08037-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Archer & Greiner

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: C5614

Amount of Each Receipt this Period

625.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Bullock

Mailing Address 2 Kings Highway

City

Haddonfield

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5737

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Joel Burcat

Mailing Address 2935 N 2nd St

City

Harrisburg

State

PA

Zip Code

17110-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5841

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Michael Burg

Mailing Address 1728 Jennings Way

City

Paoli

State

PA

Zip Code

19301-1021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5805

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Blain Butner

Mailing Address 6116 4th St. North

City

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dow Lohnes

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5684

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Timothy Callahan, II

Mailing Address 1722 Bow Tree Dr

City

West Chester

State

PA

Zip Code

19380-6462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5842

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

David Cannold

Mailing Address martin butler ct

City

Rye

State

NY

Zip Code

10580

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5897

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

James Carl

Mailing Address 316 Chews Landing Rd

City

Haddonfield

State

NJ

Zip Code

08033-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Archer & Greiner

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1625.00

Date of Receipt

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

Transaction ID: C5615

Amount of Each Receipt this Period

625.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

David Carney

Mailing Address 14 Stuyvesant Rd

City

Montvale

State

NJ

Zip Code

07645-1515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Educational Servi-  
ces

Occupation  
CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5900

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

James Casey

Mailing Address 4505 Silver Hill Ct

City

Sumerduck

State

VA

Zip Code

22742-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5678

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Miguel Castillo

Mailing Address 109 Mooring Buoy

City

Hilton Head Island

State

SC

Zip Code

29928-5223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Concord Chemical CO

Occupation  
executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5934

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Joseph Cattin

Mailing Address 112 East 7th St

City

Brooklyn

State

NY

Zip Code

11218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5738

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Joseph Cattin

Mailing Address 112 East 7th St

City

Brooklyn

State

NY

Zip Code

11218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5739

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2600.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward Celiano

Mailing Address 12 Susie Ln

City

Jackson

State

NJ

Zip Code

08527-3427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5627

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Joseph Centeno

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5997

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Albert Chance

Mailing Address 2 Piping Brook Ln

City

Bedford

State

NY

Zip Code

10506-2208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Expressway Lube Centers

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5884

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Taiyih Chang

Mailing Address 1411 Starling Ln

City

Cherry Hill

State

NJ

Zip Code

08003-2718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5771

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Timothy Chell

Mailing Address 67 Thornwood Ln

City

Sewell

State

NJ

Zip Code

08080-1377

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chell & Chell

Occupation

attorney

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5766

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Daniel Chemers

Mailing Address 208 Northway

City

Baltimore

State

MD

Zip Code

21218-1140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5859

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Ching

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5998

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Philip Christopher

Mailing Address 108 Fairway View Dr

City

Commack

State

NY

Zip Code

11725-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ut Starcom/Audiovox Comm

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5746

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Cha Chung

Mailing Address 2017 Queen Ann Rd

City

Cherry Hill

State

NJ

Zip Code

08003-2845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best effort

Occupation

best effort

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5663

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Giovanni Ciranni

Mailing Address 638 5th St

City

State

Zip Code

Atco

NJ

08004-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C6062

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Marc Citron

Mailing Address 297 Prospect Ave

City

State

Zip Code

Princeton

NJ

08540-5334

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5843

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Walter Cohen

Mailing Address 20 Brace Rd.

City

State

Zip Code

Cherry Hill

NJ

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5999

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

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

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

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

FOR LINE NUMBER: PAGE 31 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrea Comodromos

Mailing Address 55 Paramus Rd

City

Paramus

State

NJ

Zip Code

07652-1320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comodromos Assoc PA

Occupation  
CPA

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5747

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Dennis Compton

Mailing Address PO Box 21208

City

Mesa

State

AZ

Zip Code

85277-1208

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dennis Compton & Assoc

Occupation  
exec

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5581

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Michael Conlan

Mailing Address 1 Voorhees Ct

City

Pennington

State

NJ

Zip Code

08534-1149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5860

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

550.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Consedine

Mailing Address 7601 Coriander Way

City

Harrisburg

State

PA

Zip Code

17112-8953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5861

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Harriet Cooperman

Mailing Address 1743 St. Margarets ROad

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5825

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Patricia L Coppinger

Mailing Address 125 Lake Blvd

City

Lindenwold

State

NJ

Zip Code

08021-3428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

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

Transaction ID: C5668

Amount of Each Receipt this Period

20.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

20.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

James Corbett

Mailing Address 101 Chapel Ave E

City

Cherry Hill

State

NJ

Zip Code

08034-1202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5635

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Peter L Corelli

Mailing Address 1209 Wyndmoor Rd

City

Cherry Hill

State

NJ

Zip Code

08034-2823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeview Custom Coach

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5642

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

K.M. Costello

Mailing Address 6902 Baltimore Dr

City

Marlton

State

NJ

Zip Code

08053-8540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5715

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Carolyn Cuppernull

Mailing Address 1615 L. St NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson gov't Relations

Occupation  
partner/lobbyist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

166.66

Date of Receipt

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

Transaction ID: C5922

Amount of Each Receipt this Period

166.66

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Gerald Darling

Mailing Address 120 Somers Ct S

City

Moorestown

State

NJ

Zip Code

08057-3419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Archer & Greiner

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1125.00

Date of Receipt

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

Transaction ID: C5616

Amount of Each Receipt this Period

625.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

T Michael Davis

Mailing Address 17 Preserve Way

City

Saratoga Springs

State

NY

Zip Code

12866-5843

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5723

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1625.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

William D Dawson

Mailing Address 106 Foxtop Dr

City

Pittsburgh

State

PA

Zip Code

15238-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Federated

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5588

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Eric Degesero

Mailing Address 166 Little Philadelphia Rd

City

Washington

State

NJ

Zip Code

07882-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

fuel merchant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5595

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

William Delong

Mailing Address 344 Kings Hwy E

City

Haddonfield

State

NJ

Zip Code

08033-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5691

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Stuart Dember

Mailing Address 65 Elm Ridge Rd

City

Princeton

State

NJ

Zip Code

08540-7405

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5806

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Cathleen Devlin

Mailing Address 801 Maple Glen Rd

City

Wayne

State

PA

Zip Code

19087-4727

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5862

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Kenneth Dimuzio

Mailing Address 15 N American St

City

Woodbury

State

NJ

Zip Code

08096-1532

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5606

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 37 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Donnelly

Mailing Address 1615 L St. NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson Government Rela-  
tions

Occupation

Partner/lobbiest

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

166.67

Date of Receipt

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

Transaction ID: C5923

Amount of Each Receipt this Period

166.67

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Joseph Dougher

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann maxwell

Occupation

Partner

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

17.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6000

Amount of Each Receipt this Period

17.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Martin J. Doyle

Mailing Address 22 Vernon Ln  
Media

City

Rose Valley

State

PA

Zip Code

19063-4220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

7.33

Date of Receipt

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

Transaction ID: C5863

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Dreyfus

Mailing Address 5104 Ocean Front Ave

City

Virginia Beach

State

VA

Zip Code

23451-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ECPI College of Technology

Occupation

Education Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5641

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Henry Driesse

Mailing Address 83 W End Ave

City

Pompton Plains

State

NJ

Zip Code

07444-1278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ITT Industries

Occupation

defense

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5972

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Peter Driscoll

Mailing Address Hopkins Lane  
Birdwood House

City

Haddonfield

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Archer & Greiner

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1125.00

Date of Receipt

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

Transaction ID: C5617

Amount of Each Receipt this Period

625.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1375.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert L Duston

Mailing Address 12201 Lake James Dr

City

Herndon

State

VA

Zip Code

20171-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5826

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Anastasius Efstratiades

Mailing Address 405 Echo PI

City

Cherry Hill

State

NJ

Zip Code

08003-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Redman LLP

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2317.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6001

Amount of Each Receipt this Period

17.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Anastasius Efstratiades

Mailing Address 405 Echo PI

City

Cherry Hill

State

NJ

Zip Code

08003-3322

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Redman LLP

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2317.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6063

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

John Ehlinger

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C6002

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

William Ehrhardt

Mailing Address 188 Statesville Quarry Rd

City

Lafayette

State

NJ

Zip Code

07848-3129

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gibbs College

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5936

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Gary Eidelman

Mailing Address 3 Missi Ct

City

Owings Mills

State

MD

Zip Code

21117-1630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5807

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

100.00

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Epifanio

Mailing Address 2241 Leon Ct

City

Atco

State

NJ

Zip Code

08004-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: C5940

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Eli Epstein

Mailing Address 339 Oxford Rd

City

New Rochelle

State

NY

Zip Code

10804-3324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amin Co

Occupation

executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5954

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Betty Jane Euler

Mailing Address 410 W Evesham Ave

City

Magnolia

State

NJ

Zip Code

08049-1712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

fuel merchant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5596

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

775.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Carl Everett

Mailing Address 813 Valley Rd

City

Havertown

State

PA

Zip Code

19083-4719

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5844

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Daniel Finegan

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6003

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Michael Finio

Mailing Address 211 Hidden Valley Ln

City

Harrisburg

State

PA

Zip Code

17112-9279

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5808

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 43 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Drew Fishman

Mailing Address 210 Woodcrest Ct

City

Absecon

State

NJ

Zip Code

08201-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5631

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Thomas Fitzpatrick

Mailing Address 8 Catamount Dr

City

Medford

State

NJ

Zip Code

08055-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sallie Mae

Occupation

exec

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5908

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Thomas Fitzpatrick

Mailing Address 8 Catamount Dr

City

Medford

State

NJ

Zip Code

08055-3831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sallie Mae

Occupation

exec

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5909

Amount of Each Receipt this Period

700.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3200.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Sherry Flax

Mailing Address 6 Old Crown Ct

City

Baltimore

State

MD

Zip Code

21208-1338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5864

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Thomas Flynn

Mailing Address 20 Stirling Way

City

Lumberton

State

NJ

Zip Code

08048-5205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flynn & AssociatesOccupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5717

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Warren L. Forman

Mailing Address 24 Madison Ave

City

Laurel Springs

State

NJ

Zip Code

08021-2124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: C5664

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

525.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Ellen L. Forson

Mailing Address 217 Albertson Ave

City

Barrington

State

NJ

Zip Code

08007-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
retired

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: C5613

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Anthony Forte

Mailing Address 422 S 26th St

City

Philadelphia

State

PA

Zip Code

19146-1007

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5865

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

COstance Foster

Mailing Address 513 Lopax Road

City

Harrisburg

State

PA

Zip Code

17112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5788

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

25.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce Fox

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6004

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Terence Fox

Mailing Address 1132 Parliament Way

City

West Deptford

State

NJ

Zip Code

08086-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Archer & Greiner

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1125.00

Date of Receipt

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

Transaction ID: C5618

Amount of Each Receipt this Period

625.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Richard Frazier

Mailing Address 2045 Grantham Ave

City

Berwyn

State

PA

Zip Code

19312-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5809

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

625.00

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

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

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

FOR LINE NUMBER: PAGE 47 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Verrick French

Mailing Address 3200 Leland St

City

Chevy Chase

State

MD

Zip Code

20815-4010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
French & Co

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5687

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Timothy Frey

Mailing Address 106 Applegate Dr

City

West Chester

State

PA

Zip Code

19382-5584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5810

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Adam Friedman

Mailing Address 15 Silver Birch Dr

City

New Rochelle

State

NY

Zip Code

10804-3809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
public relations

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5956

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Gabis

Mailing Address 1552 Oak Park Dr

City

Owensboro

State

KY

Zip Code

42301-3557

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Daymar CollegeOccupation  
executive

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5773

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Jackie Gallagher

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6005

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Michael A. Galpern

Mailing Address 9 Fir Ln

City

Voorhees

State

NJ

Zip Code

08043-1506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Locks Law FirmOccupation  
Attorney

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5712

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

1000.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Garvey

Mailing Address 269 Kings Hwy West

City

haddonfield

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TGM Inc

Occupation  
Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5718

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

William S. Gee

Mailing Address 314 Centennial Cir

City

Greenville

State

DE

Zip Code

19807-2130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing LLP

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5789

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Elizabeth H Gemmill

Mailing Address 608 Harts Ridge Rd

City

Conshohocken

State

PA

Zip Code

19428-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5757

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

John Gendron

Mailing Address 11 Beech Pl

City

West Deptford

State

NJ

Zip Code

08096-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: C5670

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Mark Richard Gensheimer

Mailing Address 408 Oliver Rd

City

Sewickley

State

PA

Zip Code

15143-1034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5607

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Edmond George

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6006

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

125.00

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

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

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

FOR LINE NUMBER: PAGE 51 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

John Ghingher, II

Mailing Address 901 Hillside View Rd

City

Parkton

State

MD

Zip Code

21120-9753

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5845

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Christopher Gibson

Mailing Address 1640 Pennfield Dr

City

West Deptford

State

NJ

Zip Code

08086-2100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Archer & Greiner

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: C5619

Amount of Each Receipt this Period

625.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Edith Giniger

Mailing Address 30 S. Adelaide

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5904

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

725.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Alice Glass

Mailing Address 189 Cedar Rd

City

Mickleton

State

NJ

Zip Code

08056-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5690

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Jonathon Glass

Mailing Address 1813 Dellabrooke Farm Ln

City

Brookeville

State

MD

Zip Code

20833-2210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dow Lohnes

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5685

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Gary Goldberg

Mailing Address 399 Oxford Rd

City

New Rochelle

State

NY

Zip Code

10804-3317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5891

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Goldberg

Mailing Address 4406 Tennyson Rd

City

Wilmington

State

DE

Zip Code

19802-1240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5866

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Charles Golden

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

Transaction ID: C6007

Amount of Each Receipt this Period

17.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Mitchell S Goldenberg

Mailing Address 8301 Fairview Rd

City

Elkins Park

State

PA

Zip Code

19027-2120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Glenville Group, Inc.Occupation  
Real Estate Investor

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5966

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Gilbert Goldstein

Mailing Address 790 Penllyn Blue Bell Pike  
Ste 208

City State Zip Code  
Blue Bell PA 19422-1658

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
20.00

Date of Receipt

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

Transaction ID: C5611

Amount of Each Receipt this Period

20.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Michael B Goldstein

Mailing Address 3507 Lowell St NW

City State Zip Code  
Washington DC 20016-5026

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dow Lohnes

Occupation  
Attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: C5686

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Pamela Goodwin

Mailing Address 124 Random Rd

City State Zip Code  
Princeton NJ 08540-4146

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
7.33

Date of Receipt

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

Transaction ID: C5867

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

520.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Grabell

Mailing Address 465 Conshohocken State Rd  
# A

City State Zip Code  
Bala Cynwyd PA 19004-2642

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aluminum Shapes

Occupation  
CEO

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

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

Transaction ID: C5661

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Kathryn Grady

Mailing Address 1021 I Centre Blvd

City State Zip Code  
Marlton NJ 08053

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

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

Transaction ID: C5608

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Robert Grant

Mailing Address 114 Ridgewood Pkwy E

City State Zip Code  
Denville NJ 07834-2824

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
200.00

Date of Receipt

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

Transaction ID: C5931

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Grazian

Mailing Address 51 White Birch Rd

City

Turnersville

State

NJ

Zip Code

08012-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5658

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Gary Green

Mailing Address 1 Harrowgate Dr

City

Cherry Hill

State

NJ

Zip Code

08003-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Archer & Greiner

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: C5620

Amount of Each Receipt this Period

625.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Matt Greenberg

Mailing Address 4 Hillview Dr

City

Scarsdale

State

NY

Zip Code

10583-7532

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iridian Partners

Occupation  
Portfolio Manager

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5889

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2125.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Patricia Gritzan

Mailing Address 120 Rockingham Rd

City

Cherry Hill

State

NJ

Zip Code

08034-3360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5868

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Alan Gross

Mailing Address 818 Chanticleer

City

Cherry Hill

State

NJ

Zip Code

08003-4812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5945

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Mark Gruhin

Mailing Address 6 Masters Ct

City

Potomac

State

MD

Zip Code

20854-3841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5827

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Guarino

Mailing Address 3 Downe Cir

City

Medford

State

NJ

Zip Code

08055-3331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Global Protection

Occupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5609

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Steven Haber

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6008

Amount of Each Receipt this Period

16.04

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Michael Gordon Hack

Mailing Address 68 Delaware Ave

City

Lambertville

State

NJ

Zip Code

08530-1637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5758

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Roosevelt Hairston

Mailing Address 385 Conestoga Rd

City

Malvern

State

PA

Zip Code

19355-1019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Children's Hospital of Ph-  
illy

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5981

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Daniel Hamburger

Mailing Address 590 South Ave

City

Glencoe

State

IL

Zip Code

60022-1673

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DeVry Tech.

Occupation

CEO & President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5653

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

James Hamilton

Mailing Address 3039 Davenport St NW

City

Washington

State

DC

Zip Code

20008-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swidler Berlin Shereff &  
Fried

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5963

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Hampton

Mailing Address 106 Applegate Dr

City

West Chester

State

PA

Zip Code

19382-5584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5811

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

John Harrison

Mailing Address 28 Spruce Run Rd

City

Clinton

State

NJ

Zip Code

08809-1245

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AAA On time Limo ServiceOccupation  
Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5726

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

C. Keith Hartley

Mailing Address 14 Wynnwood Rd

City

Greenwich

State

CT

Zip Code

06830-3409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hartley Capital AdvisorsOccupation  
Financial Advisors

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5761

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

750.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Hassman

Mailing Address 175 Cross Keys Rd

City

Berlin

State

NJ

Zip Code

08009-1400

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Berlin Medical AssociatesOccupation  
physician

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5767

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Paul Heintz

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6009

Amount of Each Receipt this Period

17.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Paul Helyman

Mailing Address 8826 McGregor Dr

City

Chevy Chase

State

MD

Zip Code

20815-4710

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Saul EwingOccupation  
Attorney

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5828

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**[MEMO ITEM]**

\*

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

500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Hilltown Crossing LP

Mailing Address 120 W Germantown Pike  
Ste 120City State Zip Code  
Plymouth Meeting PA 19462-1420FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5964

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Leslie Hirsch

Mailing Address 5671 S Elm St

City State Zip Code  
Greenwood Village CO 80121-2170FEC ID number of contributing  
federal political committee.**C**Name of Employer  
St. Joseph HospitalOccupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5700

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

Richard Hoagland

Mailing Address 275 Mullica Hill Rd

City State Zip Code  
Mullica Hill NJ 08062-2659FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5948

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2600.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Hochman

Mailing Address 330 Daniel St

City

Dover

State

NJ

Zip Code

07801-3712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Doctor

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5779

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

Timothy E Hoeffner

Mailing Address 8 Knowles Creek Rd

City

New Hope

State

PA

Zip Code

18938-9250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing LLP

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5790

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Melinda Holman

Mailing Address 14 Kendles Run Rd

City

Moorestown

State

NJ

Zip Code

08057-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holman Enterprises

Occupation

President and CEO

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5692

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

900.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Hontz

Mailing Address 8 Betony Court

City

Newton

State

NJ

Zip Code

07860

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollander Strelzik Pascu-  
li Hinkes Van

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5745

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Gary Hough

Mailing Address 27 Stratton Ct

City

Robbinsville

State

NJ

Zip Code

08691-3109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

fufel merchant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5599

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Jonathon Hugg

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6010

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Hummer

Mailing Address 208 Vassar Ave

City

Swarthmore

State

PA

Zip Code

19081-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing LLP

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5791

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Chiao Hung

Mailing Address 19 Burnham Ln

City

Voorhees

State

NJ

Zip Code

08043-4157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5721

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Adam Isenberg

Mailing Address 7430 Barclay Rd

City

Cheltenham

State

PA

Zip Code

19012-1303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5846

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Joel Jacob

Mailing Address PO Box 250250

City

West Bloomfield

State

MI

Zip Code

48325-0250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bottlecrew

Occupation

Executive

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	7

Transaction ID: C5899

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Katayun Jaffari

Mailing Address 2020 Walnut St  
Apt 11K

City

Philadelphia

State

PA

Zip Code

19103-5639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

Attorney

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5869

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Robert Jakubowski

Mailing Address 76 Pennwood Dr

City

Ewing

State

NJ

Zip Code

08638-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5881

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Hank Janseen

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6011

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Jefferson Government Relations

Mailing Address 1615 L Street NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5921

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Walter, Johnson, III

Mailing Address 4 Reeves Station Rd

City

Medford

State

NJ

Zip Code

08055-9628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Johnson and Towers

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: C5602

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

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

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

FOR LINE NUMBER: PAGE 68 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Alice Johnston

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26.73

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6012

Amount of Each Receipt this Period

26.73

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

C. William Jones

Mailing Address 7055 Thomas Ln

City

Easton

State

MD

Zip Code

21601-8333

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5680

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Fred Jurash

Mailing Address 175 Old Marlton Pike W

City

Marlton

State

NJ

Zip Code

08053-2033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rosenburg, Jurash PC

Occupation  
CPA

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5916

Amount of Each Receipt this Period

400.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

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

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

FOR LINE NUMBER: PAGE 69 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

David Kaplan

Mailing Address 58 High Valley Way

City

Stamford

State

CT

Zip Code

06903-2714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5978

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Christakis Karamanos

Mailing Address 1235 Jasam Ct

City

Toms River

State

NJ

Zip Code

08755-1356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5977

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

James Keller

Mailing Address 129 Kenilworth St

City

Philadelphia

State

PA

Zip Code

19147-3409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5870

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Kelly

Mailing Address 516 Spencer Lane

City

Warminster

State

PA

Zip Code

18974-2741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Financial Planner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5610

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Thomas L Kempner

Mailing Address 61 Broadway

City

New York

State

NY

Zip Code

10006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Loeb Partners

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5584

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Henry Kent-Smith

Mailing Address 12 Hawthorn Dr

City

Plainsboro

State

NJ

Zip Code

08536-1935

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5812

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Kerbeck

Mailing Address Rt. 73

City

Palmyra

State

NJ

Zip Code

08065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FC Kerbeck Auto Complex

Occupation  
owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5926

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Todd Kesselman

Mailing Address 3 Hillview Dr

City

Scarsdale

State

NY

Zip Code

10583-7531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Precision Capital

Occupation  
Finance

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5888

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Eric kessler

Mailing Address 1620 Belvedere Blvd

City

Silver Spring

State

MD

Zip Code

20902-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DowLohnes

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5656

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

James Kilcur

Mailing Address 1148 Pynchon Hall Rd

City

West Chester

State

PA

Zip Code

19382-7278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5871

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Jerry Kline

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6013

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Robert Kobrin

Mailing Address 71 William Feather Dr

City

Voorhees

State

NJ

Zip Code

08043-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5989

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

200.00

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



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Jane Kozinski

Mailing Address 88 N Main St

City

Cranbury

State

NJ

Zip Code

08512-3239

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5872

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Jelica Kracun

Mailing Address 69 Ottawa Trl

City

Medford Lakes

State

NJ

Zip Code

08055-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Green Point MortgageOccupation  
sales rep

