

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines New Jersey Democratic State Committee

ADDRESS (number and street) 196 West State Street Trenton NJ 08608 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00104471 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special, Runoff (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2006 through 01 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 Joseph P. Cryan Signature of Treasurer Electronically Filed by Joseph P. Cryan Date 02 17 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
New Jersey Democratic State Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		312387.98
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	312387.98									
(c) Total Receipts (from Line 19) .....	10591.12	10591.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	322979.10	322979.10								
7. Total Disbursements (from Line 31) .....	16222.02	16222.02								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	306757.08	306757.08								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	35036.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**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**

Write or Type Committee Name  
New Jersey Democratic State Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ▶	10000.00	10000.00
12. Transfers From Affiliated/Other Party Committees .....	40.62	40.62
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	550.50	550.50
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	10591.12	10591.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	10591.12	10591.12

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	3009.30	3009.30
(ii) Non-Federal Share.....	11320.65	11320.65
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14329.95	14329.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(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 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	1892.07	1892.07
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	1892.07	1892.07
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	16222.02	16222.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	4901.37	4901.37

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	10000.00	10000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10000.00	10000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3009.30	3009.30
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	550.50	550.50
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2458.80	2458.80

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 / 52
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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)  
New Jersey Democratic State Committee

**A.** Full Name (Last, First, Middle Initial)  
American Federation Of Teachers COPE

Mailing Address 555 New Jersey Avenue, NW

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00028860

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 6

**Transaction ID:** 11c-000028246

Amount of Each Receipt this Period  
5000.00

**B.** Full Name (Last, First, Middle Initial)  
Laborers' Political League

Mailing Address 905 16th Street, NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 1 / 0 2 / 2 0 0 6

**Transaction ID:** 11c-000028247

Amount of Each Receipt this Period  
5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	10000.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 / 52
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)  
**A.** Association of State Democratic Chairs

Mailing Address Dollars for Democrats  
430 South Capitol Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
40.62

Date of Receipt  
M M / D D / Y Y Y Y  
0 1 / 2 5 / 2 0 0 6

Transaction ID: 12-01-02432-04078

Amount of Each Receipt this Period  
40.62

Transfer from Affiliate

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.62
<b>TOTAL</b> This Period (last page this line number only) .....	▶	40.62

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 52	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

**A.** Full Name (Last, First, Middle Initial)  
ADP, Inc.

Mailing Address 1125 Virginia Drive

City State Zip Code  
Ft Washington PA 19034

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	0	6

**Transaction ID:** 15-01-02434-04080

Amount of Each Receipt this Period  
550.50

Payroll Taxes - Overpayment

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	550.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	550.50



