

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED,  
SECRETARY OF THE SENATE

05 JUL 19 PM 1:22

Office Use Only

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

The Corzine Committee, Inc.

ADDRESS (number and street) P.O. Box 200419

Check if different than previously reported. (ACC)

One Riverfront Plaza

Newark NJ 07102

2. FEC IDENTIFICATION NUMBER C00366328  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)  
STATE NJ DISTRICT

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 04 01 2005 through 08 30 2005

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 Nancy Dunlap

Signature of Treasurer *Nancy M. Dunlap* Date 07 13 2005

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							
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**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

The Corzine Committee, Inc.

Report Covering the Period: From: 

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	5

 To: 

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(a)).....	37000.00	2611130.00
(b) Total Contribution Refunds (from Line 20(d)).....	33000.00	54030.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4000.00	2557100.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	1338.44	2339405.19
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	34125.13
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	1338.44	2305280.06
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>19242.65</b>	
<b>9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**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 02/2003)

Page 3

Write or Type Committee Name  
The Corzine Committee, Inc.

Report Covering the Period:

From: M M D D Y Y Y Y  
0 4 0 1 2 0 0 5

To: M M D D Y Y Y Y  
0 6 3 0 2 0 0 5

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	0.00	119300.00
(i) Itemized (use Schedule A).....	0.00	330.00
(ii) Unitemized.....	0.00	119630.00
(iii) TOTAL of contributions from Individuals..... ▶	0.00	0.00
(b) Political Party Committees.....	0.00	54500.00
(c) Other Political Committees (such as PACS).....	37000.00	2437000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))	37000.00	2611130.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	<b>0.00</b>	<b>4774.03</b>
<b>13. LOANS</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES</b> (Refunds, Rebates, etc.).....	<b>0.00</b>	<b>34125.13</b>
<b>15. OTHER RECEIPTS</b> (Dividends, Interest, etc.).....	<b>17.22</b>	<b>2180.68</b>
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	<b>37017.22</b>	<b>2652209.84</b>

**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.....	1338.44	2339405.19
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.....	27000.00	38030.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	6000.00	16000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	33000.00	54030.00
21. OTHER DISBURSEMENTS.....	0.00	239532.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) >	34338.44	2632967.19
<b>III. CASH SUMMARY</b>		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....		16563.87
24. TOTAL RECEIPTS THIS PERIOD (from Line 15, page 3).....		37017.22
25. SUBTOTAL (add Line 23 and Line 24).....		53581.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....		34338.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....		19242.65

FEC FORM 32-1 (File with Form 3)

**CONSOLIDATED REPORT OF GROSS RECEIPTS FOR AUTHORIZED COMMITTEES (11 CFR 104.19)**  
**(Millionaires' Amendment)**

<b>Name of Candidate</b> Jon S. Corzine		<b>Candidate ID Number</b> S8NJ00327
<b>Name of Principal Campaign Committee</b> The Corzine Committee, Inc.		<b>Committee ID Number</b> C00388326
<b>Committee Address</b> P.O. Box 200419 One Riverfront Plaza		
<b>City</b> Newark	<b>State</b> NJ	<b>ZIP</b> 07102
Report Covering Period (check one) <input checked="" type="checkbox"/> through June 30, or <input type="checkbox"/> through December 31 of the year preceding the year of the general election		
	<b>Primary</b>	<b>General</b>
1. Gross receipts of authorized committees .....	183094.84	52115.00
2. Aggregate amount of contributions from personal funds of the candidate .....	2437000.00	0.00
3. Gross receipts minus the candidate's personal contributions .....	-2273905.16	52115.00

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

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

FDR LINE NUMBER: PAGE 8 / 18  
(check only one)  
 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)  
The Corzine Committee, Inc.

A. Full Name (Last, First, Middle Initial)  
Jon S. Corzine

Mailing Address 1500 Hudson Street

City Hoboken State NJ Zip Code 07030

FEC ID number of contributing federal political committee. C

Name of Employer U.S. Senate Occupation Senator

Receipt For: 2006  
 Primary  General  
 Other (specify)   
 Election Cycle-to-Date  
 2437000.00

Date of Receipt

MONTH DAY YEAR  
04 18 2005

Transaction ID: SA11D.7610

Amount of Each Receipt this Period  
37000.00

Contribution

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

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

37000.00  
 37000.00

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

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

FOR LINE NUMBER: PAGE 7 / 18  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
The Corzine Committee, Inc.

