

RECEIVED
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12 APR 17 PM 1:33

Office Use Only

FEC
FORM 3

REPORT OF RECEIPTS
AND DISBURSEMENTS

For An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Andrews for Senate

ADDRESS (number and street) 215 Fourth Ave.
Check if different than previously reported. (ACC) Haddon Heights NJ 08035

2. FEC IDENTIFICATION NUMBER C C00448654
3. IS THIS REPORT X NEW OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
NJ 01

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
X 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 M M / D D / Y Y Y Y in the State of
(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 01 2012 through 03 31 2012

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. Robyn A. D. Ferdinand
Signature of Treasurer Ms. Robyn A. D. Ferdinand Date 04 13 2012

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 table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

12020294017

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

Andrews for Senate

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 01 01 2012 To: ^{M M / D D / Y Y Y Y} 03 31 2012

	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))	13800.00	89155.00
(b) Total Contribution Refunds (from Line 20(d))	11500.00	22900.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2300.00	66255.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	415.04	58417.33
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	415.04	58417.33
8. Cash on Hand at Close of Reporting Period (from Line 27)	9608.23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	114606.89	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

12020294018

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

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Write or Type Committee Name

Andrews for Senate

Report Covering the Period: From: M M / D D / Y Y Y Y 01 01 2012 To: M M / D D / Y Y Y Y 03 31 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13800.00	80655.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	13800.00	80655.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	8500.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13800.00	89155.00
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	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	18.23	31.58
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13818.23	89186.58

12020294019

DETAILED SUMMARY PAGE

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	415.04	58417.33
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	11500.00	22900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	11500.00	22900.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	11915.04	81317.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7705.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13818.23
25. SUBTOTAL (add Line 23 and Line 24).....	21523.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11915.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9608.23

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 14	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
Andrews for Senate

A. Full Name (Last, First, Middle Initial) James Fabiani		Date of Receipt M M / D D / Y Y Y Y 02 03 2012	
Mailing Address 1101 Pennsylvania Ave NW Ste 700		Transaction ID : C3617827	
City Washington	State DC	Zip Code 20004-2520	Amount of Each Receipt this Period , , 2300.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 2300.00	
Name of Employer Fabiani & Company	Occupation executive		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 2300.00		
B. Full Name (Last, First, Middle Initial) Bronwyn A Hamill		Date of Receipt M M / D D / Y Y Y Y 03 02 2012	
Mailing Address P.O. Box 712		Transaction ID : C3617737	
City Kent	State CT	Zip Code 06757	Amount of Each Receipt this Period , , 2300.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 2300.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 2300.00		
C. Full Name (Last, First, Middle Initial) Daniel F Roberti		Date of Receipt M M / D D / Y Y Y Y 02 10 2012	
Mailing Address 17 Mountain View Road		Transaction ID : C3617816	
City Kent	State CT	Zip Code 06757	Amount of Each Receipt this Period , , 2300.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 2300.00	
Name of Employer Information Requested	Occupation Information Requested		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date , , 2300.00		
SUBTOTAL of Receipts This Page (optional).....		, , 6900.00	
TOTAL This Period (last page this line number only).....		, ,	

12020294021

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 14	
	<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)
Andrews for Senate

Full Name (Last, First, Middle Initial) A. Vincent Roberti		Date of Receipt M M / D D / Y Y Y Y 03 02 2012
Mailing Address 40 West 57th Street, 20th Floor		Transaction ID : C3617735
City New York	State NY	
Zip Code 10019		Amount of Each Receipt this Period 2300.00 \$, , *
FEC ID number of contributing federal political committee. C		
Name of Employer Palisades Pictures	Occupation Chairman & CEO	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2300.00 \$, , *	

Full Name (Last, First, Middle Initial) B. George Tsunis		Date of Receipt M M / D D / Y Y Y Y 02 03 2012
Mailing Address 111 Goose Hill Rd		Transaction ID : C3568140
City Cold Spring Harbor	State NY	
Zip Code 11724		Amount of Each Receipt this Period 2300.00 \$, , *
FEC ID number of contributing federal political committee. C		
Name of Employer Chartwell Hotels	Occupation CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2300.00 \$, , *	

Full Name (Last, First, Middle Initial) C. Olga Tsunis		Date of Receipt M M / D D / Y Y Y Y 02 03 2012
Mailing Address 111 Goose Hill Rd		Transaction ID : C3568141
City Cold Spring Harbor	State NY	
Zip Code 11724		Amount of Each Receipt this Period 2300.00 \$, , *
FEC ID number of contributing federal political committee. C		
Name of Employer NA	Occupation Homemaker	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2300.00 \$, , *	