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<p><b>A. Olive Woodards</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 33 Elsin Lane</p> <p>City Willingboro State NJ Zip Code 08046</p> <p>Purpose of Disbursement Prior Period Void - Invalid Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 30b-16-04206-04301</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-30.00"/></p>
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<p><b>B. Shamel Lewis</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1035 Bonnie Blue Circle</p> <p>City Williamstown State NJ Zip Code 08094</p> <p>Purpose of Disbursement Prior Period Void - Invalid Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 30b-16-04207-04302</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-30.00"/></p>
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<p><b>C. Ta'Naya Hickson</b></p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 22 Barnwell Lane</p> <p>City Willingboro State NJ Zip Code 08046</p> <p>Purpose of Disbursement Prior Period Void - Invalid Payment</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p><b>Transaction ID:</b> 30b-16-04208-04303</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="-70.00"/></p>
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<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="-130.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) <b>A. Ta'Naya Hickson</b>		<b>Transaction ID:</b> 30b-16-04209-04304 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 22 Barnwell Lane		Amount of Each Disbursement this Period -70.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Prior Period Void - Invalid Payment	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Dorothy Leverett</b>		<b>Transaction ID:</b> 30b-16-04210-04305 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Burlington County Democratic Commi 214 High Street		Amount of Each Disbursement this Period -50.00
City Burlington State NJ Zip Code 08016	Purpose of Disbursement Prior Period Void - Invalid Payment	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. LeRon Young</b>		<b>Transaction ID:</b> 30b-16-04211-04306 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 45 Brooklawn Drive		Amount of Each Disbursement this Period -10.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Prior Period Void - Invalid Payment	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Kelly Watts</b> Full Name (Last, First, Middle Initial) Mailing Address 50 PAddock Lane City Willingboro State NJ Zip Code 08046 Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 30b-16-04212-04307</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period -60.00 Category/Type
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<b>B. Andrae Treadwell</b> Full Name (Last, First, Middle Initial) Mailing Address 30 Beaverdale Lane City Willingboro State NJ Zip Code 08046 Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 30b-16-04213-04308</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period -30.00 Category/Type
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<b>C. Fitzroy Thomas</b> Full Name (Last, First, Middle Initial) Mailing Address 46 Pensdale Lane City Willingboro State NJ Zip Code 08046 Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID: 30b-16-04214-04309</b> Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period -30.00 Category/Type
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lorraine Taylor		<b>Transaction ID:</b> 30b-16-04215-04310 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 870 East Rt. 130 T2		Amount of Each Disbursement this Period -120.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Pierre Saintelon		<b>Transaction ID:</b> 30b-16-04216-04311 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 120 Sheffield Drive		Amount of Each Disbursement this Period -10.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>C.</b> Full Name (Last, First, Middle Initial) Larry Ross		<b>Transaction ID:</b> 30b-16-04217-04312 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 8 Roberts Place		Amount of Each Disbursement this Period -30.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) <b>A. Keith Phillips</b>		<b>Transaction ID:</b> 30b-16-04218-04313 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 56 Evergreen Drive		Amount of Each Disbursement this Period -40.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>B. Corey Muir</b>		<b>Transaction ID:</b> 30b-16-04219-04314 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 15 Hepburn Lane		Amount of Each Disbursement this Period -30.00
City Willingboro State NJ Zip Code 08046	Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) <b>C. Rosa Ayala</b>		<b>Transaction ID:</b> 30b-16-04220-04315 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Pasaic County Democratic Headquart PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson State NJ Zip Code 07424	Purpose of Disbursement Prior Period Void - Invalid Payment Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) <b>A. Angela McDermott</b>		<b>Transaction ID:</b> 30b-16-04221-04316 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Passaic County Democratic Headquar PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson State NJ Zip Code 07424		
Purpose of Disbursement Prior Period Void - Invalid Payment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Luisa Martinez</b>		<b>Transaction ID:</b> 30b-16-04222-04317 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Passaic County Democratic Headquar PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson State NJ Zip Code 07424		
Purpose of Disbursement Prior Period Void - Invalid Payment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Marjorie Barnett</b>		<b>Transaction ID:</b> 30b-16-04223-04318 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Passaic County Democratic Headquar PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson State NJ Zip Code 07424		
Purpose of Disbursement Prior Period Void - Invalid Payment		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) <b>A. Marie Bailey</b>		<b>Transaction ID:</b> 30b-16-04224-04319 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Passaic County Democratic Organiza PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson	State NJ	
Zip Code 07424		Category/ Type
Purpose of Disbursement Prior Period Void - Invalid Payment		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Geraldine Ballentine</b>		<b>Transaction ID:</b> 30b-16-04225-04320 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Passaic County Democratic Organiza PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson	State NJ	
Zip Code 07424		Category/ Type
Purpose of Disbursement Prior Period Void - Invalid Payment		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Ruth Compote</b>		<b>Transaction ID:</b> 30b-16-04226-04321 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Passaic County Democratic Organiza PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson	State NJ	
Zip Code 07424		Category/ Type
Purpose of Disbursement Prior Period Void - Invalid Payment		
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) <b>A. Dennis Dunn</b>		<b>Transaction ID:</b> 30b-16-04227-04322 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Passaic County Democratic Organiza PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson State NJ Zip Code 07424	Category/ Type	
Purpose of Disbursement Prior Period Void - Invalid Payment		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Shanda Muhammed</b>		<b>Transaction ID:</b> 30b-16-04228-04323 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address Passaic County Democratic Organiza PO Box 568		Amount of Each Disbursement this Period -40.00
City West Paterson State NJ Zip Code 07424	Category/ Type	
Purpose of Disbursement Prior Period Void - Invalid Payment		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Kiki Abdelhady</b>		<b>Transaction ID:</b> 30b-16-04229-04324 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6
Mailing Address 2323 Linden Ave		Amount of Each Disbursement this Period -120.00
City South Plainfield State NJ Zip Code 07080	Category/ Type	
Purpose of Disbursement Prior Period Void - Invalid Payment		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) <b>A. Mindy Hsu</b>		<b>Transaction ID:</b> 30b-16-04230-04325 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6	
Mailing Address 205 Chaurer Dr		Amount of Each Disbursement this Period -180.00	
City Berkeley Hts	State NJ		Zip Code 07922
Purpose of Disbursement Prior Period Void - Invalid Payment			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:			