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5776

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Barbara M Kramar

Mailing Address 115 Marshall Ave

City

Mount Ephraim

State

NJ

Zip Code

08059-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: C5667

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

275.00

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

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

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

FOR LINE NUMBER: PAGE 74 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel Krapf

Mailing Address 3918 Heather Dr

City

Greenville

State

DE

Zip Code

19807-2146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5829

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Joseph Kubert

Mailing Address 167 Prospect St

City

Dover

State

NJ

Zip Code

07801-4817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5951

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Joyce Kuhns

Mailing Address 301 Glenwood Rd

City

Bel Air

State

MD

Zip Code

21014-5536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5847

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Stanley Kull

Mailing Address 614 Fariston Dr

City

Wynnewood

State

PA

Zip Code

19096-2507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5848

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Louis Kupperman

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6014

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

William J Kurth

Mailing Address 115 Marshall Ave

City

Mount Ephraim

State

NJ

Zip Code

08059-1853

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: C5672

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

25.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

James E Ladd

Mailing Address 2314 Saint Marys Rd  
Maple Hill

City Hillsborough State NC Zip Code 27278-8005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5587

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Michael Lampert

Mailing Address 1115 Irving Ave

City Westfield State NJ Zip Code 07090-1662

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAul Ewing

Occupation  
attorney

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
10.69

Date of Receipt

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

Transaction ID: C5813

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Deborah Landry

Mailing Address 427 1st Ave

City Haddon Heights State NJ Zip Code 08035-1403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ed Management corp

Occupation  
exec

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt

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

Transaction ID: C5722

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Lankford

Mailing Address 318 N Quaker Ln

City

Alexandria

State

VA

Zip Code

22304-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lankfield, Coffield and  
Reed

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C5749

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Thomas Lankford

Mailing Address 318 N Quaker Ln

City

Alexandria

State

VA

Zip Code

22304-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lankfield, Coffield and  
Reed

Occupation

Attorney

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5750

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Seth Lapidow

Mailing Address 61 Green Ave

City

Lawrenceville

State

NJ

Zip Code

08648-1623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5814

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

4600.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Eileen Lawrence

Mailing Address 638 5th St

City

Atco

State

NJ

Zip Code

08004-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5677

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Maurice Lee, III

Mailing Address 320 Orchard Way

City

Saint Davids

State

PA

Zip Code

19087-4847

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5830

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Thomas, Leonard

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

45.61

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6016

Amount of Each Receipt this Period

45.61

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

William Leonard

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16.39

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6015

Amount of Each Receipt this Period

16.39

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Gary Lesneski

Mailing Address 1 Hunters Ln

City

Tabernacle

State

NJ

Zip Code

08088-9082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Archer & Greiner

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

625.00

Date of Receipt

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

Transaction ID: C5637

Amount of Each Receipt this Period

625.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Bruce Lev

Mailing Address 736 Titicus Rd

City

North Salem

State

NY

Zip Code

10560-2200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Leob Partners

Occupation  
Managing Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5583

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2625.00

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

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

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

FOR LINE NUMBER: PAGE 80 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Barry Levin

Mailing Address 8 Poplar Ct

City

Owings Mills

State

MD

Zip Code

21117-1424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5792

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Edward Levin

Mailing Address 3229 Ellicott St NW

City

Washington

State

DC

Zip Code

20008-2061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5831

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Mark Levy

Mailing Address 37 Sherman Dr

City

Malvern

State

PA

Zip Code

19355-3186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5849

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary Lieber

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5815

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Marvin Lieber

Mailing Address 20 Brace Rd.

City

State

Zip Code

Cherry Hill

NJ

08034

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.68

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6017

Amount of Each Receipt this Period

15.68

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Ryan S Lilienthal

Mailing Address 34 Maple St

City

State

Zip Code

Princeton

NJ

08542-3852

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5590

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Limburg

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6018

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Benjamin Lokos

Mailing Address 6 Blue Sky Ct

City

Huntington

State

NY

Zip Code

11743-2902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5917

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

RObert Louis

Mailing Address 236 Woodlyn Ave

City

Glenside

State

PA

Zip Code

19038-4731

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5873

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Lublin

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12.83

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6019

Amount of Each Receipt this Period

12.83

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Timothy Luig

Mailing Address 45 Oak Rd

City

Saddle River

State

NJ

Zip Code

07458-3029

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
career schoolOccupation  
executive

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: C5903

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Jennifer Macleod

Mailing Address 4 Canoe Brook Dr

City

Princeton Junction

State

NJ

Zip Code

08550-1602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5943

Amount of Each Receipt this Period

15.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

1015.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Magid

Mailing Address 612 Addison St

City

Philadelphia

State

PA

Zip Code

19147-1413

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
none

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5968

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

George Magnatta

Mailing Address 1410 Royal Oak Dr

City

Blue Bell

State

PA

Zip Code

19422-2166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5816

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Gary Mahon

Mailing Address 508 Monmouth Dr

City

Mount Laurel

State

NJ

Zip Code

08054-5716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Camden International Comm-  
oditi

Occupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5928

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2000.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Janice K Mahon

Mailing Address 1 Crabapple Ct

City

Princeton

State

NJ

Zip Code

08540-9419

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Universal Display Corp.

Occupation  
executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5756

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

George Malberg

Mailing Address 31 Stone Tower Ln

City

Wilmington

State

DE

Zip Code

19803-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wedgewood Pharmacy

Occupation  
owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5920

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Eric Mandel

Mailing Address 211 East 70th St.

City

New York

State

NY

Zip Code

10021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Doctor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5886

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Matzen

Mailing Address 106 Abernethy Dr

City

Trenton

State

NJ

Zip Code

08618-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MWW Communications

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5636

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Donald J. McAllister

Mailing Address 10 Cardinal Dr

City

Moorestown

State

NJ

Zip Code

08057-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

fuel merchant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5597

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Shaun McAlmont

Mailing Address 15 Ursula Ct

City

Mendham

State

NJ

Zip Code

07945-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Education Services

Occupation

VP

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5901

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeanne T McCloskey

Mailing Address 1307 Coatsbridge Rd

City

Williamstown

State

NJ

Zip Code

08094-2926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best effortsOccupation  
best efforts

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5647

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Michael McFadden

Mailing Address 2161 Almira Ave

City

Atco

State

NJ

Zip Code

08004-1945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5674

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Joseph McGovern

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6020

Amount of Each Receipt this Period

17.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Nancy McGrory

Mailing Address 3825 Plumstead Ave

City

Drexel Hill

State

PA

Zip Code

19026-2813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence

Occupation  
executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5755

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Parul J Mehta

Mailing Address 16 Maison PI

City

Voorhees

State

NJ

Zip Code

08043-4193

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5626

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

John Meigs

Mailing Address 6 Norman Ln

City

Philadelphia

State

PA

Zip Code

19118-3617

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5793

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

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



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

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

FOR LINE NUMBER: PAGE 89 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert J Mendys

Mailing Address 117 Cobblestone Dr

City

Mount Laurel

State

NJ

Zip Code

08054-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: C5730

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Harold Mermelstein

Mailing Address 165 Valley Rd

City

New Rochelle

State

NY

Zip Code

10804-3727

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5892

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

H. Nathaniel Metz

Mailing Address 1449 Berwyn Paoli Rd

City

Paoli

State

PA

Zip Code

19301-2042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5817

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

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

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

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

FOR LINE NUMBER: PAGE 90 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Michaelson

Mailing Address 11-18 Fairhaven Pl

City

Fair Lawn

State

NJ

Zip Code

07410-1683

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lifesciences Research Inc

Occupation  
CFO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: C5719

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Marcia Milazzo

Mailing Address 25 Wrentham Drive

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5772

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Paul Miller

Mailing Address 6722 sullivan way

City

alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller/Wenold Capitol Str-  
ategies, LLC

Occupation  
Lobbyist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1258.75

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 5 / 2 0 0 7

Transaction ID: C6066

Amount of Each Receipt this Period

258.75

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

458.75

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

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

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

FOR LINE NUMBER: PAGE 91 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Miller

Mailing Address 6722 sullivan way

City

alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller/Wenold Capitol Str-  
ategies, LLC

Occupation  
Lobbyist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1258.75

Date of Receipt

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

Transaction ID: C5682

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Paul Miller

Mailing Address 6722 sullivan way

City

alexandria

State

VA

Zip Code

22315

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Miller/Wenold Capitol Str-  
ategies, LLC

Occupation  
Lobbyist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1258.75

Date of Receipt

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

Transaction ID: C5683

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Thorley Mills

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6021

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

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

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

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

FOR LINE NUMBER: PAGE 92 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Minuti

Mailing Address 21 Mount Airy Dr

City

Wilmington

State

DE

Zip Code

19807-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5794

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Wilbert Mitchell

Mailing Address 200 Elm Street

City

Camden

State

NJ

Zip Code

08102

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Respond, Inc.

Occupation  
Executive Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5632

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

David Moffitt

Mailing Address 2122 Valley Hill Rd

City

Malvern

State

PA

Zip Code

19355-8636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5874

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles Monk, II

Mailing Address 4704 Roland Ave

City

Baltimore

State

MD

Zip Code

21210-2320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SAul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5795

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Jenne Moran

Mailing Address 1615 L St. NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson Government Rela-  
tions

Occupation  
Partner/lobbiest

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

166.67

Date of Receipt

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

Transaction ID: C5924

Amount of Each Receipt this Period

166.67

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

James Morgan

Mailing Address 332B Princeton Rd

City

Haddonfield

State

NJ

Zip Code

08033-3956

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
freelance translations

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5910

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Nikos Mouyiaris

Mailing Address 32-02 Queens Blvd

City

Long Island City

State

NY

Zip Code

11101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mana Products

Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5743

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

George Nagle

Mailing Address 407 Chestnut Ln

City

Wayne

State

PA

Zip Code

19087-3405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5875

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

David Nasatir

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6022

Amount of Each Receipt this Period

17.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

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

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

Use separate schedule(s)  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Karl Nelson

Mailing Address 262 Oak Ct

City

Severna Park

State

MD

Zip Code

21146-3135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5832

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Eileen O'Brien

Mailing Address 105 Hilton Ave  
Baltimore

City

Baltimore

State

MD

Zip Code

21228-5728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5850

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Joseph O'Dea, Jr.

Mailing Address 40 Forest Ln

City

Swarthmore

State

PA

Zip Code

19081-1203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5796

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Jack O'Hara

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C6024

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

J. Brian O'Neill

Mailing Address 2701 Renaissance Blvd

City

King Of Prussia

State

PA

Zip Code

19406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
O'Neill Properties

Occupation

Owner

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C5987

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Patrick Oakes

Mailing Address 46 Cranberry Dr

City

Mays Landing

State

NJ

Zip Code

08330-4904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5833

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

500.00

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



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Oberkircher

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6023

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

David Oberlander

Mailing Address 504 Gatewood Road

City

Cherry Hil

State

NJ

Zip Code

08003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Flaster/Greenberg, P.C.Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5769

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Obermayer Rebmann Maxwell &amp; Hippell LLP

Mailing Address 20 Brace Road

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5991

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

1100.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric Orlinsky

Mailing Address 4415 Greenway

City

Baltimore

State

MD

Zip Code

21218-1014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5851

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Alfred Orzechowski

Mailing Address 209 Downing Rd

City

Somerdale

State

NJ

Zip Code

08083-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5673

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Michael Paluszek

Mailing Address 17 Meetinghouse Court

City

Princeton

State

NJ

Zip Code

08540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Princeton Satellite SystemsOccupation  
President

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5990

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 99 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Panayiotis Papanicolaou

Mailing Address 171 85th St

City

Brooklyn

State

NY

Zip Code

11209-4303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JF Contracting

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2300.00

Date of Receipt

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

Transaction ID: C5740

Amount of Each Receipt this Period

1300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Nicos Paphitis

Mailing Address 222 11 41st Road

City

Bayside

State

NY

Zip Code

11361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Cyprus Popular Bank  
Ltd

Occupation

NY Representative

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

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

Transaction ID: C5976

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

James Parry

Mailing Address 301 Shelly Ln

City

Deptford

State

NJ

Zip Code

08096-4170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation

best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5906

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1800.00

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

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

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

FOR LINE NUMBER: PAGE 100 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Rajendra Patel

Mailing Address 16 Nolen Cir

City

Voorhees

State

NJ

Zip Code

08043-4109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SJ Heart GroupOccupation  
physician

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5625

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Scott Patterson

Mailing Address 437 Donalyn Ln

City

Berwyn

State

PA

Zip Code

19312-1006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5852

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

C.

Full Name (Last, First, Middle Initial)

Marshall Paul

Mailing Address 17 Brickford Ln

City

Baltimore

State

MD

Zip Code

21208-1902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5876

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

250.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

David Pauldine

Mailing Address 1820 Willow Oak Dr

City

Wexford

State

PA

Zip Code

15090-2506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ed Mgmt Corp

Occupation

Chief Mktng Officer

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5655

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

William Pearson

Mailing Address 59 N.Broad St

City

Woodbury

State

NJ

Zip Code

08096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

attorney

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5693

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

William Pelosi

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6025

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

James Penny

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6026

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Michael Pepperman

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6027

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Chris Perks

Mailing Address PO Box 127

City

Camden

State

NJ

Zip Code

08101-0127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
perks Reutter Assoc.

Occupation

Engineer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5944

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

100.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Martin Jay Perl

Mailing Address 14 Oxford Rd

City

New Rochelle

State

NY

Zip Code

10804-3713

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Semptra Trading

Occupation

Trader

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: C5895

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Norman Pernick

Mailing Address 9 Okie Dr

City

Landenberg

State

PA

Zip Code

19350-9318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5797

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Jennifer Peterson

Mailing Address 25 Kynlyn Rd

City

Radnor

State

PA

Zip Code

19087-2849

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5877

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

John Pierce

Mailing Address 8210 Marion Rd

City

Elkins Park

State

PA

Zip Code

19027-2410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5818

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

James Pinciotti

Mailing Address 1343 McDivitt Drive

City

Blue Bell

State

PA

Zip Code

19422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The ALS Association

Occupation  
Executive Director

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: C5603

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Christopher Pippett

Mailing Address 8 Meadow Creek Ln

City

Glenmoore

State

PA

Zip Code

19343-2014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5853

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

50.00

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



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

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

FOR LINE NUMBER: PAGE 105 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Henry Platt

Mailing Address 9640 E Bexhill Dr

City

Kensington

State

MD

Zip Code

20895-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5834

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

B.

Full Name (Last, First, Middle Initial)

Gerald Pliner

Mailing Address PO Box 160

City

Atco

State

NJ

Zip Code

08004-0160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5662

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Nick Poduslenko

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 7

Transaction ID: C6028

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

200.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Pollera

Mailing Address 14 Honeysuckle Ct

City

Glen Mills

State

PA

Zip Code

19342-1763

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Misa Bay Citrus

Occupation  
president

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5768

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Posillico

Mailing Address 5 Topping Way

City

Chester

State

NJ

Zip Code

07930-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elusys Therapeutics

Occupation  
Therapist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5736

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Bruce Pyenson

Mailing Address 47 Treadwell Ave

City

Madison

State

NJ

Zip Code

07940-1020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milliman Inc.

Occupation  
Actuary

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5953

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

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

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

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

FOR LINE NUMBER: PAGE 107 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Habib Quraishi

Mailing Address 7 Chadwick Dr

City

Voorhees

State

NJ

Zip Code

08043-2972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5941

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Jospeh Rafalowicz

Mailing Address 1 Fenimore Rd

City

New Rochelle

State

NY

Zip Code

10804-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5896

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

George Rahn, Jr.

Mailing Address 717 Maple Leaf Ln

City

Moorestown

State

NJ

Zip Code

08057-1841

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5819

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Deborah Ramentol

Mailing Address 41 Boothby Dr

City

Mount Laurel

State

NJ

Zip Code

08054-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Technical Institu-  
te

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5902

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Valaida Randolph

Mailing Address 1508 Sagemore Dr

City

Marlton

State

NJ

Zip Code

08053-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Education Management Corp

Occupation

executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5694

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Eric Rathburn

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6029

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

William Reardon

Mailing Address 326 Roberts Ave

City

Glenside

State

PA

Zip Code

19038-3512

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Sheet Metal Contractors  
AssocOccupation  
executive

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C5946

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Chris Rehmann

Mailing Address 150 Golden Eagle Drive

City

Hammonton

State

NJ

Zip Code

08037

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Adams, Rehmann & HegganOccupation  
Engineer

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C5950

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

C Frederick Reish

Mailing Address 11755 Wilshire Blvd

City

Los Angeles

State

CA

Zip Code

90025-1545

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Reish LuftmanOccupation  
managing director

Receipt For: 2008

☒ Primary
 ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	6		2	0	0	7

Transaction ID: C5752

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Jason Reisman

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6030

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

John Reiss

Mailing Address 415 Wister Rd

City

Wynnewood

State

PA

Zip Code

19096-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5820

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Michael Renehan

Mailing Address PO Box 627

City

Farmingdale

State

NJ

Zip Code

07727-0627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Au PremiereOccupation  
exec

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5724

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

350.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**Full Name (Last, First, Middle Initial)  
William RibackMailing Address 527 Cooper St  
Ste 2City State Zip Code  
Camden NJ 08102-1200FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
attorneyReceipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
150.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5985

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
Charles N Riley

Mailing Address 900 Kings Hwy N

City State Zip Code  
Cherry Hill NJ 08034-1517FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riley & ShaineOccupation  
attorneyReceipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
700.00

Date of Receipt

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

Transaction ID: C5710

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
Francis Riley

Mailing Address 614 Scotch Rd

City State Zip Code  
Pennington NJ 08534-4112FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorneyReceipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
17.92

Date of Receipt

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

Transaction ID: C5798

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 112 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Cary Robinson

Mailing Address 627 Griscom Dr

City

Radnor

State

PA

Zip Code

19087-4614

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5971

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Fred I Robinson

Mailing Address 616 Hollywood Ave

City

Cherry Hill

State

NJ

Zip Code

08002-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Keystone Industries

Occupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5970

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Joan Roediger

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6031

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

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



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Murray Rosenberg

Mailing Address 242 Center St

City

Tuckerton

State

NJ

Zip Code

08087-2134

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best effortsOccupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: C5702

Amount of Each Receipt this Period

550.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Sidney Rosenblatt

Mailing Address 2 Turnbridge Rd.

City

Haverford

State

PA

Zip Code

19041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Universal Display GroupOccupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5762

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Laurence Rosoff

Mailing Address 60 Peregrine Dr

City

Voorhees

State

NJ

Zip Code

08043-1661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
rutgers law schoolOccupation  
professor

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5660

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2550.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Robert Ross

Mailing Address 3140 S Ocean Blvd  
Apt 405SCity State Zip Code  
Palm Beach FL 33480-5677FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
physicianReceipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
1500.00

Date of Receipt

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

Transaction ID: C5630

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Jeffrey Rotwitt

Mailing Address 20 Brace Rd.

City State Zip Code  
Cherry Hill NJ 08034FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
PartnerReceipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
45.61

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6032

Amount of Each Receipt this Period

45.61

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

C.

Full Name (Last, First, Middle Initial)

John Ryan

Mailing Address 20 Brace Rd.

City State Zip Code  
Cherry Hill NJ 08034FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
PartnerReceipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼Election Cycle-to-Date ▼  
15.20

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6033

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

1000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 115 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Larry Sabel

Mailing Address PO Box 439

City

Lumberton

State

NJ

Zip Code

08048-0439

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Associated Chiropractors  
of BurOccupation  
Chiroprator

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

350.00

Date of Receipt

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

Transaction ID: C5705

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Mark J. Salisbury

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information RequestedOccupation  
Information Requested

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: C5598

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Gary Samms

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

Election Cycle-to-Date ▼

☒ Primary ☐ General  
☐ Other (specify) ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6034

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 116 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory Saputelli

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6035

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Saul Ewing LLP

Mailing Address 1500 Market Street  
38th Floor

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5785

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Tina Sawn

Mailing Address 14 Pine Glen Dr

City

Jobstown

State

NJ

Zip Code

08041-2015

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5780

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

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

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

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

FOR LINE NUMBER: PAGE 117 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Schattner

Mailing Address 10 Middle Acre Ln

City

Cherry Hill

State

NJ

Zip Code

08003-2828

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Business Resolutions LLC

Occupation  
executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5732

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Milton Schneider

Mailing Address 345 Fishers Rd

City

Bryn Mawr

State

PA

Zip Code

19010-3603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenville Group

Occupation  
Developer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5969

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

William Scholtes

Mailing Address 10 Sandspring Ct

City

Cockeysville

State

MD

Zip Code

21030-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5854

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

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

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

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

FOR LINE NUMBER: PAGE 118 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephn Schrier

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6036

Amount of Each Receipt this Period

16.04

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Dan Schwartz

Mailing Address 1190 Strand Ave

City

Teaneck

State

NJ

Zip Code

08080

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: C5728

Amount of Each Receipt this Period

1150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Pamela Scott

Mailing Address 209 Meadowdale Dr

City

Newark

State

DE

Zip Code

19711-3446

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5878

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

1150.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 119 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

David Seelinger

Mailing Address 43 Cider HI

City

Upper Saddle River

State

NJ

Zip Code

07458-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Empire CLS Worldwide

Occupation

Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: C5704

Amount of Each Receipt this Period

550.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Glenn Segal

Mailing Address 1131 Jefferson Ln

City

Huntingdon Valley

State

PA

Zip Code

19006-6039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glenn Distributors Corp

Occupation

owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5605

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Sherwin Seligsohn

Mailing Address 1221 Centennial Rd

City

Penn Valley

State

PA

Zip Code

19072-1205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Universal Display Corp

Occupation

CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	6	/	2	0	0	7

Transaction ID: C5763

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**SUBTOTAL** of Receipts This Page (optional) .....

2050.00

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

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

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

FOR LINE NUMBER: PAGE 120 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Paula Shaffner

Mailing Address 227 Vassar Ave

City

Swarthmore

State

PA

Zip Code

19081-1635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5799

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

B.