SUBTOTAL of Receipts This Page (optional).....	\$, , 6900.00
TOTAL This Period (last page this line number only).....	\$, , 13800.00

12020254622

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<input type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Andrews for Senate

Full Name (Last, First, Middle Initial) First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 1040 Haddon Ave		Transaction ID : C3696897
City Collingswood	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		31.58

Full Name (Last, First, Middle Initial) First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 1040 Haddon Ave		Transaction ID : C3696899
City Collingswood	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		31.58

Full Name (Last, First, Middle Initial) First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 1040 Haddon Ave		Transaction ID : C3696904
City Collingswood	State NJ	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date
		31.58

SUBTOTAL of Receipts This Page (optional).....	18.23
TOTAL This Period (last page this line number only).....	18.23

12020294023

**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)

PAGE 8 OF 14

17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Andrews for Senate

Full Name (Last, First, Middle Initial) A. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period \$ 33.23 Transaction ID : D431236
City Collingswood	State NJ	
Zip Code 08108-2046	Category/Type	
Purpose of Disbursement bank fee		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) B. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2012
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period \$ 65.25 Transaction ID : D431237
City Collingswood	State NJ	
Zip Code 08108-2046	Category/Type	
Purpose of Disbursement bank fees		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

Full Name (Last, First, Middle Initial) C. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period \$ 10.20 Transaction ID : D431238
City Collingswood	State NJ	
Zip Code 08108-2046	Category/Type	
Purpose of Disbursement bank fee		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:	

SUBTOTAL of Disbursements This Page (optional) \$ 108.68

TOTAL This Period (last page this line number only)

12020294024

**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)		PAGE 9 OF 14	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Andrews for Senate

Full Name (Last, First, Middle Initial) A. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2012
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period 44.95 Transaction ID : D431239
City Collingswood	State NJ Zip Code 08108-2046	
Purpose of Disbursement bank fees- credit card services fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2012
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period 7.95 Transaction ID : D431240
City Collingswood	State NJ Zip Code 08108-2046	
Purpose of Disbursement bank fees- credit card services fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) c. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2012
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period 133.24 Transaction ID : D431241
City Collingswood	State NJ Zip Code 08108-2046	
Purpose of Disbursement bank fee	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	186.14
TOTAL This Period (last page this line number only).....	

12020294025

**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)

PAGE 10 OF 14

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Andrews for Senate

Full Name (Last, First, Middle Initial) A. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 03 01 2012	
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period 10.50 Transaction ID : D431242	
City Collingswood	State NJ		Zip Code 08108-2046
Purpose of Disbursement bank fee	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) B. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 03 09 2012	
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period 44.95 Transaction ID : D431243	
City Collingswood	State NJ		Zip Code 08108-2046
Purpose of Disbursement bank fees- credit card services fees	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

Full Name (Last, First, Middle Initial) C. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 03 30 2012	
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period 54.47 Transaction ID : D431244	
City Collingswood	State NJ		Zip Code 08108-2046
Purpose of Disbursement bank fee-check order	Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: District:	Category/ Type		

SUBTOTAL of Disbursements This Page (optional) , , 109.92
TOTAL This Period (last page this line number only) , , .

12020294026

**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)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)
Andrews for Senate

Full Name (Last, First, Middle Initial) A. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012	
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period \$, , 10.00 Transaction ID : D431245	
City Collingswood	State NJ		Zip Code 08108-2046
Purpose of Disbursement bank fee	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012	
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period \$, , 0.20 Transaction ID : D431246	
City Collingswood	State NJ		Zip Code 08108-2046
Purpose of Disbursement bank fee	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) C. First Colonial National Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012	
Mailing Address 1040 Haddon Ave		Amount of Each Disbursement this Period \$, , 0.10 Transaction ID : D431247	
City Collingswood	State NJ		Zip Code 08108-2046
Purpose of Disbursement bank fee	Category/ Type		
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	\$, , 10.30
TOTAL This Period (last page this line number only).....	\$, , 415.04

12020294027

**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)

17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Andrews for Senate

Full Name (Last, First, Middle Initial) A. Mr. Mark Asselta		Date of Disbursement M M / D D / Y Y Y Y 03 02 2012	
Mailing Address 6 N. Deer Place			
City Hainesport	State NJ	Zip Code 08036	Amount of Each Disbursement this Period , , 2300.00 Transaction ID : D431251
Purpose of Disbursement refund of contribution		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: _____			
Full Name (Last, First, Middle Initial) B. Mr. Joseph T Carney		Date of Disbursement M M / D D / Y Y Y Y 03 02 2012	
Mailing Address 360 Haddon Ave Collingswood			
City Collingswood	State NJ	Zip Code 08108	Amount of Each Disbursement this Period , , 2300.00 Transaction ID : D431253
Purpose of Disbursement refund of contribution		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: _____			
Full Name (Last, First, Middle Initial) C. Mr. Paul Mainardi		Date of Disbursement M M / D D / Y Y Y Y 03 02 2012	
Mailing Address 200 W. Washington Square Apt 2307			
City Philadelphia	State PA	Zip Code 19106	Amount of Each Disbursement this Period , , 2300.00 Transaction ID : D431255
Purpose of Disbursement refund of contribution		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)		, , 6900.00	
TOTAL This Period (last page this line number only)		, ,	