Full Name (Last, First, Middle Initial) <b>B. Henry Tsauro</b>		<b>Transaction ID:</b> 30b-16-04231-04326 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6	
Mailing Address 160 A Easton Ave		Amount of Each Disbursement this Period -192.00	
City New Brunswick	State NJ		Zip Code 08901
Purpose of Disbursement Prior Period Void - Invalid Payment			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:			

Full Name (Last, First, Middle Initial) <b>C. Flor Rodriguez</b>		<b>Transaction ID:</b> 30b-16-04232-04327 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6	
Mailing Address 8340 Windor Rd		Amount of Each Disbursement this Period -50.00	
City Pennsauken	State NJ		Zip Code 08110
Purpose of Disbursement Prior Period Void - Invalid Payment			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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-422.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) <b>A. Omar Ware</b>		<b>Transaction ID:</b> 30b-16-04233-04328 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6	
Mailing Address 415 Winslow St.		Amount of Each Disbursement this Period -100.00	
City Camden State NJ Zip Code 08105	Purpose of Disbursement Prior Period Void - Invalid Payment	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. United States Postal Service</b>		<b>Transaction ID:</b> 30b-16-04234-04329 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6	
Mailing Address Bayard St		Amount of Each Disbursement this Period -74.00	
City New Brunswick State NJ Zip Code 08901	Purpose of Disbursement Prior Period Void - Invalid Payment	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. FedEx Kinkos</b>		<b>Transaction ID:</b> 30b-16-04243-04341 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 6	
Mailing Address 212 Route 18		Amount of Each Disbursement this Period -430.00	
City East Brunswick State NJ Zip Code 08816	Purpose of Disbursement Prior Period Void - Invalid Payment	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:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-604.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Karen McKeon		<b>Transaction ID:</b> 30b-01-02347-03939 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 235 Park Avenue Apt. 1C		Amount of Each Disbursement this Period 647.07
City Hoboken State NJ Zip Code 08030	Purpose of Disbursement Salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B.</b> Full Name (Last, First, Middle Initial) Aetna US Health Care		<b>Transaction ID:</b> 30b-01-02352-03944 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 7247-0221		Amount of Each Disbursement this Period 355.00
City Philadelphia State PA Zip Code 19170-0221	Purpose of Disbursement Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C.</b> Full Name (Last, First, Middle Initial) Aetna US Health Care		<b>Transaction ID:</b> 30b-01-02352-03945 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 7247-0221		Amount of Each Disbursement this Period 355.00
City Philadelphia State PA Zip Code 19170-0221	Purpose of Disbursement Insurance Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1357.07
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial) <b>A. Aetna US Health Care</b>		<b>Transaction ID:</b> 30b-01-02352-03946 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 7247-0221		Amount of Each Disbursement this Period 1277.00
City Philadelphia State PA Zip Code 19170-0221	Category/ Type	
Purpose of Disbursement Insurance		
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:		

Full Name (Last, First, Middle Initial) <b>B. Aetna US Health Care</b>		<b>Transaction ID:</b> 30b-01-02352-03947 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 7247-0221		Amount of Each Disbursement this Period 258.00
City Philadelphia State PA Zip Code 19170-0221	Category/ Type	
Purpose of Disbursement Insurance		
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:		

Full Name (Last, First, Middle Initial) <b>C. Aetna US Health Care</b>		<b>Transaction ID:</b> 30b-01-02352-03948 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6
Mailing Address PO Box 7247-0221		Amount of Each Disbursement this Period 355.00
City Philadelphia State PA Zip Code 19170-0221	Category/ Type	
Purpose of Disbursement Insurance		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1890.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3X)  
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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