Full Name (Last, First, Middle Initial)

Stephen Shank

Mailing Address 330 Peavey Ln

City

Wayzata

State

MN

Zip Code

55391-1525

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capella Education CoOccupation  
Chairman

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5911

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

Harry Shapiro

Mailing Address 7903 7 Mile Ln

City

Baltimore

State

MD

Zip Code

21208-4306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5879

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

1000.00

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



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 121 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Matt Shapiro

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C6037

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Scott Shaw

Mailing Address 126 Tower Hill Rd W

City

Tuxedo Park

State

NY

Zip Code

10987-4200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lincoln Educational Servi-  
ces

Occupation

SVP

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	7

Transaction ID: C5905

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Ira Shepard

Mailing Address 11673 Wellington Cr.

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5800

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 122 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Shepherd

Mailing Address 116 chestnut street

City

haddonfield

State

NJ

Zip Code

08033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
weisman childrens rehabil-  
itation hospi

Occupation

administrator

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5646

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Thomas C Shepherd

Mailing Address 499 Haviland Dr.

City

Millstone Twp

State

NJ

Zip Code

08535

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ross University

Occupation

President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5654

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Jackie Shulman

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16.04

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6038

Amount of Each Receipt this Period

16.04

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

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

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

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

FOR LINE NUMBER: PAGE 123 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Claudia Silverang

Mailing Address 242 Waterloo Ave

City

Berwyn

State

PA

Zip Code

19312-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5967

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Ralph Sims

Mailing Address 33 Messenger Dr.

City

Willingboro

State

NJ

Zip Code

08046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

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

Transaction ID: C5671

Amount of Each Receipt this Period

25.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

John Sinnenberg

Mailing Address 23276 Laureldale Rd

City

Shaker Heights

State

OH

Zip Code

44122-2103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Key Principal Partners

Occupation  
chairman

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5982

Amount of Each Receipt this Period

2100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2625.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Carolyn Smith

Mailing Address 1668 Washington Blvd

City

Huntington

State

WV

Zip Code

25701-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best efforts

Occupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C5659

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Michael Alexander Smith

Mailing Address 203 David Drive

City

Mullica Hill

State

NJ

Zip Code

08062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mars Graphics, Inc.

Occupation  
President/Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5582

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

John Snyder

Mailing Address 2 Roselawn Ln

City

Malvern

State

PA

Zip Code

19355-3316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5821

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

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

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

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

FOR LINE NUMBER: PAGE 125 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Spar

Mailing Address 6070 Avalon Dr

City

Elkridge

State

MD

Zip Code

21075-5980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8.56

Date of Receipt

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

Transaction ID: C5855

Amount of Each Receipt this Period

8.56

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Wendie Stabler

Mailing Address PO Box 123

City

Montchanin

State

DE

Zip Code

19710-0123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5822

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

David Steerman

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6039

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Dina Sterman

Mailing Address 69 Seacord Rd

City

New Rochelle

State

NY

Zip Code

10804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Physical Therapist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5893

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Kenneth Stetser

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID: C5675

Amount of Each Receipt this Period

50.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Donald Steward

Mailing Address 450 Linden Ave

City

Woodbury Heights

State

NJ

Zip Code

08097-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

fuel merchant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5591

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

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

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

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

FOR LINE NUMBER: PAGE 127 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Donald Steward

Mailing Address 450 Linden Ave

City

Woodbury Heights

State

NJ

Zip Code

08097-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation

fuel merchant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5600

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

J. Kate Stickles

Mailing Address 106 Middle Rd  
Hilton Manor

City

Wilmington

State

DE

Zip Code

19809-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5835

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

John Stoviak

Mailing Address 1 Sugarbrook Rd

City

Malvern

State

PA

Zip Code

19355-3423

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5801

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Kurt Straub

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6040

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Frederick Strober

Mailing Address 1403 Beech Ave

City

Melrose Park

State

PA

Zip Code

19027-3151

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5823

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Geoffrey M Strunk

Mailing Address 8 Rose Tree Dr

City

Glen Mills

State

PA

Zip Code

19342-1788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5781

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

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



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Nina Stryker

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C6041

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Hugh Sutherland

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16.04

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C6042

Amount of Each Receipt this Period

16.04

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Paul Sweeney

Mailing Address 311 Barton Run Blvd

City

Marlton

State

NJ

Zip Code

08053-2736

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	4		2	0	0	7

Transaction ID: C5918

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

100.00

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

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

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

FOR LINE NUMBER: PAGE 130 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Tabas

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.82

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6043

Amount of Each Receipt this Period

17.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

Daniel Tate

Mailing Address 4510 Wetherill Rd

City

Bethesda

State

MD

Zip Code

20816-1837

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Capitol Solutions

Occupation  
Lobbyist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5914

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Erin Taylor

Mailing Address 42 Turnbridge Dr

City

Lumberton

State

NJ

Zip Code

08048-5058

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5775

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

350.00

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

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

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

FOR LINE NUMBER: PAGE 131 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Avery Teitler

Mailing Address 716 Simpson Ave

City

Ocean City

State

NJ

Zip Code

08226-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5753

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Lenore Teitler

Mailing Address 170 E Saint Andrews Dr

City

Mount Laurel

State

NJ

Zip Code

08054-2335

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
none

Occupation  
homemaker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5777

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Barbara Tomalino

Mailing Address 10 N Boyd St

City

Cape May Ch

State

NJ

Zip Code

08210-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paramount Air Service

Occupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5593

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

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

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

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

FOR LINE NUMBER: PAGE 132 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Arthur Toto

Mailing Address 35 Matthews Dr

City

Bedminster

State

NJ

Zip Code

07921-2623

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rickart CollectionSystems  
Inc

Occupation

Collection agent

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: C5729

Amount of Each Receipt this Period

550.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Mike Tou

Mailing Address 185 Dutch Rd

City

Marlton

State

NJ

Zip Code

08053-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bamboo Village CO.

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID: C5645

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Howard Trachtman

Mailing Address 33 Lovell Rd

City

New Rochelle

State

NY

Zip Code

10804-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Philip Morris

Occupation

Finance

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5898

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

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

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

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

FOR LINE NUMBER: PAGE 133 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Constantine Tsentas

Mailing Address 12 Bluebird Ct

City

Flemington

State

NJ

Zip Code

08822-5505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cyrpus Federation of Amer-  
ica

Occupation

Vice President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C5742

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

James Z Turner

Mailing Address 4260 S Bellaire Cir

City

Englewood

State

CO

Zip Code

80113-5052

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alta Colleges Inc.

Occupation

Administration

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5592

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Michael Tursi

Mailing Address PO Box 39

City

Mount Laurel

State

NJ

Zip Code

08054-0039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milly's Pharmacy

Occupation

Pharmacist

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5652

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

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

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

William Uchimoto

Mailing Address 613 Cascades Ct

City

Berwyn

State

PA

Zip Code

19312-1980

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5836

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**B.**

Full Name (Last, First, Middle Initial)

James Vajda

Mailing Address 600 Buckhorn Ct

City

Lewisberry

State

PA

Zip Code

17339-8718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bradford Cty PA

Occupation  
Emergency Management Dir.

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5942

Amount of Each Receipt this Period

750.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Raju M Varghese

Mailing Address 9 Juschase Ct

City

Voorhees

State

NJ

Zip Code

08043-4861

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation  
Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

150.00

Date of Receipt

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

Transaction ID: C5621

Amount of Each Receipt this Period

150.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

900.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph Vitale

Mailing Address 142 Beverly Hill Terr.

City

Woodbridge

State

NJ

Zip Code

07095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vitale Sign Corp.Occupation  
President

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5744

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Irving Walker

Mailing Address 3228 Midfield Rd

City

Pikesville

State

MD

Zip Code

21208-4420

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.92

Date of Receipt

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

Transaction ID: C5802

Amount of Each Receipt this Period

17.92

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Francis Walton

Mailing Address 6 Nenagh Dr

City

Wilmington

State

DE

Zip Code

19803-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NDI Engineering CoOccupation  
CEO

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C5638

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2800.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Francis Walton

Mailing Address 6 Nenagh Dr

City

Wilmington

State

DE

Zip Code

19803-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NDI Engineering Co

Occupation

CEO

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4600.00

Date of Receipt

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

Transaction ID: C5639

Amount of Each Receipt this Period

2300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Parry Warner

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6044

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

William Warren, Jr.

Mailing Address 2311 Briar Cliff Rd

City

Harrisburg

State

PA

Zip Code

17104-1445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

9.45

Date of Receipt

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

Transaction ID: C5837

Amount of Each Receipt this Period

9.45

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**SUBTOTAL** of Receipts This Page (optional) .....

2300.00

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



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Martin Weinberg

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

32.78

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6045

Amount of Each Receipt this Period

32.78

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Michael Weinstein

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6046

Amount of Each Receipt this Period

13.07

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Alfred Weissman

Mailing Address 345 Chestnut Dr

City

Roslyn

State

NY

Zip Code

11576-2340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
real estate

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: C5894

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 138 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard H Wenzke

Mailing Address 220 Roberts Dr

City

Somerdale

State

NJ

Zip Code

08083-2534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20.00

Date of Receipt

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

Transaction ID: C5669

Amount of Each Receipt this Period

20.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Ruth Wessel

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6047

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**[MEMO ITEM]**

\*

**C.**

Full Name (Last, First, Middle Initial)

Daniel Wheeler

Mailing Address 610 Montgomery School Lane

City

Wynnewood

State

PA

Zip Code

19096

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
self-employed

Occupation

Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5741

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2020.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Wheeler

Mailing Address 4 Abingdon Ave

City

Medford

State

NJ

Zip Code

08055-3326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
best effortsOccupation  
best efforts

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5929

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Robert Whitelaw

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann MaxwellOccupation  
Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

17.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C6048

Amount of Each Receipt this Period

17.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

RObert Wiener

Mailing Address 875 Mamaroneck Avenue

City

Mamaroneck

State

NY

Zip Code

10543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JRD ManagementOccupation  
real estate

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	4	/	2	0	0	7

Transaction ID: C5885

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

2000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 140 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Cid Wilson

Mailing Address 250 Broad Avenue

City

Leonia

State

NJ

Zip Code

07605

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kevin Ddanni & Partners LLCOccupation  
executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C5935

Amount of Each Receipt this Period

200.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Elizabeth Witmer

Mailing Address 435 N Whitford Rd

City

Exton

State

PA

Zip Code

19341-2043

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul EwingOccupation  
attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7.33

Date of Receipt

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

Transaction ID: C5880

Amount of Each Receipt this Period

7.33

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**C.**

Full Name (Last, First, Middle Initial)

Daniel Wofford

Mailing Address 8 Primrose Ln

City

Malvern

State

PA

Zip Code

19355-9693

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
selfOccupation  
consultant

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5983

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

450.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 346

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven Wolfson

Mailing Address 120 West Germantown Pike

City

Plymouth Meeting

State

PA

Zip Code

19462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hilltown Crossing LP

Occupation

Partner

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: C5965

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Wayne E Worman

Mailing Address 1038 Walnut Ave

City

Woodbury Heights

State

NJ

Zip Code

08097-1542

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	6	/	2	0	0	7

Transaction ID: C5589

Amount of Each Receipt this Period

100.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

F. Michael Wysocki

Mailing Address 250 Deepdale Rd

City

Wayne

State

PA

Zip Code

19087-2659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saul Ewing

Occupation

attorney

Receipt For: 2008

☒ Primary
 ☐ General
 ☐ Other (specify) ▼

Election Cycle-to-Date ▼

10.69

Date of Receipt

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

Transaction ID: C5824

Amount of Each Receipt this Period

10.69

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

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

100.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Victor Young

Mailing Address 20 Brace Rd.

City

Cherry Hill

State

NJ

Zip Code

08034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Obermayer Rebmann Maxwell

Occupation

Partner

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

15.20

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C6049

Amount of Each Receipt this Period

15.20

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

[MEMO ITEM]

\*

**B.**

Full Name (Last, First, Middle Initial)

Tasos Zambas

Mailing Address 29 Wakefield Ln

City

Piscataway

State

NJ

Zip Code

08854-5816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prudential Securities

Occupation

executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5979

Amount of Each Receipt this Period

250.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

Joseph Zinman

Mailing Address 17 Coventry Cir E

City

Marlton

State

NJ

Zip Code

08053-2858

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aurora Financial

Occupation

executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5765

Amount of Each Receipt this Period

300.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

550.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 346

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

John A Zohlman

Mailing Address 1820 Chapel Ave W  
Ste 160

City

Cherry Hill

State

NJ

Zip Code

08002-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hanger & ZohlmanOccupation  
Attorney

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5714

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

Michael L. Zumpino

Mailing Address 817 Sullivan Dr

City

Lansdale

State

PA

Zip Code

19446-5437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Triad AssociatesOccupation  
Executive

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5648

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

1000.00

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

145853.75

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

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

FOR LINE NUMBER: PAGE 144 / 346

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

ACA International PAC

Mailing Address 4040 W. 70yh Street

City

Minneapolis

State

MN

Zip Code

55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C5701

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

AFFINITY FEDERAL CREDIT UNION POLITICAL ACTION COMMITTEE (AFFINITY PAC)

Mailing Address 73 MOUNTAIN VIEW BLVD  
PO BOX 621

City

BASKING RIDGE

State

NJ

Zip Code

07920

FEC ID number of contributing  
federal political committee.

C

C00337113

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C5640

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

American Academy of Audiology PAC

Mailing Address 11730 Plaza America Dr.  
Suite 300

City

Reston

State

VA

Zip Code

20190

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5933

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

American Association for Justice PAC

Mailing Address 1050 31st Street NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7500.00

Date of Receipt

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

Transaction ID: C5649

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF TEACHERS

Mailing Address 555 NEW JERSEY AVE., NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C**

C70002472

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5938

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET SUITE 300

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

**C**

C00024968

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5604

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

9500.00

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

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

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

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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

ANHEUSER-BUSCH COMPANIES INC POLITICAL ACTION COMMITTEE (AB-PAC)

Mailing Address ONE BUSCH PLACE

City

ST. LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing  
federal political committee.

**C** C00034488

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5986

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

ARMENIAN AMERICAN PAC (ARMENPAC)

Mailing Address 421 E AIRPORT FREEWAY

City

IRVING

State

TX

Zip Code

75206

FEC ID number of contributing  
federal political committee.

**C** C00352054

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5883

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

ASPA PAC

Mailing Address 4350 N. Fairfax Dr.  
Suite 820

City

Arlington

State

VA

Zip Code

22203

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5783

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 147 / 346

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1310 G STREET NW

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00194746

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5975

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

BOEING POLITICAL ACTION COMMITTEE

Mailing Address 1200 Wilson Blvd

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing  
federal political committee.

**C** C00142711

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5962

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

CARDINAL HEALTH INC. PAC A/K/A CARDINAL HEALTH COMPANIES PAC

Mailing Address 7000 CARDINAL PLACE

City

DUBLIN

State

OH

Zip Code

43017

FEC ID number of contributing  
federal political committee.

**C** C00332833

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5949

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 148 / 346

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

CAREER COLLEGE ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 10 G STREET NE #750

City

WASHINGTON

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

**C** C00213066

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C5633

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

CORINTHIAN COLLEGES INC PAC

Mailing Address 6 HUTTON CENTRE DRIVE SUITE 400

City

SANTA ANA

State

CA

Zip Code

92707

FEC ID number of contributing  
federal political committee.

**C** C00357640

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4800.00

Date of Receipt

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

Transaction ID: C5688

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

CWA-COPE POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 501 Third Street N.W.

City

Washington

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00002089

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C5930

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 346

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.** Full Name (Last, First, Middle Initial) DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOBILE DEALERS ASSOCIATION

Mailing Address 8400 WESTPARK DRIVE

City	State	Zip Code
MCLEAN	VA	22102

FEC ID number of contributing federal political committee. **C** C00040998

Name of Employer

Occupation

 Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	0	7

Transaction ID: C5957

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)**B.** Full Name (Last, First, Middle Initial) Dow Lohnes PACMailing Address 1200 New Hampshire Ave., NW  
Ste 803

City	State	Zip Code
Washington	DC	20036

FEC ID number of contributing federal political committee. **C**

Name of Employer

Occupation

 Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

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

Transaction ID: C5689

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)**C.** Full Name (Last, First, Middle Initial) DRINKER BIDDLE POLITICAL ACTION COMMITTEEMailing Address 1500 K Street NW  
Suite 1100

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee. **C** C00370759

Name of Employer

Occupation

 Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

 Election Cycle-to-Date ▼  
 500.00

Date of Receipt

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

Transaction ID: C5634

Amount of Each Receipt this Period

500.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

6000.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.** Full Name (Last, First, Middle Initial) DRIVE - DEMOCRAT REPUBLICAN INDEPENDENT VOTER EDUCATION - PAC FOR INT'L BROTH

Mailing Address 25 Louisiana Ave. NW

City State Zip Code  
 Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00032979

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 2 / 2 8 / 2 0 0 7

Transaction ID: C5952

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)

Enterprise Rent a Car PAC

Mailing Address 600 Corporate Park Drive

City State Zip Code  
 Saint Louis MO 63105

FEC ID number of contributing federal political committee. **C** C00219642

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

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

Transaction ID: C5703

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)

Foley & Lardner Political Fund

Mailing Address 3000 K St., NW  
 Suite 500

City State Zip Code  
 Washington DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
 1000.00

Date of Receipt

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

Transaction ID: C5932

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

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

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

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Genesis Healthcare Corp PAC

Mailing Address 101 East State St.

City

Kennett Square

State

PA

Zip Code

19348

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5984

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Hanger Orthopedic Group

Mailing Address 2 Bethesda Metro Center

City

Bethesda

State

MD

Zip Code

20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C6064

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE (HIPAC)

Mailing Address 1001 Pennsylvania Avenue  
Suite 700

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

C00096156

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5913

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

7000.00

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

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

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

HUMAN RIGHTS CAMPAIGN PAC

Mailing Address 1640 Rhode Island Avenue NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C** C00235853

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C5644

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

INTERNATIONAL UNION OF OPERATING ENGINEERS

Mailing Address 1125 17th St., NW

City

Washington

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5974

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

KIRKPATRICK & LOCKHART POLITICAL ACTION COMMITTEE

Mailing Address 1500 OLIVER BUILDING

City

PITTSBURGH

State

PA

Zip Code

15222

FEC ID number of contributing  
federal political committee.

**C** C00199786

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5650

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4500.00

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



**SCHEDULE A (FEC Form 3 )  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**Full Name (Last, First, Middle Initial)  
LABORERS' POLITICAL LEAGUE-LABORERS' INTERNATIONAL UNION OF NAMailing Address 905 16th Street NW  
Second FloorCity State Zip Code  
Washington DC 20006FEC ID number of contributing  
federal political committee.**C** C00007922

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5961

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**Full Name (Last, First, Middle Initial)  
LIBERTY MUTUAL INSURANCE COMPANY-PAC

Mailing Address 175 Berkeley Steet

City State Zip Code  
Boston MA 02117FEC ID number of contributing  
federal political committee.**C** C00171843

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5959

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**Full Name (Last, First, Middle Initial)  
LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEEMailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300City State Zip Code  
ARLINGTON VA 22202FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5698

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

5500.00

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

**SCHEDULE A (FEC Form 3 )  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300City State Zip Code  
ARLINGTON VA 22202FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5699

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 1725 JEFFERSON DAVIS HIGHWAY  
CRYSTAL SQUARE TWO SUITE 300City State Zip Code  
ARLINGTON VA 22202FEC ID number of contributing  
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5958

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 27-01 Queens Plaza North Area 4-D  
Area 4DCity State Zip Code  
Long Island City NY 11101FEC ID number of contributing  
federal political committee.**C** C00040923

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5651

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

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

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)  
METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 27-01 Queens Plaza North Area 4-D  
Area 4D

City State Zip Code  
Long Island City NY 11101

FEC ID number of contributing  
federal political committee. **C** C00040923

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt

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

Transaction ID: C5919

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
MGM MIRAGE PAC

Mailing Address 591 REDWOOD HWY BUILDING 4000

City State Zip Code  
MILL VALLEY CA 94941

FEC ID number of contributing  
federal political committee. **C** C00299321

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5915

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSOCIATION POLITICAL ACTION COM (NAME OF RECIPIENT)

Mailing Address 606 NORTH WASHINGTON STREET

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 4 / 2 0 0 7

Transaction ID: C5912

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.** Full Name (Last, First, Middle Initial) NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION POLITICAL ACTION COMMITTEE (AKA NATAC) **Date of Receipt**

Mailing Address 1325 Massachusetts Ave. NW

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

**Transaction ID:** C5973

Amount of Each Receipt this Period

2000.00

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee.

**C** C00238725

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)**B.** Full Name (Last, First, Middle Initial)

National Association of Home Builders

Mailing Address 1201 15th Street, NW

Date of Receipt

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

**Transaction ID:** C5697

Amount of Each Receipt this Period

2000.00

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)**C.** Full Name (Last, First, Middle Initial) NATIONAL COURT REPORTERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 8224 OLD COURTHOUSE ROAD

Date of Receipt

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

**Transaction ID:** C5665

Amount of Each Receipt this Period

1000.00

City	State	Zip Code
VIENNA	VA	22182

FEC ID number of contributing federal political committee.

**C** C00146506

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

☐ Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

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

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

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

National Limousine Association PAC

Mailing Address 49 South Maple Ave

City

Marlton

State

NJ

Zip Code

08053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5643

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL RURAL LETTER CARRIERS' ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1630 DUKE STREET 4TH FLOOR

City

ALEXANDRIA

State

VA

Zip Code

22314

FEC ID number of contributing  
federal political committee.

C

C00072025

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5937

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

NJACA PAC

Mailing Address PO Box 1037

City

Bloomfield

State

NJ

Zip Code

07003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5709

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

4000.00

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

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

Use separate schedule(s)  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

PAC of American Association of Orthopaedic Surgeons

Mailing Address 317 Massachussetts Ave., NE

City

Washington

State

DC

Zip Code

20002

FEC ID number of contributing  
federal political committee.

**C** C00343137

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5733

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

Paragon Federal PAC

Mailing Address 100 Paragon Drive

City

Montvale

State

NJ

Zip Code

07645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5708

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

PCIPAC

Mailing Address 2600 South River Road

City

Des Plaines

State

IL

Zip Code

60018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C5706

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1700.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

PETROLEUM MARKETERS ASSOCIATION OF AMERICAN SMALL BUSINESS COMMITTEE

Mailing Address 1901 North Fort Myer Drive  
Suite 1200

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing  
federal political committee.

