

RECEIVED
FEC MAIL ROOM

2002 APR -5 P 12:00

THE HUGHES FUND

926 Palen Avenue, Ocean City, New Jersey 08226 Telephone 609-398-0660

GAMALIEL BROADLEY, Chairman
THOMAS GILL, Treasurer

January 30, 2002

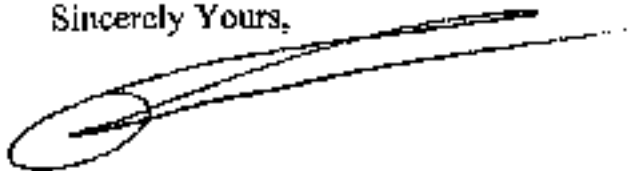
Federal Election Commission
999 E Street N.W.
Washington, D.C. 20515-6601

RE: The Hughes Fund
HR - 036871

Dear Sir:

Enclosed herewith please find FEC Form - 3 for the period beginning July 1, 2001 through
December 31, 2001, for the above captioned committee.

Sincerely Yours,



Thomas Gill, Treasurer
The Hughes Fund

TG/bg

Enc.
Certified Mail # 7000 1530 0005 5336 6150

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED
FEC MAIL ROOM

788-1000 on 12:00

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12PB4M5

C00097543 121001
THOMAS GILL
HUGHES FUND
926 FALEN AVENUE
OCEAN CITY NJ 08226

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00097543

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

07

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)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

_____/_____/_____

In the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

_____/_____/_____

In the State of

5. Covering Period

07 / 01 / 2001

through

12 / 31 / 2001

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

Thomas Gill

Signature of Treasurer

Date

01 / 31 / 2002

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 1/01)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Page 2

Write or Type Committee Name

Hughes Fund

Report Covering the Period:

From:

07 / **01** / **2001**

To:

12 / **31** / **2001**

	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)) ...	000	000
(b) Total Contribution Refunds (from Line 20(d)).....	-0-	-0-
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	-000	000
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	847625	2009241
(b) Total Offsets to Operating Expenditures (from Line 14)	50000	50000
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	797625	2039241
8. Cash on Hand at Close of Reporting Period (from Line 27)	2200000	
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	000	
10. Debt and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	000	

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 1/01)

Page 3

Write or Type Committee Name

Hughes Fund

Report Covering the Period: From: **09** ' **01** ' **2001** To: **12** ' **31** ' **2001**

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)		
(ii) Unitemized		
(NB) TOTAL of contributions from individuals		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) The Candidate		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(i), (b), (c), and (d))	-000	-000
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
(b) All Other Loans		
(c) TOTAL LOANS (add Lines 13(a) and (b))		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	50000	50000
15. OTHER RECEIPTS (Dividends, Interest, etc.)	42574	134562
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	92574	184562

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 1/01)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	125	85541
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))		
21. OTHER DISBURSEMENTS	8475 ⁰⁰	20037 ⁰⁰
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	847625	2089241

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	2950139
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	97574
25. SUBTOTAL (add Line 23 and Line 24)	3047713
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	847625
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	2200088

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

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

FOR LINE NUMBER: PAGE / OF

11a	11b	11c	11d
12	13a	13b	14

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)
Hughes Fund

Full Name (Last, First, Middle Initial)
A. *Ocean City Home Savings*

Mailing Address
10th Astoria

City *Ocean City* State *NJ* Zip Code *08226*

FEC ID number of contributing federal political committee: *C*

Name of Employer: _____ Occupation: *NA*

Receipt For:
 Primary General
 Other (specify) *INQUIRY*

Election Cycle-to-Date

Date of Receipt
12 / 31 / 2001

Amount of Each Receipt this Period
451.26

Full Name (Last, First, Middle Initial)
B. _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: *C*

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C. _____

Mailing Address _____

City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee: *C*

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) _____

Election Cycle-to-Date

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) *451.26*

TOTAL This Period (last page this line number only) *451.26*

**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 / OF /

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

Hughes Fund

Full Name (Last, First, Middle Initial)