Full Name (Last, First, Middle Initial)

**A.** Aetna US Health Care

Mailing Address PO Box 7247-0221

City Philadelphia State PA Zip Code 19170-0221

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 30b-01-02352-03949

Date of Disbursement

/   /

Amount of Each Disbursement this Period

761.00

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

761.00

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

1892.07

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Apollo News Service	Nature of Debt (Purpose): Periodicals
Mailing Address PO Box 598	
City State ZIP Code East Brunswick NJ 08816	

Outstanding Balance Beginning This Period 45.45	<b>Transaction ID: 10-000012</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 45.45

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor AT&T	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 2971	
City State ZIP Code Omaha NE 68103-2971	

Outstanding Balance Beginning This Period 1797.94	<b>Transaction ID: 10-000017</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1797.94

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor ATX Communications Services, Inc.	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 57194	
City State ZIP Code Philadelphia PA 19111	

Outstanding Balance Beginning This Period 6603.97	<b>Transaction ID: 10-000018</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6603.97

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>8447.36</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Commerce Bank - Visa	Nature of Debt (Purpose): Balance Due - Expenses
Mailing Address P.O Box 2580	
City State ZIP Code Cherry Hill NJ 08034	

Outstanding Balance Beginning This Period 1000.00	<b>Transaction ID: 10-000024</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1000.00

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Federal Express	Nature of Debt (Purpose): Delivery Services
Mailing Address P.O. Box 1140 Department A	
City State ZIP Code Memphis TN 38101	

Outstanding Balance Beginning This Period 34.96	<b>Transaction ID: 10-000013</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 34.96

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Labels & Lists	Nature of Debt (Purpose): Research Materials
Mailing Address 2500 116th Avenue NE	
City State ZIP Code Bellevue WA 98004	

Outstanding Balance Beginning This Period 9352.22	<b>Transaction ID: 10-000014</b>	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 9352.22

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<b>10387.18</b>
<b>2) TOTALS</b> This Period (last page this line number only).....	
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Liberty Insurance Co.	Nature of Debt (Purpose): Insurance
Mailing Address 525 Route 33	
City State ZIP Code Millstone NJ 07726	

Outstanding Balance Beginning This Period <input type="text" value="615.00"/>	<b>Transaction ID: 10-000021</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="615.00"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor LSG Strategies, Inc.	Nature of Debt (Purpose): Voter Identification
Mailing Address 1001 G Street N.W.	
City State ZIP Code Washington DC 20001	

Outstanding Balance Beginning This Period <input type="text" value="10559.48"/>	<b>Transaction ID: 10-000019</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="10559.48"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Rabinowitz, Trenk, Lubetkin & Tully, PC	Nature of Debt (Purpose): Legal Services
Mailing Address Attorneys at Law 200 Executive Drive, Suite 225	
City State ZIP Code West Orange NJ 07052-3303	

Outstanding Balance Beginning This Period <input type="text" value="92.80"/>	<b>Transaction ID: 10-000015</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="92.80"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="11267.28"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>



**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Sprint	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO BoX 740463	
City State ZIP Code Cincinnati OH 45274-0463	

Outstanding Balance Beginning This Period <input type="text" value="381.11"/>	<b>Transaction ID: 10-000022</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="381.11"/>

<b>B.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor United Parcel Service	Nature of Debt (Purpose): Delivery Services
Mailing Address PO Box 7247-0244	
City State ZIP Code Philadelphia PA 19170-0001	

Outstanding Balance Beginning This Period <input type="text" value="1451.30"/>	<b>Transaction ID: 10-000016</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1451.30"/>

<b>C.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Verizon	Nature of Debt (Purpose): Telecommunications Services
Mailing Address PO Box 588	
City State ZIP Code Fair Lawn NJ 07410	

Outstanding Balance Beginning This Period <input type="text" value="2097.96"/>	<b>Transaction ID: 10-000023</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2097.96"/>

<b>1) SUBTOTALS</b> This Period This Page (optional).....	<input type="text" value="3930.37"/>
<b>2) TOTALS</b> This Period (last page this line number only).....	<input type="text"/>
<b>3) TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	<input type="text"/>
<b>4) ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	<input type="text"/>