**C** C00035204

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

Transaction ID: C5594

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

PHI-PEPCO-CONNECTIV PAC

Mailing Address 701 Ninth Street NW

City State Zip Code  
Washington DC 20068

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5748

Amount of Each Receipt this Period

350.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

Philadelphia Regional Limo Association PAC

Mailing Address PO Box 653

City State Zip Code  
Richboro PA 18954

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5782

Amount of Each Receipt this Period

750.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 711 HIGH ST/GOVERNMENT RELATIONS

City	State	Zip Code
DES MOINES	IA	50392

FEC ID number of contributing  
federal political committee.**C** C00128918

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID: C5734

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

PROTECTSENIORS POLITICAL ACTION

Mailing Address 601 PENNSYLVANIA AVE NW  
STE 900 S Bldg

City	State	Zip Code
Washington	DC	20004

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID: C5666

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

PUBLIC SERVICE ENTERPRISE GROUP INC. POLITICAL ACTION COMMITTEE (PEGPAC)

Mailing Address 80 Park Plaza

City	State	Zip Code
Newark	NJ	07102

FEC ID number of contributing  
federal political committee.**C** C00383489

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5612

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

4500.00

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Purdue Pharma Inc. PAC

Mailing Address One Stamford Forum

City

Stamford

State

CT

Zip Code

06901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 0 7

Transaction ID: C5751

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 N. Michigan Avenue

City

Chicago

State

IL

Zip Code

60611

FEC ID number of contributing  
federal political committee.

C

C00030718

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5947

Amount of Each Receipt this Period

4000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

SIFMA-PAC

Mailing Address 1425 K St. NW  
7th floor

City

washington

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5580

Amount of Each Receipt this Period

3000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8000.00

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

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

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

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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Taxicab Limosine & Paratransit PAC

Mailing Address 3849 Farragut Ave.

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C5707

Amount of Each Receipt this Period

1500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 80 WEST END AVENUE

City

NEW YORK

State

NY

Zip Code

10023

FEC ID number of contributing  
federal political committee.

C

C00008268

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 7

Transaction ID: C5960

Amount of Each Receipt this Period

2000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

UAW - V - CAP (UAW VOLUNTARY COMMUNITY ACTION PROGRAM)

Mailing Address 8000 EAST JEFFERSON

City

DETROIT

State

MI

Zip Code

48214

FEC ID number of contributing  
federal political committee.

C

C00002840

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C5657

Amount of Each Receipt this Period

5000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

8500.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

UBS AMERICAS FUND FOR BETTER GOVERNMENT

Mailing Address 1285 AVENUE OF THE AMERICAS

City State Zip Code  
 NEW YORK NY 10019

FEC ID number of contributing  
federal political committee.

**C** C00012245

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 1 2 / 1 4 / 2 0 0 7

Transaction ID: C5907

Amount of Each Receipt this Period

2500.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

WYETH GOOD GOVERNMENT FUND

Mailing Address FIVE GIRALDA FARMS

City State Zip Code  
 MADISON NJ 07940

FEC ID number of contributing  
federal political committee.

**C** C00115303

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C5735

Amount of Each Receipt this Period

1000.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

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

104300.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 346

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6050

Amount of Each Receipt this Period

254.60

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**B.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6053

Amount of Each Receipt this Period

2049.43

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**C.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6061

Amount of Each Receipt this Period

2197.43

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)**SUBTOTAL** of Receipts This Page (optional) .....

4501.46

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

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

Use separate schedule(s)  
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6051

Amount of Each Receipt this Period

237.82

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6054

Amount of Each Receipt this Period

4099.21

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6055

Amount of Each Receipt this Period

2126.55

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

6463.58

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

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6052

Amount of Each Receipt this Period

240.48

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**B.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6056

Amount of Each Receipt this Period

2197.43

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)
**C.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City

Collingswood

State

NJ

Zip Code

08108-2046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

91452.57

Date of Receipt

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

Transaction ID: C6060

Amount of Each Receipt this Period

4235.85

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

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

6673.76

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

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

Use separate schedule(s)  
for each category of the  
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☐ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☒ 15

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)  
Gloucester County Federal Savings Bank

Mailing Address 301 Greentree Rd

City State Zip Code  
Sewell NJ 08080-9217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
8032.02

Date of Receipt

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

Transaction ID: C6057

Amount of Each Receipt this Period

623.02

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**B.**

Full Name (Last, First, Middle Initial)  
Gloucester County Federal Savings Bank

Mailing Address 301 Greentree Rd

City State Zip Code  
Sewell NJ 08080-9217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
8032.02

Date of Receipt

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

Transaction ID: C6058

Amount of Each Receipt this Period

602.93

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**C.**

Full Name (Last, First, Middle Initial)  
Gloucester County Federal Savings Bank

Mailing Address 301 Greentree Rd

City State Zip Code  
Sewell NJ 08080-9217

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼  
8032.02

Date of Receipt

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

Transaction ID: C6059

Amount of Each Receipt this Period

572.52

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) .....

1798.47

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

19437.27

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

1-800 flowers inc

Mailing Address online order

City  
New York

State  
NY

Zip Code  
11514

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5303

Date of Disbursement

/   /

Amount of Each Disbursement this Period

82.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

1-800 flowers inc

Mailing Address online order

City  
New York

State  
NY

Zip Code  
11514

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5448

Date of Disbursement

/   /

Amount of Each Disbursement this Period

72.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

1-800 flowers inc

Mailing Address online order

City  
New York

State  
NY

Zip Code  
11514

Purpose of Disbursement  
flowers for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5520

Date of Disbursement

/   /

Amount of Each Disbursement this Period

94.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

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

0.00

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



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

1-800 flowers inc

Mailing Address online order

City  
New York

State  
NY

Zip Code  
11514

Purpose of Disbursement

flowers for donor

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D5538

Date of Disbursement

11 / 10 / 2007

Amount of Each Disbursement this Period

72.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

24/7 Communications Inc

Mailing Address 900 Rt 168  
A-3

City  
Turnersville

State  
NJ

Zip Code  
08012

Purpose of Disbursement

Answering service bill

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D4991

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

114.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

24/7 Communications Inc

Mailing Address 900 Rt 168  
A-3

City  
Turnersville

State  
NJ

Zip Code  
08012

Purpose of Disbursement

office- answering service

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

2008

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Transaction ID: D5035

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

34.24

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

149.08

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

7-11

Mailing Address

City  
BellmawrState  
NJZip Code  
08035Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5319

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	5		2	0	0	7

Amount of Each Disbursement this Period

35.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

821 Market Restaurant

Mailing Address 821 N Market St

City  
WilmingtonState  
DEZip Code  
19801-3010Purpose of Disbursement  
luncheon

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5021

Date of Disbursement

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

Amount of Each Disbursement this Period

3250.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Acme Markets

Mailing Address Black Horse Pike

City  
AudubonState  
NJZip Code  
08106Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5459

Date of Disbursement

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

Amount of Each Disbursement this Period

2.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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

3250.00

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

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            ADP EasyPay</p> <p>Mailing Address 99 Jefferson Rd</p> <p>City Parsippany State NJ Zip Code 07054-2815</p> <p>Purpose of Disbursement            ADP-salary/taxes/ira/fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5042</p> <p>Date of Disbursement            11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period            4541.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            ADP EasyPay</p> <p>Mailing Address 99 Jefferson Rd</p> <p>City Parsippany State NJ Zip Code 07054-2815</p> <p>Purpose of Disbursement            ADP-salary/taxes/IRA/fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5047</p> <p>Date of Disbursement            12 / 28 / 2007</p> <p>Amount of Each Disbursement this Period            4541.43</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            Advanced Limousine</p> <p>Mailing Address 538 Durham Rd</p> <p>City Newtown State PA Zip Code 18940-9615</p> <p>Purpose of Disbursement            auto-event rental</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5488</p> <p>Date of Disbursement            11 / 01 / 2007</p> <p>Amount of Each Disbursement this Period            1558.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>

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

9082.87

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Advanced Limousine <hr/> Mailing Address     538 Durham Rd <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Newtown</td> <td style="width: 33%;">State PA</td> <td style="width: 33%;">Zip Code 18940-9615</td> </tr> <tr> <td colspan="2">Purpose of Disbursement travel-event</td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For:     2008 <input checked="" type="checkbox"/> Primary     <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:     District:</td> <td colspan="2"></td> </tr> </table>	City Newtown	State PA	Zip Code 18940-9615	Purpose of Disbursement travel-event		Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:     2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State:     District:			<b>Transaction ID:</b> D5504 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> <span>1 1</span> <span>0 3</span> <span>2 0 0 7</span> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">754.65</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
City Newtown	State PA	Zip Code 18940-9615													
Purpose of Disbursement travel-event		Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:     2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State:     District:															
<b>B.</b> Full Name (Last, First, Middle Initial) James J Albertine <hr/> Mailing Address     6307 Mountain Branch Ct <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Bethesda</td> <td style="width: 33%;">State MD</td> <td style="width: 33%;">Zip Code 20817-5838</td> </tr> <tr> <td colspan="2">Purpose of Disbursement In-kind - breakfast sponsor</td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For:     2008 <input checked="" type="checkbox"/> Primary     <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:     District:</td> <td colspan="2"></td> </tr> </table>	City Bethesda	State MD	Zip Code 20817-5838	Purpose of Disbursement In-kind - breakfast sponsor		Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:     2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State:     District:			<b>Transaction ID:</b> D5555 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> <span>1 0</span> <span>1 8</span> <span>2 0 0 7</span> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">320.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Bethesda	State MD	Zip Code 20817-5838													
Purpose of Disbursement In-kind - breakfast sponsor		Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:     2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State:     District:															
<b>C.</b> Full Name (Last, First, Middle Initial) America <hr/> Mailing Address     50 Massachusetts AveNE <hr/> <table style="width: 100%;"> <tr> <td style="width: 33%;">City Washington</td> <td style="width: 33%;">State DC</td> <td style="width: 33%;">Zip Code 20002</td> </tr> <tr> <td colspan="2">Purpose of Disbursement food expense</td> <td rowspan="2" style="border: 1px solid black; text-align: center; vertical-align: middle;">Category/ Type</td> </tr> <tr> <td colspan="2">Candidate Name</td> </tr> <tr> <td>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</td> <td colspan="2">Disbursement For:     2008 <input checked="" type="checkbox"/> Primary     <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</td> </tr> <tr> <td>State:     District:</td> <td colspan="2"></td> </tr> </table>	City Washington	State DC	Zip Code 20002	Purpose of Disbursement food expense		Category/ Type	Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:     2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State:     District:			<b>Transaction ID:</b> D5321 <b>Date of Disbursement</b> <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span>M M / D D / Y Y Y Y</span> </div> <div style="display: flex; justify-content: space-between; border: 1px solid black; padding: 2px;"> <span>1 0</span> <span>0 5</span> <span>2 0 0 7</span> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">92.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
City Washington	State DC	Zip Code 20002													
Purpose of Disbursement food expense		Category/ Type													
Candidate Name															
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:     2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼														
State:     District:															

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

320.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) America Mailing Address 50 Massachusetts AveNE	<b>Transaction ID:</b> D5486 <b>Date of Disbursement</b> <div> <div>11</div> <div>01</div> <div>2007</div> </div>
City Washington State DC Zip Code 20002 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>95.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address 187 French St City New Brunswick State NJ Zip Code 08901-2338 Purpose of Disbursement auto gas expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5495 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>39.29</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) Applebees Mailing Address 129 N Michigan Ave City Atlantic City State NJ Zip Code 08401-4138 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5449 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>88.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Applebees

Mailing Address 129 N Michigan Ave

City State Zip Code  
 Atlantic City NJ 08401-4138

Purpose of Disbursement  
 food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5496

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.67

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City State Zip Code  
 Haddon Heights NJ 08035-1907

Purpose of Disbursement  
 flowers for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5464

Date of Disbursement

/   /

Amount of Each Disbursement this Period

176.55

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City State Zip Code  
 Haddon Heights NJ 08035-1907

Purpose of Disbursement  
 flowers for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5521

Date of Disbursement

/   /

Amount of Each Disbursement this Period

140.71

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
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PAGE 176 / 346

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City  
Haddon Heights

State  
NJ

Zip Code  
08035-1907

Purpose of Disbursement  
flower expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5537

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

69.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City  
Haddon Heights

State  
NJ

Zip Code  
08035-1907

Purpose of Disbursement  
flowers-donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5853

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

251.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City  
Haddon Heights

State  
NJ

Zip Code  
08035-1907

Purpose of Disbursement  
flowers for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5311

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

171.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

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

0.00

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



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) asurion wireless Mailing Address 8880 Ward Pkwy	<b>Transaction ID:</b> D5536 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2007</div> </div>
City Kansas City State MO Zip Code 64114-2762 Purpose of Disbursement office-phone expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>50.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 2969 City Omaha State NE Zip Code 68103-2969 Purpose of Disbursement Office-long distance bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D4971 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>37.70</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) AT&T Mailing Address PO Box 2969 City Omaha State NE Zip Code 68103-2969 Purpose of Disbursement office-long distance bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5008 <b>Date of Disbursement</b> <div> <div>11</div> <div>19</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>41.69</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>79.39</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

AT&T

Mailing Address PO Box 2969

City  
Omaha

State  
NE

Zip Code  
68103-2969

Purpose of Disbursement  
office- long distance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5028

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Auletto Caterers

Mailing Address 1849 Cooper St

City  
Woodbury

State  
NJ

Zip Code  
08096-3808

Purpose of Disbursement  
Event-breakfast

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D4979

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Barnes & Noble

Mailing Address 200 W Route 70

City  
Marlton

State  
NJ

Zip Code  
08053-1634

Purpose of Disbursement  
office-press

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5501

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**  
10084000

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

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

David Baxter

Mailing Address 1641 Tori Ln

City  
Vineland

State  
NJ

Zip Code  
08361-8657

Purpose of Disbursement

Travel gratuity

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5018

Date of Disbursement

/   /

Amount of Each Disbursement this Period

345.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

BJ Wholesale Club

Mailing Address Lenola ROad

City  
Maple Shade

State  
NJ

Zip Code  
08055

Purpose of Disbursement

event supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5367

Date of Disbursement

/   /

Amount of Each Disbursement this Period

691.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Bogey's Club and Cafe

Mailing Address 501 Pitman Rd

City  
Sewell

State  
NJ

Zip Code  
08080-4519

Purpose of Disbursement

event- food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5004

Date of Disbursement

/   /

Amount of Each Disbursement this Period

7456.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

7801.16

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Boston Market Mailing Address 1201 Nixon Dr	<b>Transaction ID:</b> D5293 <b>Date of Disbursement</b> <div> <div>10</div> <div>02</div> <div>2007</div> </div>
City Moorestown State NJ Zip Code 08057-3265 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>8.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) broadway theater of Pitman Mailing Address 43 S Broadway City Pitman State NJ Zip Code 08071-1413 Purpose of Disbursement event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5522 <b>Date of Disbursement</b> <div> <div>11</div> <div>08</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>162.26</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) broadway theater of Pitman Mailing Address 43 S Broadway City Pitman State NJ Zip Code 08071-1413 Purpose of Disbursement gift for donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5856 <b>Date of Disbursement</b> <div> <div>12</div> <div>28</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>107.04</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) broadway theater of Pitman Mailing Address 43 S Broadway	<b>Transaction ID:</b> D5024 <b>Date of Disbursement</b> <div> <div>12</div> <div>07</div> <div>2007</div> </div>
City Pitman State NJ Zip Code 08071-1413 Purpose of Disbursement gift for donor/volunteer Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>14.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) broadway theater of Pitman Mailing Address 43 S Broadway City Pitman State NJ Zip Code 08071-1413 Purpose of Disbursement gift for donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5455 <b>Date of Disbursement</b> <div> <div>10</div> <div>26</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>69.54</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) broadway theater of Pitman Mailing Address 43 S Broadway City Pitman State NJ Zip Code 08071-1413 Purpose of Disbursement event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5476 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>92.72</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

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

14.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

broadway theater of Pitman

Mailing Address 43 S Broadway

City  
PitmanState  
NJZip Code  
08071-1413Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153831

Date of Disbursement

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

Amount of Each Disbursement this Period

44.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Brooklawn diner

Mailing Address 801 Crescent Blvd

City  
BrooklawnState  
NJZip Code  
08030-2621Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5469

Date of Disbursement

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

Amount of Each Disbursement this Period

22.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Brookstone

Mailing Address Princeton Market Fair, Rt 1 South

City  
PrincetonState  
NJZip Code  
08540Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5329

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	8	/	2	0	0	7

Amount of Each Disbursement this Period

32.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

10084000

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Burger King Mailing Address 300 S Maryland Ave	<b>Transaction ID:</b> D5282 <b>Date of Disbursement</b> <div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Wilmington State DE Zip Code 19804-1345 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>7.87</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) Capital City Limousine Mailing Address PO Box 91077 City Washington State DC Zip Code 20090-1077 Purpose of Disbursement Travel invoice Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D4992 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>511.58</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Capital Grille Mailing Address 601 Pennsylvania Aven NW City Washington State DC Zip Code 20004 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5462 <b>Date of Disbursement</b> <div> <div>10</div> <div>29</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>75.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

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

**511.58**

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Capital One Visa Mailing Address PO Box 85184	<b>Transaction ID:</b> D5371 <b>Date of Disbursement</b> <div> <div>12</div> <div>04</div> <div>2007</div> </div>
City Richmond State VA Zip Code 23285-5184 Purpose of Disbursement credit card bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1995.49</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Capital One Visa Mailing Address PO Box 85184 City Richmond State VA Zip Code 23285-5184 Purpose of Disbursement credit card bill Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5381 <b>Date of Disbursement</b> <div> <div>12</div> <div>19</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9859.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Carneliam Room Mailing Address 555 California St # 52 City San Francisco State CA Zip Code 94104 Purpose of Disbursement hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5348 <b>Date of Disbursement</b> <div> <div>10</div> <div>11</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>597.57</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

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

**11854.97**

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



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

cherry hill car wash

Mailing Address 1505 Marlton Pike E

City  
Cherry Hill

State  
NJ

Zip Code  
08034-2233

Purpose of Disbursement  
auto expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5361

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

10.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Cherry Hill Mall

Mailing Address Rt. 38

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
gift for donor/volunteer

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5287

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

102.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
donor gifts deposit

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D4996

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

10000.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Chocolate Heaven</p> <p>Mailing Address Atlantic &amp; Station Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement gifts for volunteers/donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5025</p> <p>Date of Disbursement  <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="6000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Chocolate Heaven</p> <p>Mailing Address Atlantic &amp; Station Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement gift for donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5306</p> <p>Date of Disbursement  <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="90.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Chocolate Heaven</p> <p>Mailing Address Atlantic &amp; Station Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement gift for donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5340</p> <p>Date of Disbursement  <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="139.10"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>

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

**6000.00**

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City State Zip Code  
Haddon Heights NJ 08035

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5347

Date of Disbursement

/   /

Amount of Each Disbursement this Period

398.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City State Zip Code  
Haddon Heights NJ 08035

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5481

Date of Disbursement

/   /

Amount of Each Disbursement this Period

139.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City State Zip Code  
Haddon Heights NJ 08035

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5500

Date of Disbursement

/   /

Amount of Each Disbursement this Period

160.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Chops Restaurant

Mailing Address 401 E City Ave

City  
Bala Cynwyd

State  
PA

Zip Code  
19004

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5323

Date of Disbursement

10 / 05 / 2007

Amount of Each Disbursement this Period

131.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Comcast Cable

Mailing Address Haddonfield -Berlin ROad

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
office- internet

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5863

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

46.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Commerce Bank Visa

Mailing Address PO Box 2580

City  
Cherry Hill

State  
NJ

Zip Code  
08034-0372

Purpose of Disbursement  
credit card bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5067

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

22551.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

22551.31

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Commerce Bank Visa

Mailing Address PO Box 2580

City  
Cherry Hill

State  
NJ

Zip Code  
08034-0372

Purpose of Disbursement  
credit card bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5211

Date of Disbursement

/   /

Amount of Each Disbursement this Period

22120.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Commerce Bank Visa

Mailing Address PO Box 2580

City  
Cherry Hill

State  
NJ

Zip Code  
08034-0372

Purpose of Disbursement  
credit card bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5368

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Commerce Bank Visa

Mailing Address PO Box 2580

City  
Cherry Hill

State  
NJ

Zip Code  
08034-0372

Purpose of Disbursement  
credit card bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5403

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

47120.57

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)  
 Congressional Club

Mailing Address 2001 New Hampshire Ave NW

City Washington State DC Zip Code 20009-3414

Purpose of Disbursement  
 Spouse dues  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D5019

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)  
 Cosmos diner

Mailing Address 316 S Maryland Ave

City Wilmington State DE Zip Code 19804-1345

Purpose of Disbursement  
 food expense  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D5284

Date of Disbursement

/   /

Amount of Each Disbursement this Period

39.25

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)  
 Cosmos diner

Mailing Address 316 S Maryland Ave

City Wilmington State DE Zip Code 19804-1345

Purpose of Disbursement  
 food expense  
 Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: District:

**Transaction ID:** D5494

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.05

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

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

150.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Crabtree and Evelyn Mailing Address 2000 Route 38	<b>Transaction ID:</b> D5289 <b>Date of Disbursement</b> <div> <div>10</div> <div>01</div> <div>2007</div> </div>
City State Zip Code Cherry Hill NJ 08002 Purpose of Disbursement gift for donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>179.76</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) Cracker Barrel Mailing Address I-195 & US 130 City State Zip Code Hamilton NJ 08093 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5548 <b>Date of Disbursement</b> <div> <div>11</div> <div>13</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>9.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) Cross Keys Coach Mailing Address PO Box 961 City State Zip Code Williamstown NJ 08094-0961 Purpose of Disbursement travel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5017 <b>Date of Disbursement</b> <div> <div>12</div> <div>14</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2358.75</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**2358.75**

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Crowne Plaza Mailing Address 1800 Market St	<b>Transaction ID:</b> D5350 <b>Date of Disbursement</b> <div> <div>10</div> <div>12</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19103-3717 Purpose of Disbursement auto-parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>18.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) Crowne Plaza Mailing Address 1800 Market St City Philadelphia State PA Zip Code 19103-3717 Purpose of Disbursement auto-parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5351 <b>Date of Disbursement</b> <div> <div>10</div> <div>12</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>22.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) Crowne Plaza Mailing Address 1800 Market St City Philadelphia State PA Zip Code 19103-3717 Purpose of Disbursement parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5479 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>22.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

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

0.00

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



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Crowne Plaza

Mailing Address 1800 Market St

City  
Philadelphia

State  
PA

Zip Code  
19103-3717

Purpose of Disbursement  
parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5483

