

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

SECRETARY OF THE SERA
07 FEB -5 AM 11:12

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

TORRICELLI FOR U S SENATE INC

ADDRESS (number and street) 505 Park Avenue, 5th Floor

Check if different than previously reported. (ACC)

New York NY 10022

2. FEC IDENTIFICATION NUMBER C00305290
 CITY STATE ZIP CODE
 IS THIS REPORT NEW OR AMENDED
 STATE DISTRICT
 (NJ) (00)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

X 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

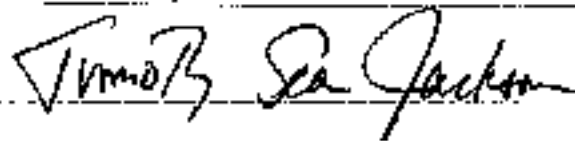
in the State of

5. Covering Period 10 01 2006 through 12 31 2006

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 Timothy Sean Jackson

Signature of Treasurer



Date 01 29 2007

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)

27020052107

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

TORRICELLI FOR U S SENATE INC

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
10 01 2006 12 31 2006

	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)).....	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	18500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	0.00	-18500.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	195.57	411928.98
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	18133.58
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	195.57	393795.40
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2027571.34	
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

27020052108

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name
TORRICELLI FOR U S SENATE INC

Report Covering the Period: From: M M D D Y Y Y Y To: M M D D Y Y Y Y
10 01 2006 12 31 2006

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).....

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions

0.00

0.00

from individuals..... ▶

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

0.00

0.00

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

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

0.00

0.00

(add Lines 13(a) and (b)).....

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

0.00

18133.58

15. OTHER RECEIPTS
(Dividends, Interest, etc.).....

12456.57

142176.22

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

12456.57

180309.80

27020052109

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.....	195.57	411928.98
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	12500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	18500.00
21. OTHER DISBURSEMENTS.....	112000.00	748799.35
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	112195.57	1179228.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2127310.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 10, page 3).....	12456.57
25. SUBTOTAL (add Line 23 and Line 24).....	2139766.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	112195.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2027571.34

27020052110

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

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

FOR LINE NUMBER: (check only one)		PAGE 5 / 10	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 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)
TDRRICELLI FOR U S SENATE INC

Full Name (Last, First, Middle Initial) A. North Jersey Community Bank		Date of Receipt M M / D D / Y Y Y Y 12 / 28 / 2006
Mailing Address: 180 Sylvan Avenue		Transaction ID: SA15.5120
City: Englewood Cliffs	State: NJ	Zip Code: 07632
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 514.08
Name of Employer:	Occupation:	Interest:
Receipt For: Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 514.08	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial) B. Skylands Community Bank		Date of Receipt M M / D D / Y Y Y Y 10 / 31 / 2006
Mailing Address: 176 Mountain Avenue		Transaction ID: SA15.5117
City: Hackettstown	State: NJ	Zip Code: 07840
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 4207.81
Name of Employer:	Occupation:	Interest:
Receipt For: Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 101224.16	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

Full Name (Last, First, Middle Initial) C. Skylands Community Bank		Date of Receipt M M / D D / Y Y Y Y 11 / 30 / 2006
Mailing Address: 178 Mountain Avenue		Transaction ID: SA15.5118
City: Hackettstown	State: NJ	Zip Code: 07840
FEC ID number of contributing federal political committee: C		Amount of Each Receipt this Period: 3907.56
Name of Employer:	Occupation:	Interest:
Receipt For: Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 105131.72	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)41a-1)

SUBTOTAL of Receipts This Page (optional)	8629.43
TOTAL This Period (last page this line number only)	

27020052111

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

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

FOR LINE NUMBER: PAGE 6 / 10
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TORRICELLI FOR U S SENATE INC

Full Name (Last, First, Middle Initial)
A. Skylands Community Bank

Mailing Address **176 Mountain Avenue**

City **Hackettstown** State **NJ** Zip Code **07840**

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

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify)

Election Cycle-ID-Date **108958.86**

Date of Receipt
M M / D D / Y Y Y Y
12 / 29 / 2006

Transaction ID: **SA15.5119**

Amount of Each Receipt (this Period)
3827.14

Interest
Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)(4)(A)-1)

SUBTOTAL of Receipts This Page (optional)	▶	3827.14
TOTAL This Period (last page this line number only)	▶	12466.67