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

(Use separate schedule(s) for each numbered line)	PAGE 26 / 52	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A.</b> Full Name (Last, First, Middle Initial) of Debtor or Creditor Xpedite Systems Inc	Nature of Debt (Purpose): Fax Services
Mailing Address P O Box 14024	
City State ZIP Code Newark NJ 07101	

Outstanding Balance Beginning This Period	<b>Transaction ID: 10-000020</b>	
1003.81		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0.00	0.00	1003.81

1) <b>SUBTOTALS</b> This Period This Page (optional).....	1003.81
2) <b>TOTALS</b> This Period (last page this line number only).....	35036.00
3) <b>TOTALS OUTSTANDING LOANS</b> from Schedule C (last page only).....	
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only)	

**METHOD OF ALLOCATION FOR:**

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)  
 New Jersey Democratic State Committee

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- X  Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check

**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal.....  %

This ratio applies to (check all that apply):

- Administrative  Generic Voter Drive  Public Communications Referencing Party Only

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> E-OnlineData			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 5 Milk St			Allocated Activity or Event Year-To-Date 35.00		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Portland	ME	04101	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Credit Card Processing Fees			Transaction ID: 21a-01-02435-04081		
Activity or Event Identifier: Admin 05/06			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Admin 05/06			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.35		27.65		35.00

<b>B. Full Name (Last, First, Middle Initial)</b> Nova Information Systems			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7300 Chapman Highway			Allocated Activity or Event Year-To-Date 50.00		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Knoxville	TN	37920	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Credit Card Processing Fees			Transaction ID: 21a-01-02436-04082		
Activity or Event Identifier: Admin 05/06			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Admin 05/06			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.15		11.85		15.00

<b>C. Full Name (Last, First, Middle Initial)</b> Marsilio's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 541 Roebling Ave.			Allocated Activity or Event Year-To-Date 920.45		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Trenton	NJ	08611	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02351-03943		
Activity or Event Identifier: Admin 05/06			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Admin 05/06			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
182.79		687.66		870.45

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
193.29		727.16		920.45

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
Blue State Technologies

Mailing Address  
352 Ford Ave

City	State	Zip Code
Fords	NJ	08863

Purpose of Disbursement:  
Computer Services

Activity or Event Identifier:  
Admin 05/06

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
6420.45

Date 01 / 12 / 2006  
**Transaction ID:** 21a-01-02355-03954

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1155.00		4345.00		5500.00

**B. Full Name (Last, First, Middle Initial)**  
Blue State Technologies

Mailing Address  
352 Ford Ave

City	State	Zip Code
Fords	NJ	08863

Purpose of Disbursement:  
Computer Services

Activity or Event Identifier:  
Admin 05/06

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
6920.45

Date 01 / 12 / 2006  
**Transaction ID:** 21a-01-02356-03955

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
105.00		395.00		500.00

**C. Full Name (Last, First, Middle Initial)**  
Duplitrn

Mailing Address  
205 East 1st Ave.

City	State	Zip Code
Roselle	NJ	07203

Purpose of Disbursement:  
Office Supplies

Activity or Event Identifier:  
Admin 05/06

Type of Allocated Activity:  
 Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
7061.52

Date 01 / 12 / 2006  
**Transaction ID:** 21a-01-02357-03956

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
29.62		111.45		141.07

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1289.62		4851.45		6141.07

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Duplitrion			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 205 East 1st Ave.			Allocated Activity or Event Year-To-Date 7255.29		
City Roselle	State NJ	Zip Code 07203	Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office Equipment			Transaction ID: 21a-01-02358-03957		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.69		153.08		193.77

<b>B. Full Name (Last, First, Middle Initial)</b> Duplitrion			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 205 East 1st Ave.			Allocated Activity or Event Year-To-Date 7265.24		
City Roselle	State NJ	Zip Code 07203	Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office Equipment			Transaction ID: 21a-01-02358-03958		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.09		7.86		9.95

<b>C. Full Name (Last, First, Middle Initial)</b> Belmont and Crystal Springs			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 4170 Tanners Creek Dr			Allocated Activity or Event Year-To-Date 7336.90		
City Flowery Branch	State GA	Zip Code 30542	Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Office Services - Water			Transaction ID: 21a-01-02359-03959		
Activity or Event Identifier: Admin 05/06					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.05		56.61		71.66