Date of Disbursement

/   /

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

CVS Paharmacy

Mailing Address Kings Highway

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
gift cards

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5467

Date of Disbursement

/   /

Amount of Each Disbursement this Period

439.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Delta Gas

Mailing Address 2435 USHighway 22

City  
Scotch Plains

State  
NJ

Zip Code  
07076

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5511

Date of Disbursement

/   /

Amount of Each Disbursement this Period

61.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Maureen Doherty Mailing Address PO Box 295	<b>Transaction ID:</b> D4976 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2007</div> </div>
City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement reporting and compliance consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Maureen Doherty Mailing Address PO Box 295 City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement phone reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5006 <b>Date of Disbursement</b> <div> <div>11</div> <div>08</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>44.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Maureen Doherty Mailing Address PO Box 295 City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement reporting and compliance consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5012 <b>Date of Disbursement</b> <div> <div>12</div> <div>28</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

1044.99

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Maureen Doherty Mailing Address PO Box 295	<b>Transaction ID:</b> D5013 <b>Date of Disbursement</b> <div> <div>12</div> <div>28</div> <div>2007</div> </div>
City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement phone data reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>44.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Maureen Doherty Mailing Address PO Box 295 City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement reporting and compliance consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5033 <b>Date of Disbursement</b> <div> <div>11</div> <div>28</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Dunkin Donuts Mailing Address White Horse Pike City Lawnside State NJ Zip Code 08049 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5325 <b>Date of Disbursement</b> <div> <div>10</div> <div>08</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

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

**544.99**

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address White Horse Pike

City State Zip Code  
Lawnside NJ 08049Purpose of Disbursement  
event food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5498

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

94.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Eckerd Drugs

Mailing Address Kings Hwy

City State Zip Code  
Audubon NJ 08108Purpose of Disbursement  
office expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5492

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

11.76

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Elephant and Castle

Mailing Address 1800 Market St

City State Zip Code  
Philadelphia PA 19103-3717Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5480

Date of Disbursement

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

Amount of Each Disbursement this Period

52.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) extra space storage	<b>Transaction ID:</b> D5299 <b>Date of Disbursement</b>																				
Mailing Address 339 White Horse Pike N	<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>1</td><td>0</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	2		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	2		2	0	0	7												
City Lawnside State NJ Zip Code 08045-1133	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement office-storage expense	<table border="1"> <tr> <td>181.90</td> </tr> </table>	181.90																			
181.90																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> 10084000																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																					
<b>B.</b> Full Name (Last, First, Middle Initial) extra space storage	<b>Transaction ID:</b> D5487 <b>Date of Disbursement</b>																				
Mailing Address 339 White Horse Pike N	<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>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	1		2	0	0	7												
City Lawnside State NJ Zip Code 08045-1133	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement office-space rental	<table border="1"> <tr> <td>181.90</td> </tr> </table>	181.90																			
181.90																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> 10084000																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																					
<b>C.</b> Full Name (Last, First, Middle Initial) ExxonMobil	<b>Transaction ID:</b> D5330 <b>Date of Disbursement</b>																				
Mailing Address Rt. 73	<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>1</td><td>0</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	8		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	8		2	0	0	7												
City Marlton State NJ Zip Code 08053	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement auto-gas expense	<table border="1"> <tr> <td>47.02</td> </tr> </table>	47.02																			
47.02																					
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> 10084000																				
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:																					

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) ExxonMobil</p> <p>Mailing Address Rt. 73</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement auto gas expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5497</p> <p>Date of Disbursement  <div> <div>11</div> <div>03</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>63.46</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) EZ Pass</p> <p>Mailing Address DRPA</p> <p>City Newark State NJ Zip Code 07114</p> <p>Purpose of Disbursement replenishment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5345</p> <p>Date of Disbursement  <div> <div>10</div> <div>11</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>65.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Fed ex Kinko's</p> <p>Mailing Address 731 Nassau Park Blvd</p> <p>City Princeton State NJ Zip Code 08540-5939</p> <p>Purpose of Disbursement office</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5334</p> <p>Date of Disbursement  <div> <div>10</div> <div>09</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>22.19</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461	<b>Transaction ID:</b> D4999 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2007</div> </div>
City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement Office expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>396.41</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement office- overnight mailing invoice Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5014 <b>Date of Disbursement</b> <div> <div>12</div> <div>28</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>198.40</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Federal Express Mailing Address PO Box 371461 City Pittsburgh State PA Zip Code 15250-7461 Purpose of Disbursement office- overnight mailing expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5034 <b>Date of Disbursement</b> <div> <div>11</div> <div>28</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>449.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

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

**1043.81**

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City  
Collingswood

State  
NJ

Zip Code  
08108-2046

Purpose of Disbursement  
banking fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5052

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

24.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City  
Collingswood

State  
NJ

Zip Code  
08108-2046

Purpose of Disbursement  
banking fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5053

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

16.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

First Colonial National Bank

Mailing Address 1040 Haddon Ave

City  
Collingswood

State  
NJ

Zip Code  
08108-2046

Purpose of Disbursement  
banking fees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5054

Date of Disbursement

12 / 30 / 2007

Amount of Each Disbursement this Period

6.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

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

46.90

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



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Four Seasons Hotel

Mailing Address 1 Logan Sq

City  
Philadelphia

State  
PA

Zip Code  
19103-6932

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5477

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

129.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Friendly's Restaurant

Mailing Address White Horse Pike

City  
Stratford

State  
NJ

Zip Code  
08084

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5534

Date of Disbursement

11 / 10 / 2007

Amount of Each Disbursement this Period

40.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Getty

Mailing Address 1 W 9th St

City  
Ocean City

State  
NJ

Zip Code  
08226-3419

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5327

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

22.34

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Godiva Chocolate</p> <p>Mailing Address 2000 Rt 38</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement            gift for donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5288  <b>Date of Disbursement</b>            10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period            145.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Godiva Chocolate</p> <p>Mailing Address 2000 Rt 38</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement            gift for donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5333  <b>Date of Disbursement</b>            10 / 08 / 2007</p> <p>Amount of Each Disbursement this Period            291.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            Grand Opera House</p> <p>Mailing Address 818 N. Market Street</p> <p>City Wilmington State DE Zip Code 19801</p> <p>Purpose of Disbursement            event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5529  <b>Date of Disbursement</b>            11 / 08 / 2007</p> <p>Amount of Each Disbursement this Period            228.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Grand Opera House

Mailing Address 818 N. Market Street

City  
Wilmington

State  
DE

Zip Code  
19801

Purpose of Disbursement  
event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5530

Date of Disbursement

/   /

Amount of Each Disbursement this Period

228.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Grand Opera House

Mailing Address 818 N. Market Street

City  
Wilmington

State  
DE

Zip Code  
19801

Purpose of Disbursement  
Gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5857

Date of Disbursement

/   /

Amount of Each Disbursement this Period

114.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Great Wall III

Mailing Address White Horse Pike

City  
Oaklyn

State  
NJ

Zip Code  
08017

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5850

Date of Disbursement

/   /

Amount of Each Disbursement this Period

86.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

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

0.00

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

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) gulf Station Mailing Address 3601 Atlantic Blvd	<b>Transaction ID:</b> D5295 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 2 / 2 0 0 7</div> </div>
City Brigantine State NJ Zip Code 08201 Purpose of Disbursement auto-gas expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>38.00</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) gulf Station Mailing Address 3601 Atlantic Blvd City Brigantine State NJ Zip Code 08201 Purpose of Disbursement auto gas expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5451 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 6 / 2 0 0 7</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>31.10</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) haddonfield shellfish Mailing Address 170 Grove St City Haddonfield State NJ Zip Code 08033-1211 Purpose of Disbursement event-food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5865 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div> <b>Amount of Each Disbursement this Period</b> <div> <div></div> <div>166.94</div> </div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

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

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Heritage Dairy

Mailing Address 495 Bridgeton Pike

City	State	Zip Code
Mantua	NJ	08051-1912

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5531

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	0	7

Amount of Each Disbursement this Period

6.31
------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Hershey Chocolate World

Mailing Address 800 Hershey Park Dr

City	State	Zip Code
Hershey	PA	17033-2400

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5447

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	5	/	2	0	0	7

Amount of Each Disbursement this Period

65.85
-------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Hilton Garden Inn

Mailing Address 500 Promendae

City	State	Zip Code
Hamilton	NJ	08480

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5554

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	0	7

Amount of Each Disbursement this Period

133.75
--------

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City  
Washington

State  
DC

Zip Code  
20024-2514

Purpose of Disbursement  
hotel expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5458

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1049.97

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City  
Washington

State  
DC

Zip Code  
20024-2514

Purpose of Disbursement  
hotel expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5300

Date of Disbursement

/   /

Amount of Each Disbursement this Period

490.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City  
Washington

State  
DC

Zip Code  
20024-2514

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5344

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City  
Washington

State  
DC

Zip Code  
20024-2514

Purpose of Disbursement  
hotel expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5346

Date of Disbursement

/   /

Amount of Each Disbursement this Period

374.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Holiday Inns Cherry Hill

Mailing Address Rt. 70

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
office-room rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5339

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Holiday Inns Cherry Hill

Mailing Address Rt. 70

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
office-room rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5364

Date of Disbursement

/   /

Amount of Each Disbursement this Period

100.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Holiday Inns Cherry Hill Mailing Address Rt. 70	<b>Transaction ID:</b> D5365 <b>Date of Disbursement</b> <div> <div>10</div> <div>13</div> <div>2007</div> </div>
City Cherry Hill State NJ Zip Code 08002 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>218.36</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) Holiday Inns onthe HIII Mailing Address 550 C St SW City Washington State DC Zip Code 20515-0001 Purpose of Disbursement hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5313 <b>Date of Disbursement</b> <div> <div>10</div> <div>04</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>585.53</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) Holiday Inns onthe HIII Mailing Address 550 C St SW City Washington State DC Zip Code 20515-0001 Purpose of Disbursement hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5478 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>631.22</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Holiday Inns onthe HIII Mailing Address 550 C St SW	<b>Transaction ID:</b> D5523 <b>Date of Disbursement</b> <div> <div>11</div> <div>08</div> <div>2007</div> </div>
City Washington State DC Zip Code 20515-0001 Purpose of Disbursement hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>555.96</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) Holiday Inns onthe HIII Mailing Address 550 C St SW City Washington State DC Zip Code 20515-0001 Purpose of Disbursement hotel Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5540 <b>Date of Disbursement</b> <div> <div>11</div> <div>10</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>245.78</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) Holman Ford Mailing Address Rt. 73 City Mount Laurel State NJ Zip Code 08054 Purpose of Disbursement auto- repairs Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5314 <b>Date of Disbursement</b> <div> <div>10</div> <div>04</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1117.51</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Hotel Dupont

Mailing Address 11th and Market St.

City  
WilmingtonState  
DE

Zip Code

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5866

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Amount of Each Disbursement this Period

230.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Hudson News

Mailing Address Market St

City  
PhiladelphiaState  
PAZip Code  
19103-7593Purpose of Disbursement  
office-press

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

15.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Ihop

Mailing Address 110 Black Horse Pike

City  
AudubonState  
NJZip Code  
08106Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5484

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	2	/	2	0	0	7

Amount of Each Disbursement this Period

29.27

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Incredibly Edible Delites Inc

Mailing Address 201 Broadway  
Ste A

City Westville State NJ Zip Code 08093-1186

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5304

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

83.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Incredibly Edible Delites Inc

Mailing Address 201 Broadway  
Ste A

City Westville State NJ Zip Code 08093-1186

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5456

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

69.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Jet Rock Bar and Grill

Mailing Address 8500 Essington Ave

City Philadelphia State PA Zip Code 19153

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5533

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

15.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

john's Friendly market

Mailing Address Station Avenue

City State Zip Code  
Haddon Heights NJ 08035

Purpose of Disbursement  
event-food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5868

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Kunkels Seafood

Mailing Address 920 Kings Hwy

City State Zip Code  
Haddon Heights NJ 08035-1218

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5359

Date of Disbursement

/   /

Amount of Each Disbursement this Period

268.47

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Kunkels Seafood

Mailing Address 920 Kings Hwy

City State Zip Code  
Haddon Heights NJ 08035-1218

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5858

Date of Disbursement

/   /

Amount of Each Disbursement this Period

131.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Kunkels Seafood

Mailing Address 920 Kings Hwy

City  
Haddon HeightsState  
NJZip Code  
08035-1218Purpose of Disbursement  
event

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153925

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

944.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

La Campagne

Mailing Address 312 Kresson Rd

City  
Cherry HillState  
NJZip Code  
08034-3355Purpose of Disbursement  
meal expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5847

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	0	7

Amount of Each Disbursement this Period

448.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Lori's Diner

Mailing Address 149 Powell St

City  
San FranciscoState  
CAZip Code  
94102-2203Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5337

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	7

Amount of Each Disbursement this Period

16.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

FEC Schedule B ( Form 3 ) (Revised 02/2003)

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City  
Mount EphraimState  
NJZip Code  
08059Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5353

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Amount of Each Disbursement this Period

34.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City  
Mount EphraimState  
NJZip Code  
08059Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5362

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	7

Amount of Each Disbursement this Period

53.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City  
Mount EphraimState  
NJZip Code  
08059Purpose of Disbursement  
auto gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5452

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Amount of Each Disbursement this Period

35.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City Mount Ephraim State NJ Zip Code 08059

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5470

Date of Disbursement

/   /

Amount of Each Disbursement this Period

40.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City Mount Ephraim State NJ Zip Code 08059

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5472

Date of Disbursement

/   /

Amount of Each Disbursement this Period

61.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City Mount Ephraim State NJ Zip Code 08059

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5485

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Macy's East	<b>Transaction ID:</b> D5332 <b>Date of Disbursement</b>
Mailing Address Cherry Hill Mall	<div> <div>10</div> <div>08</div> <div>2007</div> </div>
City Cherry Hill State NJ Zip Code 08002	<b>Amount of Each Disbursement this Period</b> <div>227.37</div>
Purpose of Disbursement gift for donor	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> 10084000
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Marlton Diner	<b>Transaction ID:</b> D5851 <b>Date of Disbursement</b>
Mailing Address 781 West rt. 70	<div> <div>12</div> <div>27</div> <div>2007</div> </div>
City Marlton State NJ Zip Code 08053	<b>Amount of Each Disbursement this Period</b> <div>37.26</div>
Purpose of Disbursement meal expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> 10084000
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Mikado	<b>Transaction ID:</b> D5291 <b>Date of Disbursement</b>
Mailing Address 468 S Lenola Rd	<div> <div>10</div> <div>01</div> <div>2007</div> </div>
City Maple Shade State NJ Zip Code 08052-1601	<b>Amount of Each Disbursement this Period</b> <div>301.35</div>
Purpose of Disbursement food expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b> 10084000
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Paul Miller</p> <p>Mailing Address 6722 sullivan way</p> <p>City alexandria State VA Zip Code 22315</p> <p>Purpose of Disbursement            In-kind - event food sponsor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5556  <b>Date of Disbursement</b>            10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period            258.75</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Ming Lok</p> <p>Mailing Address 22 Pitman Ave</p> <p>City Pitman State NJ Zip Code 08071-1136</p> <p>Purpose of Disbursement            event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5457  <b>Date of Disbursement</b>            10 / 26 / 2007</p> <p>Amount of Each Disbursement this Period            680.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            E. Christina Morales</p> <p>Mailing Address 335 Driscoll Ave</p> <p>City Woodbury State NJ Zip Code 08096-1306</p> <p>Purpose of Disbursement            reporting/managment complaince consultin</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D4977  <b>Date of Disbursement</b>            10 / 31 / 2007</p> <p>Amount of Each Disbursement this Period            8000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

8258.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Mr. Allen's the Original Florist

Mailing Address 1881 Route 88

City  
Brick

State  
NJ

Zip Code  
08724-3533

Purpose of Disbursement  
flowers- donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5854

Date of Disbursement

/   /

Amount of Each Disbursement this Period

170.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Office Depot

Mailing Address Haddonfield Berlin Road

City  
Voorhees

State  
NJ

Zip Code  
08043

Purpose of Disbursement  
office-supply

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5490

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5.34

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

office max

Mailing Address 1190 Nixon Dr

City  
Mount Laurel

State  
NJ

Zip Code  
08054-1172

Purpose of Disbursement  
office supply

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5852

Date of Disbursement

/   /

Amount of Each Disbursement this Period

42.74

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Petty Cash</p> <p>Mailing Address PO Box 295</p> <p>City Oaklyn State NJ Zip Code 08107-0295</p> <p>Purpose of Disbursement            petty cash replenish</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D4967</p> <p>Date of Disbursement            10 / 05 / 2007</p> <p>Amount of Each Disbursement this Period            300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Petty Cash</p> <p>Mailing Address PO Box 295</p> <p>City Oaklyn State NJ Zip Code 08107-0295</p> <p>Purpose of Disbursement            petty cash replenish</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D4993</p> <p>Date of Disbursement            11 / 09 / 2007</p> <p>Amount of Each Disbursement this Period            300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            Petty Cash</p> <p>Mailing Address PO Box 295</p> <p>City Oaklyn State NJ Zip Code 08107-0295</p> <p>Purpose of Disbursement            tip and dunkin donuts</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5003</p> <p>Date of Disbursement            11 / 03 / 2007</p> <p>Amount of Each Disbursement this Period            100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

700.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Petty Cash</p> <p>Mailing Address PO Box 295</p> <p>City Oaklyn State NJ Zip Code 08107-0295</p> <p>Purpose of Disbursement            petty cash replenishment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5020</p> <p>Date of Disbursement            M M / D D / Y Y Y Y            1 2 / 2 0 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period            50.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Petty Cash</p> <p>Mailing Address PO Box 295</p> <p>City Oaklyn State NJ Zip Code 08107-0295</p> <p>Purpose of Disbursement            Petty cash replenishment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5022</p> <p>Date of Disbursement            M M / D D / Y Y Y Y            1 2 / 0 6 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period            500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            PF Changs</p> <p>Mailing Address 500 Route 73 S</p> <p>City Marlton State NJ Zip Code 08053-2084</p> <p>Purpose of Disbursement            food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5331</p> <p>Date of Disbursement            M M / D D / Y Y Y Y            1 0 / 0 8 / 2 0 0 7</p> <p>Amount of Each Disbursement this Period            92.42</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

550.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5290

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

192.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5360

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

9.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5539

Date of Disbursement

11 / 12 / 2007

Amount of Each Disbursement this Period

92.51

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



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	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Premiere Transportation	<b>Transaction ID:</b> D5545 <b>Date of Disbursement</b>
Mailing Address 456 N Pearl St	<div> <div>11</div> <div>13</div> <div>2007</div> </div>
City Albany State NY Zip Code 12204-1511	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement travel	<div>79.35</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) Premiere Transportation	<b>Transaction ID:</b> D5551 <b>Date of Disbursement</b>
Mailing Address 456 N Pearl St	<div> <div>11</div> <div>14</div> <div>2007</div> </div>
City Albany State NY Zip Code 12204-1511	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement travel	<div>221.91</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) RAE Restaurant	<b>Transaction ID:</b> D5297 <b>Date of Disbursement</b>
Mailing Address 2929 Arch St Lbby B	<div> <div>10</div> <div>02</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19104-2860	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement food expense	<div>47.99</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5475

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

63.13

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5298

Date of Disbursement

10 / 02 / 2007

Amount of Each Disbursement this Period

101.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5305

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

89.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Ralph's & Francesca's

Mailing Address Station Avenue

City State Zip Code  
Haddon Heights NJ 08035

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5341

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

143.45

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

B.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City State Zip Code  
Cherry Hill NJ 08002-3098

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5349

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

16.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

C.

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City State Zip Code  
Cherry Hill NJ 08002-3098

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5354

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

47.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

10084000

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W	<b>Transaction ID:</b> D5356 <b>Date of Disbursement</b> <div> <div>10</div> <div>12</div> <div>2007</div> </div>
City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>50.05</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) Hot and Blue Red Mailing Address 7 Marlton Pike W City Cherry Hill State NJ Zip Code 08002-3098 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5357 <b>Date of Disbursement</b> <div> <div>10</div> <div>12</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>58.94</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) Renaissance Hotel Rutherford Mailing Address 801 Rutherford Ave City Rutherford State NJ Zip Code 07070-2576 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5320 <b>Date of Disbursement</b> <div> <div>10</div> <div>05</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>39.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

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	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Rutgers Camden Center</p> <p>Mailing Address Cooper St</p> <p>City Camden State NJ Zip Code 08102</p> <p>Purpose of Disbursement            food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5460  <b>Date of Disbursement</b>            10 / 29 / 2007</p> <p>Amount of Each Disbursement this Period            4.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Sage Diner</p> <p>Mailing Address Rt. 73</p> <p>City Mount Laurel State NJ Zip Code 08054</p> <p>Purpose of Disbursement            food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5326  <b>Date of Disbursement</b>            10 / 08 / 2007</p> <p>Amount of Each Disbursement this Period            19.73</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            Sage Diner</p> <p>Mailing Address Rt. 73</p> <p>City Mount Laurel State NJ Zip Code 08054</p> <p>Purpose of Disbursement            food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5328  <b>Date of Disbursement</b>            10 / 08 / 2007</p> <p>Amount of Each Disbursement this Period            29.14</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Self Bus Service Mailing Address 531 Main St	<b>Transaction ID:</b> D5002 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 3 / 2 0 0 7</div> </div>
City Cherry Hill State NJ Zip Code 08002-2920 Purpose of Disbursement bus rental for event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>1716.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement auto-gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5849 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 6 / 2 0 0 7</div> </div> <b>Amount of Each Disbursement this Period</b> <div>42.91</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) Shell Oil Mailing Address White Horse Pike City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement auto-gas expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5855 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 2 8 / 2 0 0 7</div> </div> <b>Amount of Each Disbursement this Period</b> <div>43.79</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

1716.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5285

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

57.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5355

Date of Disbursement

10 / 12 / 2007

Amount of Each Disbursement this Period

49.82

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
auto gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5450

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address White Horse Pike</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement auto gas expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5453</p> <p>Date of Disbursement  <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="51.56"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address White Horse Pike</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement auto gas expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5525</p> <p>Date of Disbursement  <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="20.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address White Horse Pike</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement auto-gas</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5541</p> <p>Date of Disbursement  <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period  <input type="text" value="15.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**0.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City State Zip Code  
Haddon Heights NJ 08035Purpose of Disbursement  
auto-gas

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5542

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	2	/	2	0	0	7

Amount of Each Disbursement this Period

27.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Shentech

Mailing Address PO Box 541115

City State Zip Code  
Flushing NY 11354-7115Purpose of Disbursement  
office computer expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5309

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

44.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

SJS Realty Management

Mailing Address 1110 Wynnwood Ave

City State Zip Code  
Cherry Hill NJ 08002-3256Purpose of Disbursement  
office-storage space rental

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5036

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

210.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

210.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

sonya bebeblankee llc

Mailing Address 325 N Saint Paul St

City	State	Zip Code
Dallas	TX	75201-3801

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2008
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General

Transaction ID: D5446

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	7	

Amount of Each Disbursement this Period

60.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

sonya bebeblankee llc

Mailing Address 325 N Saint Paul St

City	State	Zip Code
Dallas	TX	75201-3801

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2008
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General

Transaction ID: D5527

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	7	

Amount of Each Disbursement this Period

103.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Starr Transit

Mailing Address 2531 E State Street Ext

City	State	Zip Code
Trenton	NJ	08619-3317

Purpose of Disbursement  
travel expense

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2008
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General

Transaction ID: D5026

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	5		2	0	7	

Amount of Each Disbursement this Period

770.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**SUBTOTAL** of Disbursements This Page (optional) .....