A. *Combatant Co Democratic Organization*

Mailing Address

P.O. Box 197 *Contributions given on 3-29-01 EACT funded*

City

Vineland NJ

State Zip Code

DE 362

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▾

Election Cycle-to-Date ▾

Date of Receipt

12 / *31* / *2001*

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▾

Election Cycle-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▾

Election Cycle-to-Date ▾

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page lists the 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)
 17 20a 18 20b 19a 20c 21
 PAGE 1 OF 7

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)
Hughes Fund

Full Name (Last, First, Middle Initial)
A. ATLANTIC COUNTY DEMOCRATS
 Mailing Address
PO BOX 1001
 City State Zip Code
MAJES LANDING NJ 08330
 Purpose of Disbursement
Contribution
 Candidate Name
NA
 Office Sought: House Senate President
NA
 Disbursement For: Primary General Other (specify) Inactive
 State: District:

Date of Disbursement
07 05 2001
 Amount of Each Disbursement this Period
200.00
 Category/Type
012

Full Name (Last, First, Middle Initial)
B. SHORE MEMORIAL HOSPITAL
 Mailing Address
230 OCEAN ROAD
 City State Zip Code
OCEAN CITY NJ 08226
 Purpose of Disbursement
Contribution
 Candidate Name
NA
 Office Sought: House Senate President
NA
 Disbursement For: Primary General Other (specify) Inactive
 State: District:

Date of Disbursement
07 05 2001
 Amount of Each Disbursement this Period
225.00
 Category/Type
012

Full Name (Last, First, Middle Initial)
C. COMMITTEE TO ELECT SUSANATEMS DELANTE
 Mailing Address
26 SOLAR WAY
 City State Zip Code
CAPE MAY COURT HOUSE NJ 08210
 Purpose of Disbursement
Contribution
 Candidate Name
NA
 Office Sought: House Senate President
NA
 Disbursement For: Primary General Other (specify) Inactive
 State: District:

Date of Disbursement
08 01 2001
 Amount of Each Disbursement this Period
40.00
 Category/Type
012

SUBTOTAL of Disbursements This Page (optional) 465.00
 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)	PAGE 2 OF 7
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b
	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 21

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)
Hughes Fund

A

Full Name (Last, First, Middle Initial) **HUGHES FOR SENATE**

Mailing Address **PO BOX 1070**

City **OCEAN CITY** State **NJ** Zip Code **08226**

Purpose of Disbursement **Contribution** Category/Type **0.12**

Candidate Name **NA**

Office Sought: House Senate President **NA**

Disbursement For: Primary General Other (specify) **Inactive**

State: District:

Date of Disbursement **08 09 2001**

Amount of Each Disbursement this Period **220.00**

B

Full Name (Last, First, Middle Initial) **S, K W HANEL, TREASURER**

Mailing Address **EGG HARBOR CITY DEMOCRATIC CLUB**

City **EGG HARBOR CITY, NJ** State **NJ** Zip Code **08215**

Purpose of Disbursement **Contribution** Category/Type **0.12**

Candidate Name **NA**

Office Sought: House Senate President **NA**

Disbursement For: Primary General Other (specify) **Inactive**

State: District:

Date of Disbursement **08 29 2001**

Amount of Each Disbursement this Period **50.00**

C

Full Name (Last, First, Middle Initial) **MILL WADUSKI, TREASURER**

Mailing Address **COMMITTEE TO ELECT SERENO FAITHFUL**

City **ABSEREN, NJ** State **NJ** Zip Code **08201**

Purpose of Disbursement **Contribution** Category/Type **0.12**

Candidate Name **NA**

Office Sought: House Senate President **NA**

Disbursement For: Primary General Other (specify) **Inactive**

State: District:

Date of Disbursement **08 25 2001**

Amount of Each Disbursement this Period **50.00**

SUBTOTAL of Disbursements This Page (optional) **2750.00**

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)

17 20a 18 20b 19a 20c 21

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NAME OF COMMITTEE (in Full)