**A.** Full Name (Last, First, Middle Initial)  
Bank of New York

Mailing Address 1 Riverfront Plaza

City Newark State NJ Zip Code 07102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1018.99

Date of Receipt 04 29 2005  
 Transaction ID: SA15.7608  
 Amount of Each Receipt this Period 3.88  
 Interest Income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

**B.** Full Name (Last, First, Middle Initial)  
Bank of New York

Mailing Address 1 Riverfront Plaza

City Newark State NJ Zip Code 07102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1025.83

Date of Receipt 10 31 2005  
 Transaction ID: SA15.7611  
 Amount of Each Receipt this Period 6.84  
 Interest Income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

**C.** Full Name (Last, First, Middle Initial)  
Bank of New York

Mailing Address 1 Riverfront Plaza

City Newark State NJ Zip Code 07102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1032.33

Date of Receipt 10 30 2005  
 Transaction ID: SA15.7614  
 Amount of Each Receipt this Period 6.50  
 Interest Income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(j)(4)(1a-1))

SUBTOTAL of Receipts This Page (optional) 17.22

TOTAL This Period (last page this line number only) 17.22

**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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<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)  
The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial)  
A. Bank of New York  
Mailing Address 1 Riverfront Plaza

Transaction ID: SB17.7609  
Date of Disbursement

04 / 19 / 2005

City Newark State NJ Zip Code 07102

Amount of Each Disbursement this Period

12.50

Purpose of Disbursement  
Bank Fees  
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:

Full Name (Last, First, Middle Initial)  
B. Perkins Cole  
Mailing Address 1201 Third Avenue, 40th Floor

Transaction ID: SB17.7615  
Date of Disbursement

05 / 31 / 2005

City Seattle State WA Zip Code 98101

Amount of Each Disbursement this Period

1325.94

Purpose of Disbursement  
Legal Fees  
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) ▶

1338.44

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

1338.44



**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 / 18

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

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NAME OF COMMITTEE (In Full)

The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial)

A. Laura S. Blankfein

Mailing Address 941 Park Avenue

City  
New York

State Zip Code  
NY 10028

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
Other (specify) ▼

State: District:

Transaction ID: SB20A.7619

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Lloyd C. Blankfein

Mailing Address 941 Park Avenue  
Apt. 7C

City  
New York

State Zip Code  
NY 10028

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
Other (specify) ▼

State: District:

Transaction ID: SB20A.7618

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. Mary Ann Casati

Mailing Address 90 Riverside Drive  
Apt. BG

City  
New York

State Zip Code  
NY 10024

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  
 Primary  General  
Other (specify) ▼

State: District:

Transaction ID: SB20A.7638

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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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<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)

The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial) <b>A. Gary D. Cohn</b>		Transaction ID: SB20A.7620 Date of Disbursement 05 / 31 / 2005	
Mailing Address 85 Broad Street, 5th Floor			
City New York State NY Zip Code 10004			
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1000.00	
Candidate Name		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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:           District:			

Full Name (Last, First, Middle Initial) <b>B. David B. Ford</b>		Transaction ID: SB20A.7644 Date of Disbursement 05 / 31 / 2005	
Mailing Address 1112 Beech Road			
City Rosemont State PA Zip Code 19010			
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1000.00	
Candidate Name		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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:           District:			

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Goldenberg</b>		Transaction ID: SB20A.7621 Date of Disbursement 05 / 31 / 2005	
Mailing Address 1175 Park Avenue, Apt. 14A			
City New York State NY Zip Code 10128			
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1000.00	
Candidate Name		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	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:           District:			

SUBTOTAL of Disbursements This Page (optional) .....	3000.00
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 11 / 18

<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)  
The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial) <b>A. Joseph D. Gutman</b>		Transaction ID: SB20A.7613 Date of Disbursement 05 / 31 / 2005	
Mailing Address 4900 Sears Tower		Amount of Each Disbursement this Period 1000.00	
City Chicago State IL Zip Code 60608	Purpose of Disbursement Contribution Refund Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>B. Jane Lisman Katz</b>		Transaction ID: SB20A.7623 Date of Disbursement 05 / 31 / 2005	
Mailing Address 180 E. 79th Street		Amount of Each Disbursement this Period 1000.00	
City New York State NY Zip Code 10021	Purpose of Disbursement Contribution Refund Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) <b>C. Robert J. Katz</b>		Transaction ID: SB20A.7622 Date of Disbursement 05 / 31 / 2005	
Mailing Address 180 E. 79th Street		Amount of Each Disbursement this Period 1000.00	
City New York State NY Zip Code 10021	Purpose of Disbursement Contribution Refund Candidate Name	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) .....	3000.00
TOTAL This Period (last page this line number only) .....	3000.00

**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)

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<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)  
The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial)

A. Karen A. Kennedy

Mailing Address 145 Central Park West  
Apt. 12C

City New York State NY Zip Code 10023

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB20A.7638

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Kevin W. Kennedy

Mailing Address 145 Central Park West  
Apt. 12C

City New York State NY Zip Code 10023

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB20A.7637

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. Brian Lippay

Mailing Address 77 Park Avenue  
Apt. 8E

City New York State NY Zip Code 10016

Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB20A.7639

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 13 / 18

<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)

The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial)

A. Eugene Mercy Jr.

Mailing Address 1111 Park Avenue

City New York State NY Zip Code 10128

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
 State: District:

Category/  
Type

Transaction ID: SB20A.7642

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

B. Brooke G. Neidich

Mailing Address 120 East End Avenue #7A

City New York State NY Zip Code 10028

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼  
 State: District:

Category/  
Type

Transaction ID: SB20A.7625

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

Full Name (Last, First, Middle Initial)

C. Daniel M. Neidich

Mailing Address 120 East End Avenue #7A

City New York State NY Zip Code 10028

Purpose of Disbursement

Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
 State: District:

Category/  
Type

Transaction ID: SB20A.7624

Date of Disbursement

05 31 2005

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 14   18
	<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)  
The Corzina Committee, Inc.