770.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Stemsations	<b>Transaction ID:</b> D5861 <b>Date of Disbursement</b>
Mailing Address 1007 North Market st	<div> <div>M M / D D / Y Y Y Y</div> <div>1 2 / 3 1 / 2 0 0 7</div> </div>
City Wilmington State DE Zip Code 19801	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement flowers-donor	<div> <div>15.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Sunoco	<b>Transaction ID:</b> D5296 <b>Date of Disbursement</b>
Mailing Address White Horse Pike	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 0 2 / 2 0 0 7</div> </div>
City Hammonton State NJ Zip Code 08037	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement auto-gas expens	<div> <div>43.50</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Sunoco	<b>Transaction ID:</b> D5338 <b>Date of Disbursement</b>
Mailing Address White Horse Pike	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 0 / 2 0 0 7</div> </div>
City Hammonton State NJ Zip Code 08037	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement auto gas expense	<div> <div>31.00</div> </div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Sunoco

Mailing Address White Horse Pike

City  
Hammonton

State  
NJ

Zip Code  
08037

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5352

Date of Disbursement

/   /

Amount of Each Disbursement this Period

29.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Francis Tagmire

Mailing Address PO Box 295

City  
Oaklyn

State  
NJ

Zip Code  
08107-0295

Purpose of Disbursement  
reporting and compliance consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D4975

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Francis Tagmire

Mailing Address PO Box 295

City  
Oaklyn

State  
NJ

Zip Code  
08107-0295

Purpose of Disbursement  
Compliance consulting

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5010

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Francis Tagmire Mailing Address PO Box 295	<b>Transaction ID:</b> D5032 <b>Date of Disbursement</b> <div> <div>11</div> <div>28</div> <div>2007</div> </div>
City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement reporting and compliance consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Tallarida Mailing Address PO Box 295 City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement Fundraising/management consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D4974 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Ronald Tallarida Mailing Address PO Box 295 City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement Campaign management consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5011 <b>Date of Disbursement</b> <div> <div>12</div> <div>28</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**900.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Ronald Tallarida Mailing Address PO Box 295	<b>Transaction ID:</b> D5016 <b>Date of Disbursement</b> <div> <div>12</div> <div>14</div> <div>2007</div> </div>
City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement travel reimbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>19.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Ronald Tallarida Mailing Address PO Box 295 City Oaklyn State NJ Zip Code 08107-0295 Purpose of Disbursement campaign management consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5031 <b>Date of Disbursement</b> <div> <div>11</div> <div>28</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>300.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Teleflora Mailing Address internet City Internet State Zip Code 00000 Purpose of Disbursement flowers for donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5553 <b>Date of Disbursement</b> <div> <div>11</div> <div>14</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>49.90</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

**319.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

The Desmond Hotel

Mailing Address 660 Albany Shaker Rd

City	State	Zip Code
Albany	NY	12211-1056

Purpose of Disbursement  
hotel

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5547

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

241.97

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

The Desmond Restaurant

Mailing Address 480 Sand Creek Rd

City	State	Zip Code
Colonie	NY	12205-2540

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5535

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	1	/	2	0	0	7

Amount of Each Disbursement this Period

42.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

The Fairmont Hotel

Mailing Address 950 Mason St

City	State	Zip Code
San Francisco	CA	94108-6000

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5336

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	0	/	2	0	0	7

Amount of Each Disbursement this Period

13.02

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) The Fairmont Hotel Mailing Address 950 Mason St	<b>Transaction ID:</b> D5343 <b>Date of Disbursement</b> <div> <div>10</div> <div>10</div> <div>2007</div> </div>
City San Francisco State CA Zip Code 94108-6000 Purpose of Disbursement hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>715.30</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) The Hartford Mailing Address PO Box 2907 City Hartford State CT Zip Code 06104-2907 Purpose of Disbursement Workers Comp insurance Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D4990 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>120.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) The Olde Shaker Inn Mailing Address 1171 Troy Schenectady Rd Ste 2 City Latham State NY Zip Code 12110-1033 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5543 <b>Date of Disbursement</b> <div> <div>11</div> <div>12</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>55.12</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

120.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) The Olive Garden Mailing Address 1500 Almonesson Rd.	<b>Transaction ID:</b> D5463 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2007</div> </div>
City State Zip Code Deptford NJ 08096 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>146.14</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) The Portrait Studio Mailing Address 70 N Main St City State Zip Code Cranbury NJ 08512-3240 Purpose of Disbursement Invoice- '07 picnic pictures Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D4989 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1005.80</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) The Portrait Studio Mailing Address 70 N Main St City State Zip Code Cranbury NJ 08512-3240 Purpose of Disbursement office-press Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5513 <b>Date of Disbursement</b> <div> <div>11</div> <div>03</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>469.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

1005.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) The Telford Inn Mailing Address 145 Bridgeton Pike	<b>Transaction ID:</b> D5465 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2007</div> </div>
City Mantua State NJ Zip Code 08051-1573 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>228.84</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) TJ's Pizza Mailing Address 2661 Main Street City Lawrenceville State NJ Zip Code 08648 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5317 <b>Date of Disbursement</b> <div> <div>10</div> <div>05</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>24.08</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) TJ's Pizza Mailing Address 2661 Main Street City Lawrenceville State NJ Zip Code 08648 Purpose of Disbursement food expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5363 <b>Date of Disbursement</b> <div> <div>10</div> <div>13</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>60.99</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Toys R US

Mailing Address Rt. 38 East

City  
Cherry HillState  
NJZip Code  
08002Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5499

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	0	7

Amount of Each Disbursement this Period

119.31

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Toys R US

Mailing Address Rt. 38 East

City  
Cherry HillState  
NJZip Code  
08002Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5544

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	7

Amount of Each Disbursement this Period

64.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Toys R US

Mailing Address Rt. 38 East

City  
Cherry HillState  
NJZip Code  
08002Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5546

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	3	/	2	0	0	7

Amount of Each Disbursement this Period

164.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement travel fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5308</p> <p>Date of Disbursement  <div>10 / 04 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>10.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement travel expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5312</p> <p>Date of Disbursement  <div>10 / 04 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>571.30</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) US House Members Dining Room</p> <p>Mailing Address Capitol</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5294</p> <p>Date of Disbursement  <div>10 / 02 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>9.95</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.** Full Name (Last, First, Middle Initial)  
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5301

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	7

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.** Full Name (Last, First, Middle Initial)  
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5307

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	0	7

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.** Full Name (Last, First, Middle Initial)  
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5468

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	0		2	0	0	7

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

**A.** Full Name (Last, First, Middle Initial)  
 US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
 food expense

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5473

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.** Full Name (Last, First, Middle Initial)  
 US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
 food expense

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5508

Date of Disbursement

11 / 06 / 2007

Amount of Each Disbursement this Period

11.95

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.** Full Name (Last, First, Middle Initial)  
 US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
 food expense

Candidate Name

Category/  
 Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5515

Date of Disbursement

11 / 07 / 2007

Amount of Each Disbursement this Period

35.20

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) US House Members Dining Room	<b>Transaction ID:</b> D5524 <b>Date of Disbursement</b>
Mailing Address Capitol	<div> <div>11</div> <div>09</div> <div>2007</div> </div>
City Washington State DC Zip Code 20515-0001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement food expense	<div>9.95</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) US House Members Dining Room	<b>Transaction ID:</b> D5549 <b>Date of Disbursement</b>
Mailing Address Capitol	<div> <div>11</div> <div>14</div> <div>2007</div> </div>
City Washington State DC Zip Code 20515-0001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement food expense	<div>9.95</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) US House Members Dining Room	<b>Transaction ID:</b> D5552 <b>Date of Disbursement</b>
Mailing Address Capitol	<div> <div>11</div> <div>15</div> <div>2007</div> </div>
City Washington State DC Zip Code 20515-0001	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement food expense	<div>9.95</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Verizon NJ

Mailing Address PO Box 4833

City  
Trenton

State  
NJ

Zip Code  
08650-4833

Purpose of Disbursement  
Office-phone bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D4972

Date of Disbursement

/   /

Amount of Each Disbursement this Period

61.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Verizon Wireless

Mailing Address PO Box 17464

City  
Baltimore

State  
MD

Zip Code  
21297-1464

Purpose of Disbursement  
office- Wireless bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5009

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1237.49

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 17577

City  
Baltimore

State  
MD

Zip Code  
21297-0513

Purpose of Disbursement  
office- phone bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5007

Date of Disbursement

/   /

Amount of Each Disbursement this Period

47.34

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

1346.04

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Verizon

Mailing Address PO Box 17577

City  
BaltimoreState  
MDZip Code  
21297-0513Purpose of Disbursement  
office-phone

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5029

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

Amount of Each Disbursement this Period

47.34

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

victor's liquor

Mailing Address white horse pike

City  
BarringtonState  
NJZip Code  
08035Purpose of Disbursement  
event supply

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5493

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	0	7

Amount of Each Disbursement this Period

24.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Viennese Cafe

Mailing Address 1442 Rt 70

City  
Cherry HillState  
NJZip Code  
08002Purpose of Disbursement  
event-catering

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5869

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Amount of Each Disbursement this Period

733.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

47.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Virgin Limousines

Mailing Address 20 Hemlock St

City  
San Francisco

State  
CA

Zip Code  
94109-5601

Purpose of Disbursement  
travel expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5342

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

158.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Walnut Street Theatre

Mailing Address 825 Walnut St

City  
Philadelphia

State  
PA

Zip Code  
19107-5107

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5864

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

105.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

WaWa Audubon

Mailing Address White Horse Pike

City  
Audubon

State  
NJ

Zip Code  
08108

Purpose of Disbursement  
food expense

Candidate Name  
WaWa Audubon

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5324

Date of Disbursement

10 / 07 / 2007

Amount of Each Disbursement this Period

2.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

WaWa

Mailing Address 2 Eayrestown

City  
MedfordState  
NJZip Code  
08055Purpose of Disbursement  
meal expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5859

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	7

Amount of Each Disbursement this Period

6.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

WaWa

Mailing Address 2 Eayrestown

City  
MedfordState  
NJZip Code  
08055Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5461

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	0	7

Amount of Each Disbursement this Period

47.58

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

WaWa

Mailing Address 2 Eayrestown

City  
MedfordState  
NJZip Code  
08055Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5482

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	0	7

Amount of Each Disbursement this Period

2.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City  
Mount Laurel

State  
NJ

Zip Code  
08054-6102

Purpose of Disbursement  
event- open house

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5848

Date of Disbursement

/   /

Amount of Each Disbursement this Period

692.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City  
Mount Laurel

State  
NJ

Zip Code  
08054-6102

Purpose of Disbursement  
event-food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5867

Date of Disbursement

/   /

Amount of Each Disbursement this Period

289.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City  
Mount Laurel

State  
NJ

Zip Code  
08054-6102

Purpose of Disbursement  
event-food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5870

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1095.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City  
Mount LaurelState  
NJZip Code  
08054-6102Purpose of Disbursement  
event food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5292

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	0	7

Amount of Each Disbursement this Period

557.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Westin Hotels Philadelphia

Mailing Address 99 S. 17th Street

City  
Bryn MawrState  
PAZip Code  
19010Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5358

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	2		2	0	0	7

Amount of Each Disbursement this Period

230.20

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Westmont party supply

Mailing Address 39 Haddon Ave

City  
Haddon TownshipState  
NJZip Code  
08108-2734Purpose of Disbursement  
event supply

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5454

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Amount of Each Disbursement this Period

68.21

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)  
 william penn

Mailing Address best efforts

City Philadelphia State PA Zip Code

Purpose of Disbursement  
 parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5474

Date of Disbursement

10 / 30 / 2007

Amount of Each Disbursement this Period

24.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)  
 Y-BY Rental center

Mailing Address 1010 Rt 45

City Woodbury Heights State NJ Zip Code 08097

Purpose of Disbursement  
 event supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5366

Date of Disbursement

10 / 13 / 2007

Amount of Each Disbursement this Period

285.19

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)  
 David Yancey

Mailing Address 28 Farnwood Rd

City Mount Laurel State NJ Zip Code 08054-2914

Purpose of Disbursement  
 Travel reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5001

Date of Disbursement

11 / 01 / 2007

Amount of Each Disbursement this Period

79.27

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

79.27

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

David Yancey

Mailing Address 28 Farnwood Rd

City State Zip Code  
 Mount Laurel NJ 08054-2914

Purpose of Disbursement  
 travel reimbursement

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D5027

Date of Disbursement

/   /

Amount of Each Disbursement this Period

88.57

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Commerce Bank Visa

Mailing Address PO Box 2580

City State Zip Code  
 Cherry Hill NJ 08034-0372

Purpose of Disbursement  
 credit card bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D5369

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26707.37

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

panera Bread

Mailing Address 510 Prospect Ave

City State Zip Code  
 West Orange NJ 07052-4157

Purpose of Disbursement  
 meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D147884

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.50

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

26795.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Commerce Bank Visa

Mailing Address PO Box 2580

City  
Cherry Hill

State  
NJ

Zip Code  
08034-0372

Purpose of Disbursement  
credit card bill

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5370

Date of Disbursement

/   /

Amount of Each Disbursement this Period

12000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

America

Mailing Address 50 Massachusetts AveNE

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5408

Date of Disbursement

/   /

Amount of Each Disbursement this Period

87.38

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

American Prestige Diner

Mailing Address 610 Route 33 E

City  
East Windsor

State  
NJ

Zip Code  
08520-5807

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5434

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

12000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address 187 French St	<b>Transaction ID:</b> D5407 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2007</div> </div>
City New Brunswick State NJ Zip Code 08901-2338 Purpose of Disbursement auto-gas expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>40.06</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) April Robin Florist Mailing Address 620 Station Ave City Haddon Heights State NJ Zip Code 08035-1907 Purpose of Disbursement flowers for donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5409 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>90.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) April Robin Florist Mailing Address 620 Station Ave City Haddon Heights State NJ Zip Code 08035-1907 Purpose of Disbursement flowers for donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5414 <b>Date of Disbursement</b> <div> <div>10</div> <div>18</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>115.03</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bridgewaters Pub	<b>Transaction ID:</b> D5440 <b>Date of Disbursement</b>
Mailing Address 2951 Market ST.	<div> <div>10</div> <div>22</div> <div>2007</div> </div>
City Philadelphia State PA Zip Code 19104	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement food expense	<div>56.01</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
<b>B.</b> Full Name (Last, First, Middle Initial) broadway theater of Pitman	<b>Transaction ID:</b> D5405 <b>Date of Disbursement</b>
Mailing Address 43 S Broadway	<div> <div>10</div> <div>16</div> <div>2007</div> </div>
City Pitman State NJ Zip Code 08071-1413	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement event	<div>69.56</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	
<b>C.</b> Full Name (Last, First, Middle Initial) Center Cafe	<b>Transaction ID:</b> D5445 <b>Date of Disbursement</b>
Mailing Address 50 Massachussets Avenue NE	<div> <div>10</div> <div>24</div> <div>2007</div> </div>
City Washington State DC Zip Code 20005	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement food expense	<div>40.99</div>
Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<b>[MEMO ITEM]</b>
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic &amp; Station Avenue

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
gifts for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5436

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	7	

Amount of Each Disbursement this Period

470.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Chops Restaurant

Mailing Address 401 E City Ave

City Bala Cynwyd State PA Zip Code 19004

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5439

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	7	

Amount of Each Disbursement this Period

41.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Conte Farms

Mailing Address 299 Flyatt Rd

City Tabernacle State NJ Zip Code 08088-9307

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5426

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	7	

Amount of Each Disbursement this Period

28.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Edible Arrangements

Mailing Address 350 Main Street

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5413

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

88.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Godiva Chocolate

Mailing Address 2000 Rt 38

City Cherry Hill State NJ Zip Code 08002

Purpose of Disbursement  
gift for donor/vol

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5432

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

253.75

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Godiva Chocolate

Mailing Address 2000 Rt 38

City Cherry Hill State NJ Zip Code 08002

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5441

Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

304.42

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Holiday Inns Capitol Mailing Address 550 C St SW	<b>Transaction ID:</b> D5410 <b>Date of Disbursement</b> <div> <div>10</div> <div>16</div> <div>2007</div> </div>
City Washington State DC Zip Code 20024-2514 Purpose of Disbursement hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>275.50</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Holiday Inns Cherry Hill Mailing Address Rt. 70 City Cherry Hill State NJ Zip Code 08002 Purpose of Disbursement office-room rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5430 <b>Date of Disbursement</b> <div> <div>10</div> <div>21</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>125.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Holiday Inns onthe Hill Mailing Address 550 C St SW City Washington State DC Zip Code 20515-0001 Purpose of Disbursement hotel expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5416 <b>Date of Disbursement</b> <div> <div>10</div> <div>18</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>596.45</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Holiday Inns onthe HIII

Mailing Address 550 C St SW

City  
Washington

State  
DC

Zip Code  
20515-0001

Purpose of Disbursement  
hotel expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5437

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

603.04

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Hospital gift shop

Mailing Address best efforts

City  
Brick

State  
NJ

Zip Code  
08033

Purpose of Disbursement  
flowers/get well donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5421

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

32.58

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Kunkels Seafood

Mailing Address 920 Kings Hwy

City  
Haddon Heights

State  
NJ

Zip Code  
08035-1218

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5415

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

161.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Iukoil

Mailing Address Black horse plke

City State Zip Code  
 Mount Ephraim NJ 08059

Purpose of Disbursement  
 auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5428

Date of Disbursement

10 / 21 / 2007

Amount of Each Disbursement this Period

32.50

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

McDonalds

Mailing Address 700 White Horse Pike

City State Zip Code  
 Magnolia NJ 08049

Purpose of Disbursement  
 food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5442

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

6.89

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

panera Bread

Mailing Address 510 Prospect Ave

City State Zip Code  
 West Orange NJ 07052-4157

Purpose of Disbursement  
 food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5404

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

8.65

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul's Custom Awards

Mailing Address White Horse Pike

City  
Barrington

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
event plaques

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5435

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

51.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Pietro's Coal Oven Pizza

Mailing Address 1714 Walnut St

City  
Philadelphia

State  
PA

Zip Code  
19103-6101

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5438

Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

14.84

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5412

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

80.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

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	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City  
Cherry Hill

State  
NJ

Zip Code  
08002-3098

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5423

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

48.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5411

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

36.57

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5424

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

55.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)  
 Shell Oil

Mailing Address White Horse Pike

City State Zip Code  
 Haddon Heights NJ 08035

Purpose of Disbursement  
 auto- gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5429

Date of Disbursement

/   /

Amount of Each Disbursement this Period

51.80

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 TA # 6

Mailing Address 2 Simpson Rd

City State Zip Code  
 Columbia NJ 07832

Purpose of Disbursement  
 auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5427

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.36

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 US House Members Dining Room

Mailing Address Capitol

City State Zip Code  
 Washington DC 20515-0001

Purpose of Disbursement  
 food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5418

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.** Full Name (Last, First, Middle Initial)  
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5419

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5433

Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C.** Full Name (Last, First, Middle Initial)  
US House Members Dining Room

Mailing Address Capitol

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5443

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

US House Members Dining Room

Mailing Address Capitol

City  
Washington

State  
DC

Zip Code  
20515-0001

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5444

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

9.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Virgin Limousines

Mailing Address 20 Hemlock St

City  
San Francisco

State  
CA

Zip Code  
94109-5601

Purpose of Disbursement  
travel expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5406

Date of Disbursement

10 / 06 / 2007

Amount of Each Disbursement this Period

89.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

WaWa

Mailing Address 2 Eayrestown

City  
Medford

State  
NJ

Zip Code  
08055

Purpose of Disbursement  
auto-gas/wiper

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5422

Date of Disbursement

10 / 18 / 2007

Amount of Each Disbursement this Period

36.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)  
 WaWa

Mailing Address 2 Eayrestown

City Medford State NJ Zip Code 08055

Purpose of Disbursement  
 event food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5431

Date of Disbursement

10 / 20 / 2007

Amount of Each Disbursement this Period

195.61

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 ACTBLUE

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
 online donation

Candidate Name  
 ACTBLUE

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5838

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

1000.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 ACTBLUE

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement  
 online donation

Candidate Name  
 ACTBLUE

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5840

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

2300.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            America</p> <p>Mailing Address 50 Massachusetts AveNE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement            meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5820  <b>Date of Disbursement</b>            12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period            42.12</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Apple Store</p> <p>Mailing Address 500 Route 73 S</p> <p>City Marlton State NJ Zip Code 08053-2084</p> <p>Purpose of Disbursement            office- computer</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5844  <b>Date of Disbursement</b>            12 / 24 / 2007</p> <p>Amount of Each Disbursement this Period            218.28</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            Barnes &amp; Noble</p> <p>Mailing Address 200 W Route 70</p> <p>City Marlton State NJ Zip Code 08053-1634</p> <p>Purpose of Disbursement            office-press</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5842  <b>Date of Disbursement</b>            12 / 24 / 2007</p> <p>Amount of Each Disbursement this Period            21.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Ben's Limo

Mailing Address 1101 43rd Ave

City State Zip Code  
Long Island City NY 11101-6814

Purpose of Disbursement  
auto-car rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5818

Date of Disbursement

/   /

Amount of Each Disbursement this Period

460.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROAD

City State Zip Code  
Deptford NJ 08096

Purpose of Disbursement  
office- computer supplies/electronics

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5835

Date of Disbursement

/   /

Amount of Each Disbursement this Period

314.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Center Cafe

Mailing Address 50 Massachusetts Avenue NE

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5812

Date of Disbursement

/   /

Amount of Each Disbursement this Period

44.29

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Grand Opera House

Mailing Address 818 N. Market Street

City  
Wilmington

State  
DE

Zip Code  
19801

Purpose of Disbursement  
event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5843