Hughes Fund

Full Name (Last, First, Middle Initial) *ARMGETTIAN, TRAS O'...*

Date of Disbursement

08' 25' 2001

A. *Keeping THE SPIRIT*

Mailing Address

PO BOX 31

City

POMONA

State

NY

Zip Code

08240

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement

Contribution

012

Candidate Name

NA

Category/Type

Office Sought:

NA

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Inactive*

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

08' 25' 2001

B. *THE CHILDREN'S HOSPITAL FOUNDATION*

Mailing Address

3425 STREET + CIVIC CENTER BLVD

City

Philadelphia

State

PA

Zip Code

19104

Amount of Each Disbursement this Period

150.00

Purpose of Disbursement

Contribution

012

Candidate Name

NA

Category/Type

Office Sought:

NA

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Inactive*

State:

District:

Full Name (Last, First, Middle Initial) *CHRISTINE SMITH, Treasurer*

Date of Disbursement

08' 25' 2001

C. *COMMITTEE TO ELECT BRESLIN + DIMUZ*

Mailing Address

PO BOX 157

City

RID GRANDE

State

NY

Zip Code

08242

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

Contribution

012

Candidate Name

NA

Category/Type

Office Sought:

NA

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Inactive*

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

750.00

**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 20a 18 20b 19a 20c 21
 PAGE 4 OF 7

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NAME OF COMMITTEE (in Full)
Hughes Fund

Full Name (Last, First, Middle Initial) PETER BYLANE, TREASURER

Date of Disbursement
 09 / 16 / 2001

Mailing Address
BUENA VISTA TOWNSHIP DEMOCRATIC FUND

Amount of Each Disbursement this Period
 351.00

City BUENA State NE Zip Code 68310

Purpose of Disbursement
Contribution

Candidate Name
NA Category/Type 0.12

Office Sought: NA House Senate President
 Disbursement For: Primary General Other (specify) Inactive
 State: District:

Full Name (Last, First, Middle Initial) OCEAN CITY

Date of Disbursement
 09 / 27 / 2001

Mailing Address
FOUNDAION OF EDUCATIONAL EXPERIENCE

Amount of Each Disbursement this Period
 500.00

City OCEAN CITY State NE Zip Code 68226

Purpose of Disbursement
Contribution

Candidate Name
NA Category/Type 0.12

Office Sought: NA House Senate President
 Disbursement For: Primary General Other (specify) Inactive
 State: District:

Full Name (Last, First, Middle Initial) FRIENDS OF MIKE COVIL

Date of Disbursement
 10 / 04 / 2001

Mailing Address
32 SOUTH 32ND AVENUE

Amount of Each Disbursement this Period
 185.00

City LONGVIEW State NE Zip Code 68103

Purpose of Disbursement
Contribution

Candidate Name
NA Category/Type 0.12

Office Sought: NA House Senate President
 Disbursement For: Primary General Other (specify) Inactive
 State: District:

SUBTOTAL of Disbursements This Page (optional) 1036.00
 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)

PAGE 5 OF 7

17
20a 18
20b 19a
20c 21

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)

Hughes Fund

Full Name (Last, First, Middle Initial) (MODE TOWNSHIP DEMOCRATIC CLUB)

A. *CAPE MAY COUNTY DEMOCRATIC ORGANIZATION*

Mailing Address

159 TYLER ROAD

City

WOODBINE

State

NJ

Zip Code

08270

Purpose of Disbursement

Contribution

Candidate Name

NA

012
Category/Type

Office Sought:

NA

House

Senate

President

Disbursement For:

Primary

General

Other (specify) *Inactive*

State:

District:

Full Name (Last, First, Middle Initial) *STEVE FRANK, TREASURER*

Date of Disbursement

10 14 2001

Amount of Each Disbursement This Period

100.00

B. *COMMITTEE TO ELECT SUSAN ATHLETIC DELMONTE*

Mailing Address

PO BOX 237

City

CAPE MAY COURT HOUSE

State

Zip Code

NJ 08210

Purpose of Disbursement

Contribution

Candidate Name

NA

012
Category/Type

Office Sought:

NA

House

Senate

President

Disbursement For:

Primary

General

Other (specify) *Inactive*

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

10 14 2001

Amount of Each Disbursement This Period

500.00

C. *PERKINS FOR E.H.T COMMITTEE*

Mailing Address

205 BEACH TREE LANE

City

EGG HARBOR TOWNSHIP, NJ 08234

State

Zip Code

Purpose of Disbursement

Contribution

Candidate Name

NA

012
Category/Type

Office Sought:

NA

House

Senate

President

Disbursement For:

Primary

General

Other (specify) *Inactive*

State:

District:

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

700.00

**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 6 OF 7

17
20a 18
20b 19a
20c 21

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NAME OF COMMITTEE (In Full)

Hughes Fund

Full Name (Last, First, Middle Initial) *C/O DIMITIS JOEL WEISS*

Date of Disbursement

10 23 2001

BOTH NEWMAN SHIPEN/ CANCER/HEART FUND

Mailing Address

416 N DOUGLAS AVE

Amount of Each Disbursement this Period

350.00

City *MAR. GATE* State *N.J.* Zip Code *08102*

Purpose of Disbursement

Contribution

012
Category/
Type

Candidate Name

NA

Office Sought:

NA

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Inactive*

State: District:

Full Name (Last, First, Middle Initial) *LIZ VASQUEZ, TREASURER*

Date of Disbursement

10 23 2001

ROMERO FOR ASSEMBLY

Mailing Address

21 EVELYN AVENUE

Amount of Each Disbursement this Period

2000.00

City *VINELAND* State *DE* Zip Code *08360*

Purpose of Disbursement

Contribution

012
Category/
Type

Candidate Name

NA

Office Sought:

NA

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Inactive*

State: District:

Full Name (Last, First, Middle Initial)

CAPE EDUCATION FUND

Date of Disbursement

10 23 2001

Mailing Address

127 CEDAR BRIDGE ROAD

Amount of Each Disbursement This Period

1000.00

City *WELLPTAIN* State *NY* Zip Code *08070*

Purpose of Disbursement

Contribution

012
Category/
Type

Candidate Name

NA

Office Sought:

NA

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) *Inactive*

State: District:

SUBTOTAL of Disbursements This Page (optional)

2450.00

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)

PAGE 7 OF 7

17
20a 18
20b 19a
20c 21

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NAME OF COMMITTEE (In Full)

Hughes Fund

Full Name (Last, First, Middle Initial)

ATLANTIC BUILDINGS CENTER FOR THE HANDICAPPED

Date of Disbursement

11 ' 28 ' 2001

Mailing Address

214 ASBURY ROAD

Amount of Each Disbursement This Period

100.00

City State Zip Code

EDGE HARBOR TOWNSHIP, NJ 08034

Purpose of Disbursement

Contribution

012

Category/Type

Candidate Name

NA

Office Sought:

NA House Senate President

Disbursement For:

Primary General Other (specify) Executive

State: District:

Full Name (Last, First, Middle Initial) FOR COMMUNITY SERVICE AWARDS

Date of Disbursement

11 ' 28 ' 2001

Mailing Address

1030 N. KINGS HIGHWAY SUITE 300

Amount of Each Disbursement This Period

100.00

City State Zip Code

CHERRY HILL NJ 08034

Purpose of Disbursement

Contribution

012

Category/Type

Candidate Name

NA

Office Sought:

NA House Senate President

Disbursement For:

Primary General Other (specify) Executive

State: District:

Full Name (Last, First, Middle Initial) STATION SOCIETY

Date of Disbursement

12 ' 09 ' 2001

OFFICE OF DEVELOPMENT STUDY MONUMENTAL TRAIL

Mailing Address

1 EAST NEW YORK AVE

Amount of Each Disbursement This Period

500.00

City State Zip Code

SOMERS POINT NJ 08444

Purpose of Disbursement

Contri. b/f/w

012

Category/Type

Candidate Name

NA

Office Sought:

NA House Senate President

Disbursement For:

Primary General Other (specify) Executive

State: District:

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

847.50

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C) 1-31-02
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>JSI</i>	 4-5-02
PREPARER	DATE PREPARED