27020052112

**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 / 10

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

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NAME OF COMMITTEE (in Full)
TORRICELLI FOR U S SENATE INC

Full Name (Last, First, Middle Initial)

A. Roberta Stern

Transaction ID: SB17.5121

Date of Disbursement

12 / 26 / 2006

Mailing Address 113 Hollywood Avenue

City Englewood Cliffs State NJ Zip Code 07632

Amount of Each Disbursement this Period

195.57

Purpose of Disbursement
Office Supplies & Expenses

Candidate Name

Category/
Type

Refund or Disposal of Excess
Contributions Required Under
11 C.F.R. 400.53

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ 195.57

TOTAL This Period (last page this line number only) ▶ 195.57

27020052113

**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 8/10

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

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NAME OF COMMITTEE (in Full)
TORRIGELLI FOR U S SENATE INC

Full Name (Last, First, Middle Initial) A. Anthony Brown for Lieutenant Governor		Transaction ID: SB21 5122 Date of Disbursement M M / D D / Y Y Y Y 10 / 04 / 2006	
Mailing Address 2400 Boston Street #203 City Baltimore State MD Zip Code 21224		Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
State: District:			
Full Name (Last, First, Middle Initial) B. DeGuise 2007 Election Fund		Transaction ID: SB21 5128 Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2006	
Mailing Address 376 Webster Avenue City Jersey City State NJ Zip Code 07357		Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
State: District:			
Full Name (Last, First, Middle Initial) C. Democratic Senatorial Campaign Committee		Transaction ID: SB21 5125 Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2006	
Mailing Address 120 Maryland Avenue NE City Washington State DC Zip Code 20002		Amount of Each Disbursement this Period 50000.00	
Purpose of Disbursement Contribution-Excess Campaign Funds Candidate Name Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
State: District:			
SUBTOTAL of Disbursements This Page (optional)		55000.00	
TOTAL This Period (last page this line number only)			

27020052114

**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 / 10

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

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NAME OF COMMITTEE (In Full)
TORRICELLI FOR U.S. SENATE INC

Full Name (Last, First, Middle Initial) A. Fenty 2D06		Transaction ID: SB21.5128 Date of Disbursement M M / D D / Y Y Y Y 10 / 23 / 2006	
Mailing Address P.O. Box 65086 City Washington State DC Zip Code 20035		Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name Office Sought: House Senate President State: District:		Disbursement For: Primary General Other (specify) ▼ Category/ Type	
Full Name (Last, First, Middle Initial) B. FRIENDS OF MAX BAUCUS		Transaction ID: SB21.5131 Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2006	
Mailing Address PO BOX 586 City HELENA State MT Zip Code 59624		Amount of Each Disbursement this Period 2000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name MAX BAUCUS Office Sought: House Senate President State: MT District: 00		Disbursement For: 2006 X Primary General Other (specify) ▼ Category/ Type	
Full Name (Last, First, Middle Initial) C. LINDA STENDER FOR CONGRESS		Transaction ID: SB21.5130 Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2006	
Mailing Address P.O. Box 730 City Scotch Plains State NJ Zip Code 07076		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement Contribution Candidate Name LINDA D STENDER Office Sought: X House Senate President State: NJ District: 07		Disbursement For: 2006 Primary X General Other (specify) ▼ Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

27020052115

**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 / 10
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 18b 21	

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NAME OF COMMITTEE (In Full)
TORRICELLI FOR U S SENATE INC

Full Name (Last, First, Middle Initial) A. NEW JERSEY DEMOCRATIC STATE COMMITTEE		Transaction ID: SB21.5134 Date of Disbursement
Mailing Address 150 West State Street		M M D D J J Y Y Y Y 10 11 2006
City Trenton	State NJ	Zip Code 08608
Purpose of Disbursement Contribution/Excess Campaign Funds		Amount of Each Disbursement this Period 50000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. North Bergen Democratic Municipal Cmte.		Transaction ID: SB21.5124 Date of Disbursement
Mailing Address Re-elect Nick Sacco Mayor 7202 Hudson Avenue		M M D D J J Y Y Y Y 10 11 2006
City North Bergen	State NJ	Zip Code 07047
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Category/ Type
State: District:		

SUBTOTAL of Disbursements This Page (optional)	51000.00
TOTAL This Period (last page this line number only)	112000.00

27020052116

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Date of Receipt

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PREPARER

RD

DATE PREPARED

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27020052118

27020052119