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
57.83		217.55		275.38

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date 7756.79		
City Cherry Hill	State NJ	Zip Code 08034	Date MM / DD / YYYY 01 / 12 / 2006		
Purpose of Disbursement: See Memo Items			Category/Type		
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02360-0013		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.18		331.71		419.89

<b>B. Full Name (Last, First, Middle Initial)</b> Marco Polo			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 527 Morris Ave			Allocated Activity or Event Year-To-Date 0.00		
City Summit	State NJ	Zip Code 07901	Date MM / DD / YYYY 01 / 12 / 2006		
Purpose of Disbursement: Food & Beverage			Category/Type		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02360-03960		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
21.04		79.15		100.19

<b>C. Full Name (Last, First, Middle Initial)</b> Aramark Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 50 Route 120			Allocated Activity or Event Year-To-Date 0.00		
City East Rutherford	State NJ	Zip Code 07073	Date MM / DD / YYYY 01 / 12 / 2006		
Purpose of Disbursement: Food & Beverage			Category/Type		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02360-03961		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.14		34.36		43.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
88.18		331.71		419.89

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Piccola Italia Ristorante			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 143 Lincoln Ave			Allocated Activity or Event Year-To-Date 0.00																						
City Orange	State NJ	Zip Code 07050	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	2	/	2	0	0	6																
Purpose of Disbursement: Food & Beverage			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02360-03962																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
10.78		40.57		51.35

<b>B. Full Name (Last, First, Middle Initial)</b> Stephanie's Italian Restaurant			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 283 Bloomfield Ave			Allocated Activity or Event Year-To-Date 0.00																						
City Caldwell	State NJ	Zip Code 07006	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	2	/	2	0	0	6																
Purpose of Disbursement: Food & Beverage			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02360-03963																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.11		177.24		224.35

<b>C. Full Name (Last, First, Middle Initial)</b> Commerce Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 900 St Georges Ave			Allocated Activity or Event Year-To-Date 0.00																						
City Woodbridge	State NJ	Zip Code 07095	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	2	/	2	0	0	6																
Purpose of Disbursement: Service Charge			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02360-03964																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.11		0.39		0.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date 8326.77																						
City Cherry Hill	State NJ	Zip Code 08034	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	2	/	2	0	0	6																
Purpose of Disbursement: See Memo Items			Category/ Type																						
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02361-0013																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
119.70		450.28		569.98

<b>B. Full Name (Last, First, Middle Initial)</b> Casey O'Tooles Restaurant			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 862 Hamburg Turnpike			Allocated Activity or Event Year-To-Date 0.00																						
City Wayne	State NJ	Zip Code 07470	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	2	/	2	0	0	6																
Purpose of Disbursement: Food & Beverage			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02361-03965																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
11.66		43.88		55.54

<b>C. Full Name (Last, First, Middle Initial)</b> Marsilio's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 541 Roebling Ave.			Allocated Activity or Event Year-To-Date 0.00																						
City Trenton	State NJ	Zip Code 08611	Date <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	2	/	2	0	0	6																
Purpose of Disbursement: Food & Beverage			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02361-03966																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.76		85.61		108.37

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
119.70		450.28		569.98

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> The New Cornerstone			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 25 New St			Allocated Activity or Event Year-To-Date 0.00		
City Metuchen	State NJ	Zip Code 08840	Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02361-03967		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
22.61		85.05		107.66

<b>B. Full Name (Last, First, Middle Initial)</b> Casey O'Tooles Restaurant			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 862 Hamburg Turnpike			Allocated Activity or Event Year-To-Date 0.00		
City Wayne	State NJ	Zip Code 07470	Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02361-03968		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.78		48.06		60.84

<b>C. Full Name (Last, First, Middle Initial)</b> Commerce Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 900 St Georges Ave			Allocated Activity or Event Year-To-Date 0.00		
City Woodbridge	State NJ	Zip Code 07095	Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Service Charge			Transaction ID: 21a-01-02361-03969		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
3.97		14.94		18.91

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
Old Man Rafferty's

Mailing Address  
106 Albany St

City	State	Zip Code
New Brunswick	NJ	08901

Category/ Type
-------------------

Purpose of Disbursement:  
Food & Beverage

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

**[MEMO ITEM]**

Date 

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

Transaction ID: 21a-01-02361-03970

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
12.08		45.46		57.54

**B. Full Name (Last, First, Middle Initial)**  
Marsilio's

Mailing Address  
541 Roebling Ave.