12020294028

**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)

PAGE 13 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Andrews for Senate

Full Name (Last, First, Middle Initial) A. Mr. Michael Vassalotti		Date of Disbursement M M / D D / Y Y Y Y 03 02 2012	
Mailing Address 208 Evergreen Ave.		Amount of Each Disbursement this Period \$ 2300.00 Transaction ID : D431257	
City Haddon Township	State NJ		Zip Code 08108
Purpose of Disbursement refund of contribution			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: _____		

Full Name (Last, First, Middle Initial) B. Mr. Steven Wolschina		Date of Disbursement M M / D D / Y Y Y Y 03 02 2012	
Mailing Address 270 Moore Lane		Amount of Each Disbursement this Period \$ 2300.00 Transaction ID : D431258	
City Haddonfield	State NJ		Zip Code 08033
Purpose of Disbursement refund of contribution			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: _____		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period \$, , \$	
City	State		Zip Code
Purpose of Disbursement			Category/ Type
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....	\$ 4600.00
TOTAL This Period (last page this line number only).....	\$ 11500.00

12020294629

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
Andrews for Senate

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Camden County Democratic Committee	Nature of Debt (Purpose): HQ lease for primary
Mailing Address 2240-15 Route 70 West	
City State Zip Code Cherry Hill NJ 08002	

Outstanding Balance Beginning This Period	Transaction ID : D185366	
109574.00		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	109574.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Tavistock Country Club	Nature of Debt (Purpose): fundraising event- breakfast, valet, vases
Mailing Address P.O. Box 300	
City State Zip Code Haddonfield NJ 08033	

Outstanding Balance Beginning This Period	Transaction ID : D173965	
5032.89		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	5032.89

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	114606.89
2) TOTALS This Period (last page this line number only)	114606.89
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	114606.89

12020294030

EXPRESS
MIL

MAIL SERVICE

Mailing Envelope

For Domestic and International Use



U.S. POSTAGE
PAID
MOUNT LAUREL, NJ
08054
APR 14 2004
AMOUNT

\$12.95
00024105-18

1007

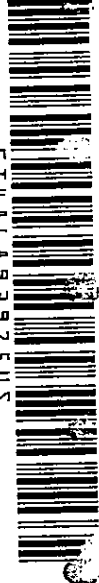
When used internationally
affix customs declarations
(PS Form 2976, or 2976A).

URGENT

Please Rush To Addressee

ps.com

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INTERNATIONAL (POSTAL SERVICE USE ONLY)

Postage	\$ 1.00	Insurance Fee	\$
Return Receipt Fee	\$	Total Postage & Fees	\$ 1.00
COD Fee	\$	Acceptance Emp. Initials	
Scheduled Date of Delivery	Month: 4 Day: 16		
Scheduled Time of Delivery	1:30 PM		
Day of Delivery	Day: 16		
Weight	1.00 lbs.		
Dimensions	10.00 x 5.00 x 0.50 in.		



EXPRESS MAIL

Addressed Copy
Label 1-8, March 2004

RECEIVED BY SCOTT SWATE POST OFFICE

DELIVERY (POSTAL SERVICE USE ONLY)

Delivery Attempt	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Signature
No. Day	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Delivery Date	Time	<input type="checkbox"/> AM <input type="checkbox"/> PM	

CUSTOMER USE ONLY

WARNING OF SIGNATURE (Domestic Mail Only)
Customer requires a signature. Insurance is void if delivery is made without obtaining signature of addressee or addressee's agent. (If delivery employee judges that a risk can be left in the signature certificate, signature of delivery employee is required.)

NO DELIVERY
 Weekend Holiday Mailer Signature _____

TO: (PLEASE PRINT) PHONE () _____

MM: (PLEASE PRINT)

PHONE () _____

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United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

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HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL 04-14-12 _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

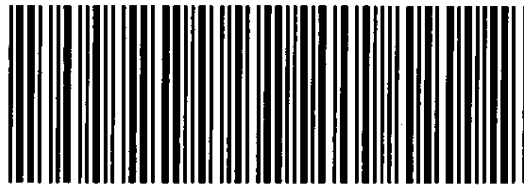
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER RD DATE PREPARED 04-17-12

12020294032



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