Date of Disbursement

/   /

Amount of Each Disbursement this Period

76.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

gulf Station

Mailing Address 3601 Atlantic Blvd

City  
Brigantine

State  
NJ

Zip Code  
08201

Purpose of Disbursement  
auto-gas

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5829

Date of Disbursement

/   /

Amount of Each Disbursement this Period

47.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Harry's Seafood Grill

Mailing Address 101 S Market St

City  
Wilmington

State  
DE

Zip Code  
19801-5201

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5809

Date of Disbursement

/   /

Amount of Each Disbursement this Period

237.10

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Holiday Inns Capitol Mailing Address 550 C St SW	<b>Transaction ID:</b> D5814 <b>Date of Disbursement</b> <div> <div>12</div> <div>19</div> <div>2007</div> </div>
City Washington State DC Zip Code 20024-2514 Purpose of Disbursement room rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>262.11</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Holiday Inns Capitol Mailing Address 550 C St SW City Washington State DC Zip Code 20024-2514 Purpose of Disbursement room rental Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5821 <b>Date of Disbursement</b> <div> <div>12</div> <div>20</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>230.15</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Iukoil Mailing Address Black horse plke City Mount Ephraim State NJ Zip Code 08059 Purpose of Disbursement auto-gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D5813 <b>Date of Disbursement</b> <div> <div>12</div> <div>19</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>47.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City  
Mount EphraimState  
NJZip Code  
08059Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5825

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	7

Amount of Each Disbursement this Period

19.87

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City  
Mount EphraimState  
NJZip Code  
08059Purpose of Disbursement  
auto- gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5830

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	7

Amount of Each Disbursement this Period

65.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

NJ Division of Motor Vehicles

Mailing Address PO Box 403

City  
TrentonState  
NJZip Code  
08666-0403Purpose of Disbursement  
car- registration

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5831

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	7

Amount of Each Disbursement this Period

86.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Office Depot</p> <p>Mailing Address Haddonfield Berlin Road</p> <p>City Voorhees State NJ Zip Code 08043</p> <p>Purpose of Disbursement office- supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5837</p> <p>Date of Disbursement  <div>12 / 21 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>471.87</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Palm Restaurant</p> <p>Mailing Address 200 S Broad St</p> <p>City Philadelphia State PA Zip Code 19102-3809</p> <p>Purpose of Disbursement meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5845</p> <p>Date of Disbursement  <div>12 / 24 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>274.61</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Parkway Bellevue</p> <p>Mailing Address Market St</p> <p>City Philadelphia State PA Zip Code 19103-7593</p> <p>Purpose of Disbursement parking</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5841</p> <p>Date of Disbursement  <div>12 / 24 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>20.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
event- food and facilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5816

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

357.86

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5828

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

38.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5846

Date of Disbursement

12 / 24 / 2007

Amount of Each Disbursement this Period

312.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Staples

Mailing Address Rt. 70

City  
Cherry Hill

State  
NJ

Zip Code  
08003

Purpose of Disbursement  
office- supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5839

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1133.30

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

The UPS Store

Mailing Address 230 Kings Hwy E

City  
Haddonfield

State  
NJ

Zip Code  
08033-1907

Purpose of Disbursement  
office- shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5805

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.39

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Tiffany & Co

Mailing Address Fifthe Avenue

City  
New York

State  
NY

Zip Code  
10036

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5817

Date of Disbursement

/   /

Amount of Each Disbursement this Period

406.41

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Toys R US</p> <p>Mailing Address Rt. 38 East</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement            donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5836  <b>Date of Disbursement</b>            12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period            362.40</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            US House Members Dining Room</p> <p>Mailing Address Capitol</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement            meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5807  <b>Date of Disbursement</b>            12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period            24.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            US House Members Dining Room</p> <p>Mailing Address Capitol</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement            meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5819  <b>Date of Disbursement</b>            12 / 20 / 2007</p> <p>Amount of Each Disbursement this Period            16.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Walgreens

Mailing Address White Horse Pike

City Magnolia State NJ Zip Code 08049

Purpose of Disbursement  
gift cards-donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5822

Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

460.65

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Walgreens

Mailing Address White Horse Pike

City Magnolia State NJ Zip Code 08049

Purpose of Disbursement  
office

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5823

Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

2.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Walmart

Mailing Address 150 E Route 70

City Marlton State NJ Zip Code 08053-1856

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5815

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

335.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) WaWa Mailing Address 2 Eayrestown	<b>Transaction ID:</b> D5832 <b>Date of Disbursement</b> <div> <div>12</div> <div>21</div> <div>2007</div> </div>
City Medford State NJ Zip Code 08055 Purpose of Disbursement meal expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>100.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) william penn Mailing Address best efforts City Philadelphia State PA Zip Code Purpose of Disbursement parking expense Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5806 <b>Date of Disbursement</b> <div> <div>12</div> <div>18</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>22.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) william penn Mailing Address best efforts City Philadelphia State PA Zip Code Purpose of Disbursement parking Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5827 <b>Date of Disbursement</b> <div> <div>12</div> <div>21</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>24.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

<b>A.</b>	<p>Full Name (Last, First, Middle Initial) WPA Customs House</p> <p>Mailing Address rest stop</p> <p>City Wilmington State DE Zip Code 00000</p> <p>Purpose of Disbursement meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5824</p> <p>Date of Disbursement  <div>12 / 21 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>8.00</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<b>B.</b>	<p>Full Name (Last, First, Middle Initial) US House Members Dining Room</p> <p>Mailing Address Capitol</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5519</p> <p>Date of Disbursement  <div>11 / 08 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>9.95</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> 10084000</p>
<b>C.</b>	<p>Full Name (Last, First, Middle Initial) Holiday Inns onthe Hill</p> <p>Mailing Address 550 C St SW</p> <p>City Washington State DC Zip Code 20515-0001</p> <p>Purpose of Disbursement hotel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5518</p> <p>Date of Disbursement  <div>11 / 07 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>1025.06</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> 10084000</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Ralph's &amp; Francesca's

Mailing Address Station Avenue

City  
Haddon HeightsState  
NJZip Code  
08035Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5517

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	7	/	2	0	0	7

Amount of Each Disbursement this Period

77.22

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Capital One Visa

Mailing Address PO Box 85184

City  
RichmondState  
VAZip Code  
23285-5184Purpose of Disbursement  
credit card bill

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5055

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	0	7

Amount of Each Disbursement this Period

1845.77

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

84000

**C.**

Full Name (Last, First, Middle Initial)

AOL Service

Mailing Address 22000 Aol Way

City  
SterlingState  
VAZip Code  
20166-9302Purpose of Disbursement  
internet service

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5065

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	7

Amount of Each Disbursement this Period

25.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)  
target

Mailing Address 751 Route 73 S

City Marlton State NJ Zip Code 08053-9637

Purpose of Disbursement  
office-cards

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5066

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
Acme Markets

Mailing Address Black Horse Pike

City Audubon State NJ Zip Code 08106

Purpose of Disbursement  
event food

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5375

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
Acme Markets

Mailing Address Black Horse Pike

City Audubon State NJ Zip Code 08106

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5376

Date of Disbursement

/   /

Amount of Each Disbursement this Period

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

America

Mailing Address 50 Massachusetts AveNE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5373

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	7	

Amount of Each Disbursement this Period

34.94

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

AOL Service

Mailing Address 22000 Aol Way

City Sterling State VA Zip Code 20166-9302

Purpose of Disbursement  
internet service

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5380

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	3		2	0	7	

Amount of Each Disbursement this Period

25.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Davio's

Mailing Address 111 S 17th St

City Philadelphia State PA Zip Code 19103-5114

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5379

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	2		2	0	7	

Amount of Each Disbursement this Period

77.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Edible Arrangements

Mailing Address 350 Main Street

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
gift for donor t/y

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5378

Date of Disbursement

11 / 02 / 2007

Amount of Each Disbursement this Period

88.81

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

J2 Global Communications

Mailing Address 6922 Hollywood Blvd

City Hollywood State CA Zip Code 90028

Purpose of Disbursement  
office fax expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5377

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

16.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City Cherry Hill State NJ Zip Code 08034

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5374

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

30.43

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Sunoco</p> <p>Mailing Address White Horse Pike</p> <p>City Hammonton State NJ Zip Code 08037</p> <p>Purpose of Disbursement auto-gas expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5372  <b>Date of Disbursement</b>  <div>10 / 05 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>30.75</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AOL Service</p> <p>Mailing Address 22000 Aol Way</p> <p>City Sterling State VA Zip Code 20166-9302</p> <p>Purpose of Disbursement internet service</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5402  <b>Date of Disbursement</b>  <div>12 / 03 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>25.90</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) au bon pain</p> <p>Mailing Address 2951 Market St</p> <p>City Philadelphia State PA Zip Code 19104</p> <p>Purpose of Disbursement food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President          State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5395  <b>Date of Disbursement</b>  <div>11 / 14 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>15.30</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess          Contributions Required Under          11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Caruso's- The Desmond

Mailing Address 660 Albany Shaker Rd

City Albany State NY Zip Code 12211-1056

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5391

Date of Disbursement

11 / 11 / 2007

Amount of Each Disbursement this Period

26.07

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Digital River

Mailing Address 9625 West 76th Street

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
office- computer supply

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5400

Date of Disbursement

11 / 27 / 2007

Amount of Each Disbursement this Period

66.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Five Star Parking

Mailing Address 414 S 16th St

City Philadelphia State PA Zip Code 19146-1549

Purpose of Disbursement  
auto- parking

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5392

Date of Disbursement

11 / 13 / 2007

Amount of Each Disbursement this Period

20.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Godiva Chocolate

Mailing Address 2000 Rt 38

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5390

Date of Disbursement

11 / 10 / 2007

Amount of Each Disbursement this Period

568.17

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Greetings Philadelphia

Mailing Address

City  
Philadelphia

State  
PA

Zip Code  
19101

Purpose of Disbursement  
office supply

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5394

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

37.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Harmony View

Mailing Address 210 W 50th St

City  
New York

State  
NY

Zip Code  
10019

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5397

Date of Disbursement

11 / 19 / 2007

Amount of Each Disbursement this Period

66.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

J2 Global Communications

Mailing Address 6922 Hollywood Blvd

City  
Hollywood

State  
CA

Zip Code  
90028

Purpose of Disbursement  
office fax service

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5399

Date of Disbursement

11 / 26 / 2007

Amount of Each Disbursement this Period

16.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City  
Mount Ephraim

State  
NJ

Zip Code  
08059

Purpose of Disbursement  
auto gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5389

Date of Disbursement

11 / 10 / 2007

Amount of Each Disbursement this Period

42.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Magnolia Diner

Mailing Address white horse Pike

City  
Magnolia

State  
NJ

Zip Code  
08049

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5401

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

21.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)            Ponzio's Restaurant</p> <p>Mailing Address 7 Rt 70 West</p> <p>City Cherry Hill State NJ Zip Code 08034</p> <p>Purpose of Disbursement            food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5393</p> <p>Date of Disbursement            11 / 14 / 2007</p> <p>Amount of Each Disbursement this Period            31.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)            Prices Desserts by Design</p> <p>Mailing Address 105 W Merchant St</p> <p>City Audubon State NJ Zip Code 08106-1423</p> <p>Purpose of Disbursement            event food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5385</p> <p>Date of Disbursement            11 / 09 / 2007</p> <p>Amount of Each Disbursement this Period            48.46</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)            Shell Oil</p> <p>Mailing Address White Horse Pike</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement            auto gas expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5387</p> <p>Date of Disbursement            11 / 10 / 2007</p> <p>Amount of Each Disbursement this Period            61.18</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5396

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	7	

Amount of Each Disbursement this Period

37.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Tiffany &amp; Co

Mailing Address Fifthe Avenue

City New York State NY Zip Code 10036

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5398

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	7	

Amount of Each Disbursement this Period

276.06

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

TJ's Pizza

Mailing Address 2661 Main Street

City Lawrenceville State NJ Zip Code 08648

Purpose of Disbursement  
food expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5386

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	0	/	2	0	7	

Amount of Each Disbursement this Period

17.60

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial)            Wegman's</p> <p>Mailing Address 2 Centerton Rd</p> <p>City Mount Laurel State NJ Zip Code 08054-6102</p> <p>Purpose of Disbursement            event food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5388  <b>Date of Disbursement</b>            11 / 10 / 2007</p> <p>Amount of Each Disbursement this Period            238.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)            US Airways</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement            travel fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5506  <b>Date of Disbursement</b>            11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period            10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)            US Airways</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement            travel fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D5507  <b>Date of Disbursement</b>            11 / 05 / 2007</p> <p>Amount of Each Disbursement this Period            10.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>            10084000</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) US Airways</p> <p>Mailing Address 2345 Crystal Drive</p> <p>City Arlington State VA Zip Code 22202</p> <p>Purpose of Disbursement travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5514  <b>Date of Disbursement</b>  <div>11 / 05 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>1151.30</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Hershey Chocolate World</p> <p>Mailing Address 800 Hershey Park Dr</p> <p>City Hershey State PA Zip Code 17033-2400</p> <p>Purpose of Disbursement gift for donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5510  <b>Date of Disbursement</b>  <div>11 / 06 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>60.55</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dunkin Donuts</p> <p>Mailing Address White Horse Pike</p> <p>City Lawnside State NJ Zip Code 08049</p> <p>Purpose of Disbursement food expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D5489  <b>Date of Disbursement</b>  <div>11 / 04 / 2007</div></p> <p>Amount of Each Disbursement this Period  <div>4.42</div></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b>          10084000</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City  
Parsippany

State  
NJ

Zip Code  
07054-2815

Purpose of Disbursement  
IRA contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5041

Date of Disbursement

/   /

Amount of Each Disbursement this Period

319.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Stephen Dougherty

Mailing Address 302 Mockingbird Ln

City  
Swedesboro

State  
NJ

Zip Code  
08085-1328

Purpose of Disbursement  
salary

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5038

Date of Disbursement

/   /

Amount of Each Disbursement this Period

3091.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City  
Parsippany

State  
NJ

Zip Code  
07054-2815

Purpose of Disbursement  
ADP-taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5044

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1054.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City  
ParsippanyState  
NJZip Code  
07054-2815Purpose of Disbursement  
ADP-processing fee

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2007  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5045

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

75.69

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

ADP EasyPay

Mailing Address 99 Jefferson Rd

City  
ParsippanyState  
NJZip Code  
07054-2815Purpose of Disbursement  
ADP-IRA contribution

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5046

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

319.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Stephen Dougherty

Mailing Address 302 Mockingbird Ln

City  
SwedesboroState  
NJZip Code  
08085-1328Purpose of Disbursement  
salary

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5043

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

3091.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 99 Jefferson Rd	<b>Transaction ID:</b> D5049 <b>Date of Disbursement</b> <div> <div>12</div> <div>28</div> <div>2007</div> </div>
City Parsippany State NJ Zip Code 07054-2815 Purpose of Disbursement taxes Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>1054.67</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 99 Jefferson Rd	<b>Transaction ID:</b> D5050 <b>Date of Disbursement</b> <div> <div>12</div> <div>28</div> <div>2007</div> </div>
City Parsippany State NJ Zip Code 07054-2815 Purpose of Disbursement processing fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>75.69</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) ADP EasyPay Mailing Address 99 Jefferson Rd	<b>Transaction ID:</b> D5051 <b>Date of Disbursement</b> <div> <div>12</div> <div>28</div> <div>2007</div> </div>
City Parsippany State NJ Zip Code 07054-2815 Purpose of Disbursement IRA contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Amount of Each Disbursement this Period</b> <div>319.98</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen Dougherty

Mailing Address 302 Mockingbird Ln

City	State	Zip Code
Swedesboro	NJ	08085-1328

Purpose of Disbursement  
salary

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2008
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	

Transaction ID: D5048

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	7	

Amount of Each Disbursement this Period

3091.09

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City	State	Zip Code
Mount Ephraim	NJ	08059

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2008
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	

Transaction ID: D5384

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	7		2	0	7	

Amount of Each Disbursement this Period

54.15

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

lukoil

Mailing Address Black horse plke

City	State	Zip Code
Mount Ephraim	NJ	08059

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	2008
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify) ▼	

Transaction ID: D5516

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	7	

Amount of Each Disbursement this Period

38.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

10084000

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Wegman's Mailing Address 2 Centerton Rd	<b>Transaction ID:</b> D5383 <b>Date of Disbursement</b> <div> <div>11</div> <div>07</div> <div>2007</div> </div>
City State Zip Code Mount Laurel NJ 08054-6102 Purpose of Disbursement event food Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>122.48</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>B.</b> Full Name (Last, First, Middle Initial) ACTBLUE Mailing Address P.O. Box 382110 City State Zip Code Cambridge MA 02238 Purpose of Disbursement donation Candidate Name ACTBLUE Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5503 <b>Date of Disbursement</b> <div> <div>11</div> <div>05</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000
<b>C.</b> Full Name (Last, First, Middle Initial) broadway theater of Pitman Mailing Address 43 S Broadway City State Zip Code Pitman NJ 08071-1413 Purpose of Disbursement event Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D5491 <b>Date of Disbursement</b> <div> <div>11</div> <div>05</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>11.59</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b> 10084000

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Chops Restaurant

Mailing Address 401 E City Ave

City  
Bala Cynwyd

State  
PA

Zip Code  
19004

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5509

Date of Disbursement

/   /

Amount of Each Disbursement this Period

53.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**B.**

Full Name (Last, First, Middle Initial)

Zaro

Mailing Address 2 Penn Plz

City  
New York

State  
NY

Zip Code  
10121-0078

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5382

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**C.**

Full Name (Last, First, Middle Initial)

Advanced Limousine

Mailing Address 538 Durham Rd

City  
Newtown

State  
PA

Zip Code  
18940-9615

Purpose of Disbursement  
auto-event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5512

Date of Disbursement

/   /

Amount of Each Disbursement this Period

316.55

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

10084000

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Applebees - Audubon

Mailing Address Black Horse Pike

City  
Audubon

State  
NJ

Zip Code  
08130

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153821

Date of Disbursement

/   /

Amount of Each Disbursement this Period

42.12

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153823

Date of Disbursement

/   /

Amount of Each Disbursement this Period

43.62

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Toys R US

Mailing Address Rt. 38 East

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153824

Date of Disbursement

/   /

Amount of Each Disbursement this Period

61.33

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City  
Washington

State  
DC

Zip Code  
20024-2514

Purpose of Disbursement  
room rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153825

Date of Disbursement

/   /

Amount of Each Disbursement this Period

287.40

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic & Station Avenue

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
gifts for donor/vol

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153826

Date of Disbursement

/   /

Amount of Each Disbursement this Period

658.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Holiday Inns Capitol

Mailing Address 550 C St SW

City  
Washington

State  
DC

Zip Code  
20024-2514

Purpose of Disbursement  
room rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153827

Date of Disbursement

/   /

Amount of Each Disbursement this Period

965.03

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Grand Opera House</p> <p>Mailing Address 818 N. Market Street</p> <p>City Wilmington State DE Zip Code 19801</p> <p>Purpose of Disbursement event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153828</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>15</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>1804.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address Rt. 70</p> <p>City Cherry Hill State NJ Zip Code 08003</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153829</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>18</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>5.09</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Cosmos diner</p> <p>Mailing Address 316 S Maryland Ave</p> <p>City Wilmington State DE Zip Code 19804-1345</p> <p>Purpose of Disbursement meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153830</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>17</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>39.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ► <div>0.00</div></p>	
<p><b>TOTAL</b> This Period (last page this line number only) ..... ►</p>	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153832

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	7

Amount of Each Disbursement this Period

51.17

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City Haddon Heights State NJ Zip Code 08035-1907

Purpose of Disbursement  
flower expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153833

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	7

Amount of Each Disbursement this Period

58.85

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Domino's Pizza

Mailing Address 363 W. Browning Road

City Bellmawr State NJ Zip Code 08031

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153834

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	0	7

Amount of Each Disbursement this Period

180.34

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

April Robin Florist

Mailing Address 620 Station Ave

City  
Haddon HeightsState  
NJZip Code  
08035-1907Purpose of Disbursement  
flowers for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153835

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	7	

Amount of Each Disbursement this Period

304.95

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Best Buy

Mailing Address Deptford Center ROAD

City  
DeptfordState  
NJZip Code  
08096Purpose of Disbursement  
office- computer

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153836

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	7	

Amount of Each Disbursement this Period

962.98

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Dunkin Donuts

Mailing Address White Horse Pike

City  
LawnsideState  
NJZip Code  
08049Purpose of Disbursement  
meal expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153837

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	7	

Amount of Each Disbursement this Period

3.35

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Barnes &amp; Noble

Mailing Address 200 W Route 70

City  
MarltonState  
NJZip Code  
08053-1634Purpose of Disbursement  
press

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153838

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

6	9	9
---	---	---

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City  
Haddon HeightsState  
NJZip Code  
08035Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153839

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

2	1	8	7
---	---	---	---

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

ExxonMobil

Mailing Address Rt. 73

City  
MarltonState  
NJZip Code  
08053Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153840

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Amount of Each Disbursement this Period

2	9	7	0
---	---	---	---

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

NAME OF COMMITTEE (In Full)  
Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Sunoco

Mailing Address White Horse Pike

City  
Hammonton

State  
NJ

Zip Code  
08037

Purpose of Disbursement  
auto- gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153844

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31.50

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
auto expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153845

Date of Disbursement

/   /

Amount of Each Disbursement this Period

52.78

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City  
Cherry Hill

State  
NJ

Zip Code  
08002-3098

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153846

Date of Disbursement

/   /

Amount of Each Disbursement this Period

55.11

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

Staples

Mailing Address Rt. 70

City  
Cherry Hill

State  
NJ

Zip Code  
08003

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153847

Date of Disbursement

11 / 20 / 2007

Amount of Each Disbursement this Period

68.46

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

ritz camera center

Mailing Address

City  
Wilmington

State  
DE

Zip Code

Purpose of Disbursement  
office-press

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153848

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

74.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Clements bridge ROad

City  
Barrington

State  
NJ

Zip Code  
08007

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153849

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

98.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Rite Aide

Mailing Address Clements Bridge Rd

City  
Barrington

State  
NJ

Zip Code  
08007

Purpose of Disbursement  
office supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153850

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

109.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Grand Opera House

Mailing Address 818 N. Market Street

City  
Wilmington

State  
DE

Zip Code  
19801

Purpose of Disbursement  
event

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153851

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

152.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

haddonfield shellfish

Mailing Address 170 Grove St

City  
Haddonfield

State  
NJ

Zip Code  
08033-1211

Purpose of Disbursement  
food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153853