Full Name (Last, First, Middle Initial) A. Paula M. O'Toole		Transaction ID: SB20A.7627	
Mailing Address 85 Western Drive		Date of Disbursement 05 / 31 / 2005	
City Short Hills	State NJ	Zip Code 07078	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Refund		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Terence M. O'Toole		Transaction ID: SB20A.7626	
Mailing Address 85 Western Drive		Date of Disbursement 05 / 31 / 2005	
City Short Hills	State NJ	Zip Code 07078	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Refund		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Kim A. Rosenberg		Transaction ID: SB20A.7629	
Mailing Address 80 Morris Lane		Date of Disbursement 05 / 31 / 2005	
City Scarsdale	State NY	Zip Code 10583	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Refund		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name			
Office Sought: House Senate President	Disbursement For: 2006 Primary <input checked="" type="checkbox"/> General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	3000.00
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 15 / 18

<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)

The Corzine Committee, Inc.

A. Full Name (Last, First, Middle Initial)  
Ralph F. Rosenberg

Mailing Address 80 Morris Lane

City State Zip Code  
Scarsdale NY 10583

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB20A.7630

Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

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

B. Full Name (Last, First, Middle Initial)  
Daryl Roth

Mailing Address 888 Seventh Avenue

City State Zip Code  
New York NY 10018

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB20A.7632

Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

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

C. Full Name (Last, First, Middle Initial)  
Steven Roth

Mailing Address 888 Seventh Avenue

City State Zip Code  
New York NY 10019

Purpose of Disbursement

Contribution Refund

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB20A.7631

Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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 18 / 18

<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)  
The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial)  
**A. Pamela S. Rothenberg**  
Mailing Address 730 Park Avenue

Transaction ID: SB20A.7633  
Date of Disbursement  
05 / 31 / 2005

City New York State NY Zip Code 10021  
Purpose of Disbursement Contribution Refund  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Amount of Each Disbursement this Period  
1000.00  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**B. Stuart M. Rothenberg**  
Mailing Address 730 Park Avenue

Transaction ID: SB20A.7634  
Date of Disbursement  
05 / 31 / 2005

City New York State NY Zip Code 10021  
Purpose of Disbursement Contribution Refund  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Amount of Each Disbursement this Period  
1000.00  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)  
**C. Barry S. Volpert**  
Mailing Address 1125 Park Avenue  
Apt. 9C

Transaction ID: SB20A.7640  
Date of Disbursement  
05 / 31 / 2005

City New York State NY Zip Code 10128  
Purpose of Disbursement Contribution Refund  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Amount of Each Disbursement this Period  
1000.00  
Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**SUBTOTAL** of Disbursements This Page (optional) ..... **3000.00**  
**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 17 / 18

<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)  
The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial)

A. Teri C. Volpert

Mailing Address 1125 Park Avenue  
Apt. 9C

City New York State NY Zip Code 10128

Purpose of Disbursement  
Contribution Refund  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB20A.7641  
Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)

B. George William Welde Jr.

Mailing Address 850 Park Avenue #7A

City New York State NY Zip Code 10021

Purpose of Disbursement  
Contribution Refund  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB20A.7643  
Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.63

Full Name (Last, First, Middle Initial)

C. Jon Winkelried

Mailing Address 17 Washington Avenue

City Short Hills State NJ Zip Code 07078

Purpose of Disbursement  
Contribution Refund  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: SB20A.7635  
Date of Disbursement

05 / 31 / 2005

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.63

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

27000.00

**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 18 / 18

<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
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NAME OF COMMITTEE (In Full)  
The Corzine Committee, Inc.

Full Name (Last, First, Middle Initial) <b>A. HOFFMANN-LA ROCHE INC. GOOD GOVERNMENT COMMITTEE</b>		Transaction ID: SB20C.7646 Date of Disbursement 05 / 31 / 2005
Mailing Address 340 Kingsland Street		Amount of Each Disbursement this Period 1000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Nulley	State NJ Zip Code 07110	
Purpose of Disbursement Contribution Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. SHEET METAL WORKERS INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE (PAL)</b>		Transaction ID: SB20C.7647 Date of Disbursement 05 / 31 / 2005
Mailing Address 1750 NEW YORK AVENUE, N.W.		Amount of Each Disbursement this Period 5000.00 Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City WASHINGTON	State DC Zip Code 20006	
Purpose of Disbursement Contribution Refund		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	6000.00
TOTAL This Period (last page this line number only)	6000.00

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# United States Senate

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NEXT BUSINESS DAY DELIVERY

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AIRBORNE EXPRESS \_\_\_\_\_

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PREPARER

**RD**

DATE PREPARED

**07-19-05**

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