Date of Disbursement

11 / 21 / 2007

Amount of Each Disbursement this Period

158.14

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Grand Opera House

Mailing Address 818 N. Market Street

City  
WilmingtonState  
DEZip Code  
19801Purpose of Disbursement  
event

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153854

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	7

Amount of Each Disbursement this Period

228.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Wegman's

Mailing Address 2 Centerton Rd

City  
Mount LaurelState  
NJZip Code  
08054-6102Purpose of Disbursement  
event-food

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153856

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Amount of Each Disbursement this Period

259.93

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Chocolate Heaven

Mailing Address Atlantic &amp; Station Avenue

City  
Haddon HeightsState  
NJZip Code  
08035Purpose of Disbursement  
gifts for donors

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153858

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	1	/	2	0	0	7

Amount of Each Disbursement this Period

365.80

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pathmark <hr/> Mailing Address      White Horse Pike <hr/> <div style="display: flex; justify-content: space-between;"> <div>City Lawnside</div> <div>State NJ</div> <div>Zip Code 08045</div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;">         Purpose of Disbursement          food expense  <hr/>         Candidate Name       </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; padding: 2px;">         Category/ Type       </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;">         Office Sought:    <input type="checkbox"/> House                                   <input type="checkbox"/> Senate                                   <input type="checkbox"/> President          State:              District:       </div> <div style="flex: 1;">         Disbursement For:    2008  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼       </div> </div>	<b>Transaction ID:</b> D153860 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>1</small> <small>1</small> / <small>2</small> <small>3</small> / <small>2</small> <small>0</small> <small>0</small> <small>7</small></div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: right; padding: 2px;">27.80</div> <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Grotto's Pizza <hr/> Mailing Address      45 East Main St <hr/> <div style="display: flex; justify-content: space-between;"> <div>City Newark</div> <div>State DE</div> <div>Zip Code</div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;">         Purpose of Disbursement          event  <hr/>         Candidate Name       </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; padding: 2px;">         Category/ Type       </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;">         Office Sought:    <input type="checkbox"/> House                                   <input type="checkbox"/> Senate                                   <input type="checkbox"/> President          State:              District:       </div> <div style="flex: 1;">         Disbursement For:    2008  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼       </div> </div>	<b>Transaction ID:</b> D153865 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>1</small> <small>1</small> / <small>2</small> <small>3</small> / <small>2</small> <small>0</small> <small>0</small> <small>7</small></div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: right; padding: 2px;">902.01</div> <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Paul's Custom Awards <hr/> Mailing Address      White Horse Pike <hr/> <div style="display: flex; justify-content: space-between;"> <div>City Barrington</div> <div>State NJ</div> <div>Zip Code 08035</div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;">         Purpose of Disbursement          plaques  <hr/>         Candidate Name       </div> <div style="flex: 0.5; border: 1px solid black; text-align: center; padding: 2px;">         Category/ Type       </div> </div> <hr/> <div style="display: flex;"> <div style="flex: 1;">         Office Sought:    <input type="checkbox"/> House                                   <input type="checkbox"/> Senate                                   <input type="checkbox"/> President          State:              District:       </div> <div style="flex: 1;">         Disbursement For:    2008  <input checked="" type="checkbox"/> Primary    <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼       </div> </div>	<b>Transaction ID:</b> D153866 <b>Date of Disbursement</b> <div style="display: flex; justify-content: space-around;"> <div><small>M</small> <small>M</small> / <small>D</small> <small>D</small> / <small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small></div> <div><small>1</small> <small>1</small> / <small>2</small> <small>4</small> / <small>2</small> <small>0</small> <small>0</small> <small>7</small></div> </div> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: right; padding: 2px;">18.00</div> <hr/> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div> <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶  <b>TOTAL</b> This Period (last page this line number only) ..... ▶         </div> <div style="border: 1px solid black; text-align: right; padding: 5px; width: 200px;"> <b>0.00</b> </div> </div>	

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Iukoil

Mailing Address Black horse plke

City  
Mount Ephraim

State  
NJ

Zip Code  
08059

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153869

Date of Disbursement

/   /

Amount of Each Disbursement this Period

58.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Ponzio's Restaurant

Mailing Address 7 Rt 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08034

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153871

Date of Disbursement

/   /

Amount of Each Disbursement this Period

71.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Holiday Inns Cherry Hill

Mailing Address Rt. 70

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
room rental

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153872

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Hotel Dupont

Mailing Address 11th and Market St.

City  
Wilmington

State  
DE

Zip Code

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153874

Date of Disbursement

/   /

Amount of Each Disbursement this Period

170.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

The Melting Pot

Mailing Address 8229 Germantown Ave

City  
Philadelphia

State  
PA

Zip Code  
19118-3401

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153876

Date of Disbursement

/   /

Amount of Each Disbursement this Period

908.44

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153877

Date of Disbursement

/   /

Amount of Each Disbursement this Period

33.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Cafe Lamberti</p> <p>Mailing Address 2011 Marlton Pike W</p> <p>City Cherry Hill State NJ Zip Code 08002-2728</p> <p>Purpose of Disbursement meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153883</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="174.77"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PF Changs</p> <p>Mailing Address 500 Route 73 S</p> <p>City Marlton State NJ Zip Code 08053-2084</p> <p>Purpose of Disbursement event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153884</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="212.32"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Starbuck's</p> <p>Mailing Address Kings Highway</p> <p>City Haddonfield State NJ Zip Code 08033</p> <p>Purpose of Disbursement meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153886</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4.62"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

X	17		18		19a		19b
	20a		20b		20c		21

Rob Andrews U.S. House Committee

FEC Schedule B ( Form 3 ) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City  
Cherry Hill

State  
NJ

Zip Code  
08002-3098

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153891

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

4.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Postmaster

Mailing Address Clements bridge ROad

City  
Barrington

State  
NJ

Zip Code  
08007

Purpose of Disbursement  
postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153893

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

16.25

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

card basket

Mailing Address 2000 Rt 38

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
gift for donor-card

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153894

Date of Disbursement

11 / 29 / 2007

Amount of Each Disbursement this Period

17.26

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Macy's East

Mailing Address Cherry Hill Mall

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153896

Date of Disbursement

/   /

Amount of Each Disbursement this Period

18.73

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City  
Cherry Hill

State  
NJ

Zip Code  
08002-3098

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153898

Date of Disbursement

/   /

Amount of Each Disbursement this Period

21.52

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

Hot and Blue Red

Mailing Address 7 Marlton Pike W

City  
Cherry Hill

State  
NJ

Zip Code  
08002-3098

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153899

Date of Disbursement

/   /

Amount of Each Disbursement this Period

35.18

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Staples

Mailing Address Rt. 70

City  
Cherry HillState  
NJZip Code  
08003Purpose of Disbursement  
office supplies

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153901

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	7	

Amount of Each Disbursement this Period

59.88

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Acme Markets

Mailing Address Black Horse Pike

City  
AudubonState  
NJZip Code  
08106Purpose of Disbursement  
event

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153903

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	7	

Amount of Each Disbursement this Period

251.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Enterprise Rental Car

Mailing Address Rt.73

City  
MoorestownState  
NJZip Code  
08057Purpose of Disbursement  
auto-car rental

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	9		2	0	7	

Amount of Each Disbursement this Period

269.08

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)  
 WaWa

Mailing Address 2 Eayrestown

City Medford State NJ Zip Code 08055

Purpose of Disbursement  
 meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153907

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4.76

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)  
 CVS Paharmacy

Mailing Address Kings Highway

City Haddon Heights State NJ Zip Code 08035

Purpose of Disbursement  
 office-supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153910

Date of Disbursement

/   /

Amount of Each Disbursement this Period

8.93

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)  
 COSI

Mailing Address 1128 Walnut Street

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement  
 food expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153911

Date of Disbursement

/   /

Amount of Each Disbursement this Period

9.67

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address station avenue

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153912

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Amtrak

Mailing Address station avenue

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153913

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Virtua Gift Shop

Mailing Address best efforts

City  
Voorhees

State  
NJ

Zip Code  
08036

Purpose of Disbursement  
gift for donor-hospital

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

26.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Disneystore.com Mailing Address 500 S Buena Vista	<b>Transaction ID:</b> D153915 <b>Date of Disbursement</b> <div> <div>11</div> <div>30</div> <div>2007</div> </div>
City Burbank State CA Zip Code 91521-0001 Purpose of Disbursement gift for donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>38.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) Morris Travel Mailing Address Station Avenue City Haddon Heights State NJ Zip Code 08035 Purpose of Disbursement travel fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D153918 <b>Date of Disbursement</b> <div> <div>11</div> <div>29</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>40.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) Amoco Oil Mailing Address 187 French St City New Brunswick State NJ Zip Code 08901-2338 Purpose of Disbursement auto-gas Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D153920 <b>Date of Disbursement</b> <div> <div>11</div> <div>30</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>69.10</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial)            Toys R US</p> <p>Mailing Address Rt. 38 East</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement            gift for donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153921  <b>Date of Disbursement</b>            11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period            82.79</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)            Grand Opera House</p> <p>Mailing Address 818 N. Market Street</p> <p>City Wilmington State DE Zip Code 19801</p> <p>Purpose of Disbursement            event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153922  <b>Date of Disbursement</b>            11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period            704.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)            Kunkels Seafood</p> <p>Mailing Address 920 Kings Hwy</p> <p>City Haddon Heights State NJ Zip Code 08035-1218</p> <p>Purpose of Disbursement            event</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153923  <b>Date of Disbursement</b>            11 / 29 / 2007</p> <p>Amount of Each Disbursement this Period            431.13</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Amtrak</p> <p>Mailing Address station avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement travel</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153924</p> <p><b>Date of Disbursement</b>  <div> <div>11</div> <div>29</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>498.00</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) target</p> <p>Mailing Address 751 Route 73 S</p> <p>City Marlton State NJ Zip Code 08053-9637</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153926</p> <p><b>Date of Disbursement</b>  <div> <div>12</div> <div>03</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>11.76</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) target</p> <p>Mailing Address 751 Route 73 S</p> <p>City Marlton State NJ Zip Code 08053-9637</p> <p>Purpose of Disbursement gifts for donors</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p><b>Transaction ID:</b> D153927</p> <p><b>Date of Disbursement</b>  <div> <div>12</div> <div>02</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>127.50</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

0.00

**TOTAL** This Period (last page this line number only) ..... ►

X	17		18		19a		19b
	20a		20b		20c		21

FEC Schedule B ( Form 3 ) (Revised 02/2003)

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Grand Opera House

Mailing Address 818 N. Market Street

City  
WilmingtonState  
DEZip Code  
19801Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153932

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	7

Amount of Each Disbursement this Period

114.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

extra space storage

Mailing Address 339 White Horse Pike N

City  
LawnsideState  
NJZip Code  
08045-1133Purpose of Disbursement  
office-storage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153933

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	7

Amount of Each Disbursement this Period

181.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

Comcast Cable

Mailing Address Haddonfield -Berlin ROad

City  
Cherry HillState  
NJZip Code  
08002Purpose of Disbursement  
cable bill/internet

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153934

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	1		2	0	0	7

Amount of Each Disbursement this Period

276.36

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Hotel Dupont

Mailing Address 11th and Market St.

City  
Wilmington

State  
DE

Zip Code

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153935

Date of Disbursement

12 / 02 / 2007

Amount of Each Disbursement this Period

364.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**B.**

Full Name (Last, First, Middle Initial)

Hotel Dupont

Mailing Address 11th and Market St.

City  
Wilmington

State  
DE

Zip Code

Purpose of Disbursement  
meal expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153936

Date of Disbursement

12 / 01 / 2007

Amount of Each Disbursement this Period

737.05

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**C.**

Full Name (Last, First, Middle Initial)

Shell Oil

Mailing Address White Horse Pike

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement  
auto-gas expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D153937

Date of Disbursement

12 / 03 / 2007

Amount of Each Disbursement this Period

56.01

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**[MEMO ITEM]**

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) sonya bebeblankee llc Mailing Address 325 N Saint Paul St	<b>Transaction ID:</b> D153938 <b>Date of Disbursement</b> <div> <div>12</div> <div>04</div> <div>2007</div> </div>
City Dallas State TX Zip Code 75201-3801 Purpose of Disbursement gift-donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>88.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>B.</b> Full Name (Last, First, Middle Initial) sonya bebeblankee llc Mailing Address 325 N Saint Paul St City Dallas State TX Zip Code 75201-3801 Purpose of Disbursement gift for donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D153939 <b>Date of Disbursement</b> <div> <div>12</div> <div>04</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>127.95</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
<b>C.</b> Full Name (Last, First, Middle Initial) April Robin Florist Mailing Address 620 Station Ave City Haddon Heights State NJ Zip Code 08035-1907 Purpose of Disbursement flowers-donor Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D153940 <b>Date of Disbursement</b> <div> <div>12</div> <div>04</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>126.21</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Paradies</p> <p>Mailing Address 8000 Essington Ave</p> <p>City Philadelphia State PA Zip Code 19153</p> <p>Purpose of Disbursement meal expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153941</p> <p>Date of Disbursement  <div> <div>12</div> <div>04</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>37.60</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address White Horse Pike</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement auto-gas expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153942</p> <p>Date of Disbursement  <div> <div>12</div> <div>04</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>64.25</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Shell Oil</p> <p>Mailing Address White Horse Pike</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement auto-gas expense</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153944</p> <p>Date of Disbursement  <div> <div>12</div> <div>05</div> <div>2007</div> </div> </p> <p>Amount of Each Disbursement this Period  <div>29.80</div> </p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

**0.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

CompUSA

Mailing Address Eastgate Square

City State Zip Code  
Moorestown NJ 08057

Purpose of Disbursement

office- computer

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153945

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

Amount of Each Disbursement this Period

838.64

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****B.**

Full Name (Last, First, Middle Initial)

Best Photo

Mailing Address 14889 Brace Road

City State Zip Code  
Cherry Hill NJ 08002

Purpose of Disbursement

press-photos

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153946

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

Amount of Each Disbursement this Period

107.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]****C.**

Full Name (Last, First, Middle Initial)

sonya bebeblankee llc

Mailing Address 325 N Saint Paul St

City State Zip Code  
Dallas TX 75201-3801

Purpose of Disbursement

gift for donor

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	6		2	0	0	7

Amount of Each Disbursement this Period

110.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53
**[MEMO ITEM]**

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial)            Macy's East</p> <p>Mailing Address Cherry Hill Mall</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement            gift for donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153948  <b>Date of Disbursement</b>            12 / 15 / 2007</p> <p>Amount of Each Disbursement this Period            391.94</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)            Wegman's</p> <p>Mailing Address 2 Centerton Rd</p> <p>City Mount Laurel State NJ Zip Code 08054-6102</p> <p>Purpose of Disbursement            event food</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153949  <b>Date of Disbursement</b>            12 / 15 / 2007</p> <p>Amount of Each Disbursement this Period            1539.15</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)            Hollister</p> <p>Mailing Address 1750 Deptford Center</p> <p>City Deptford State NJ Zip Code 08096</p> <p>Purpose of Disbursement            gift for donor</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President            State: District:</p> <p>Disbursement For: 2008  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D153950  <b>Date of Disbursement</b>            12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period            241.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess            Contributions Required Under            11 C.F.R. 400.53  <b>[MEMO ITEM]</b></p>

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

spark's limo

Mailing Address

City  
New York

State  
NY

Zip Code

Purpose of Disbursement  
car hire

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

target

Mailing Address 751 Route 73 S

City  
Marlton

State  
NJ

Zip Code  
08053-9637

Purpose of Disbursement  
gift for donor

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153952

Date of Disbursement

/   /

Amount of Each Disbursement this Period

363.61

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)

Ruth's Hallmark

Mailing Address Almonesson Road

City  
Deptford

State  
NJ

Zip Code  
08096

Purpose of Disbursement  
gifts for donors

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D153953

Date of Disbursement

/   /

Amount of Each Disbursement this Period

531.79

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

184942.96

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Bergen County Democratic Organization

Mailing Address 50 Main Street

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
Contribution- county dems bergen

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D4982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	0		2	0	0	7

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**B.**

Full Name (Last, First, Middle Initial)

Bergen County Democratic Organization

Mailing Address 50 Main Street

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement  
Contribution- bergen cty dems

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D4998

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Amount of Each Disbursement this Period

15000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.**

Full Name (Last, First, Middle Initial)

Brian Hughes for County Executive

Mailing Address 172 West State St.

City Trenton State NJ Zip Code 08608

Purpose of Disbursement  
Contrib-county exec mercerCandidate Name  
Brian Hughes for County ExecutiveCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D4984

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	7

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

22500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

broadway theater of Pitman

Mailing Address 43 S Broadway

City  
Pitman

State  
NJ

Zip Code  
08071-1413

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5023

Date of Disbursement

/   /

Amount of Each Disbursement this Period

391.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

BURLINGTON COUNTY DEMOCRATIC COMMITTEE

Mailing Address PO Box 428

City  
Mount Holly

State  
NJ

Zip Code  
08060-0428

Purpose of Disbursement  
Contributuon-cty dems burlington

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D4986

Date of Disbursement

/   /

Amount of Each Disbursement this Period

10000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Camden County Democratic Committee

Mailing Address 2240-15 Route 70 West

City  
Cherry Hill

State  
NJ

Zip Code  
08002

Purpose of Disbursement  
Contribution- county dems

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D4980

Date of Disbursement

/   /

Amount of Each Disbursement this Period

25000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

35391.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Cathedral Kitchen Mailing Address 624 Market St.	<b>Transaction ID:</b> D4987 <b>Date of Disbursement</b> <div> <div>10</div> <div>17</div> <div>2007</div> </div>
City Camden State NJ Zip Code 08102 Purpose of Disbursement donation-harvest for hunger Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) Cradle of Liberty Council, BSA Mailing Address 1485 Valley Forge Rd City Wayne State PA Zip Code 19087-1346 Purpose of Disbursement Donation-boy scouts Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D4988 <b>Date of Disbursement</b> <div> <div>10</div> <div>18</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>1000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Democratic Assembly Campaign Committee Mailing Address PO Box 3712 City Trenton State NJ Zip Code 08629-0712 Purpose of Disbursement Contribution-state assembly dems Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D4981 <b>Date of Disbursement</b> <div> <div>10</div> <div>25</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>25000.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**26250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

A.

Full Name (Last, First, Middle Initial)

DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE - CONTRIBUTIONS

Mailing Address 430 South Capitol Street SE  
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D5015

Date of Disbursement

12 / 27 / 2007

Amount of Each Disbursement this Period

25000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B.

Full Name (Last, First, Middle Initial)

Gina Genovese for Senate

Mailing Address 588 Springfield Ave

City Berkeley Heights State NJ Zip Code 07922

Purpose of Disbursement  
contribution- nj state senate cand

Candidate Name  
Gina Genovese for Senate

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D4983

Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

C.

Full Name (Last, First, Middle Initial)

Hughes for County Executive

Mailing Address 172 West State St.

City Trenton State NJ Zip Code 08608

Purpose of Disbursement  
contrib- county executive

Candidate Name  
Hughes for County Executive

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D4973

Date of Disbursement

10 / 15 / 2007

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

30500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)  
 Rob Andrews U.S. House Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Inzerillo for Senate Mailing Address PO Box 932	<b>Transaction ID:</b> D4997 <b>Date of Disbursement</b> <div> <div>10</div> <div>18</div> <div>2007</div> </div>
City Middletown State NJ Zip Code 07748 Purpose of Disbursement Contribution- nj state senate cand Candidate Name Inzerillo for Senate Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b> Full Name (Last, First, Middle Initial) John Inelli for Delaware County Council Mailing Address 8 Valley View Rd. City Rose Valley State PA Zip Code 19063 Purpose of Disbursement contribution-PA county council Candidate Name John Inelli for Delaware County Council Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D4978 <b>Date of Disbursement</b> <div> <div>10</div> <div>31</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b> Full Name (Last, First, Middle Initial) Leukemia & Lymphoma Society Mailing Address PO Box 4072 Donor Services City Pittsfield State MA Zip Code 01202-4072 Purpose of Disbursement Memorial donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> D4994 <b>Date of Disbursement</b> <div> <div>11</div> <div>09</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

**1250.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

McCord Committee

Mailing Address

City

State

Zip Code

Purpose of Disbursement

PA state treasurer candidate

Candidate Name

McCord Committee

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** D5000

Date of Disbursement

10 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Mercer County Democratic Committee

Mailing Address 172 W State St

City

Trenton

State

NJ

Zip Code

08608-1104

Purpose of Disbursement

contribution- mercer cty dems

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** D4985

Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Political Action League

Mailing Address 530 Beardsley Avneue

City

Bloomfield

State

NJ

Zip Code

07003

Purpose of Disbursement

Contribution

Candidate Name

Political Action League

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

2008

☒ Primary

☐ General

☐ Other (specify) ▼

**Transaction ID:** D4968

Date of Disbursement

10 / 04 / 2007

Amount of Each Disbursement this Period

6000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

10500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald McDonald House

Mailing Address 100 S Broad St

City  
Philadelphia

State  
PA

Zip Code  
19110-1024

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5030

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Rutgers Foundation

Mailing Address 217 N 5th St

City  
Camden

State  
NJ

Zip Code  
08102-1203

Purpose of Disbursement  
Donation- Philbrook reception

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D4995

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**C.**

Full Name (Last, First, Middle Initial)

Senate Democratic Committee

Mailing Address 194-196 West State St

City  
Trenton

State  
NJ

Zip Code  
08608

Purpose of Disbursement  
Contribution-NJ state senate Dems

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D5005

Date of Disbursement

/   /

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

5800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

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NAME OF COMMITTEE (In Full)

Rob Andrews U.S. House Committee

**A.**

Full Name (Last, First, Middle Initial)

St. Matthew's Baptist Church

Mailing Address 245 Glassboro Rd

City State Zip Code  
 Williamstown NJ 08094-1351

Purpose of Disbursement  
 Donation

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D4969

Date of Disbursement

/   /

Amount of Each Disbursement this Period

125.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**B.**

Full Name (Last, First, Middle Initial)

Wayne Fox for Senate

Mailing Address 35 Canterbury Lane

City State Zip Code  
 Belle Mead NJ 08502

Purpose of Disbursement  
 contrib- NJ state Senate

Candidate Name  
 Wayne Fox for Senate

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D4970

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

☐ Refund or Disposal of Excess  
 Contributions Required Under  
 11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) .....

625.00

**TOTAL** This Period (last page this line number only) .....

132816.00