City	State	Zip Code
Trenton	NJ	08611

Category/ Type
-------------------

Purpose of Disbursement:  
Food & Beverage

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

**[MEMO ITEM]**

Date 

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

Transaction ID: 21a-01-02361-03971

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
33.84		127.28		161.12

**C. Full Name (Last, First, Middle Initial)**  
Commerce Bank - Visa

Mailing Address  
P.O Box 2580

City	State	Zip Code
Cherry Hill	NJ	08034

Category/ Type
-------------------

Purpose of Disbursement:  
See Memo Items

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

9178.20

Activity or Event Identifier:  
Admin 05/06

Date 

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

Transaction ID: 21a-01-02362-0013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.80		672.63		851.43

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
178.80		672.63		851.43

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Pete Lorenzos			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 66 South Clinton Ave			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/ Type		
Trenton	NJ	08609			
Purpose of Disbursement: Food & Beverage			Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02362-03972		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
84.18		316.67		400.85

<b>B. Full Name (Last, First, Middle Initial)</b> Diamonds Riverside			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1140 River Road			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/ Type		
West Trenton	NJ	08628			
Purpose of Disbursement: Food & Beverage			Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02362-03973		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.36		35.21		44.57

<b>C. Full Name (Last, First, Middle Initial)</b> The Breakers			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1507 Ocean Ave			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Category/ Type		
Spring Lake	NJ	07662			
Purpose of Disbursement: Food & Beverage			Date <input type="text" value="01"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02362-03974		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
85.26		320.75		406.01

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date 9390.37																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: 21a-01-02363-0013			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	1	/	1	2	/	2	0	0	6																
Cherry Hill	NJ	08034																							
Purpose of Disbursement: See Memo Items			Category/ Type																						
Activity or Event Identifier: Admin 05/06																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.56		167.61		212.17

<b>B. Full Name (Last, First, Middle Initial)</b> Nero's Restaurant			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 618 S. Livingston Ave			Allocated Activity or Event Year-To-Date 0.00																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: 21a-01-02363-03975			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	1	/	1	2	/	2	0	0	6																
Livingston	NJ	07039																							
Purpose of Disbursement: Food & Beverage			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
19.19		72.20		91.39

<b>C. Full Name (Last, First, Middle Initial)</b> Aramark Inc			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 50 Route 120			Allocated Activity or Event Year-To-Date 0.00																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> Transaction ID: 21a-01-02363-03976			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/				D	D	/	Y	Y	Y	Y													
0	1	/	1	2	/	2	0	0	6																
East Rutherford	NJ	07073																							
Purpose of Disbursement: Food & Beverage			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.32		91.49		115.81

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
44.56		167.61		212.17

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Commerce Bank			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 900 St Georges Ave			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Woodbridge	NJ	07095	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Service Charge			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
			Transaction ID: 21a-01-02363-03977		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.04		3.93		4.97

<b>B. Full Name (Last, First, Middle Initial)</b> Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date 10266.49		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Cherry Hill	NJ	08034	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: See Memo Items			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Activity or Event Identifier: Admin 05/06			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
			Transaction ID: 21a-01-02364-0013		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
183.99		692.13		876.12

<b>C. Full Name (Last, First, Middle Initial)</b> Grand Summit Hotel			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 570 Springfield Ave			Allocated Activity or Event Year-To-Date 0.00		
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Summit	NJ	07901	Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Disbursement: Travel Expenses			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
			Transaction ID: 21a-01-02364-03978		

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
87.02		327.38		414.40

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
183.99		692.13		876.12

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT

# SCHEDULE H4 (FEC Form 3X) DISBURSEMENT FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
T- Mobile

Mailing Address  
PO Box 742596

City State Zip Code  
Cincinnati OH 45274

Purpose of Disbursement:  
Telecommunications Services

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

[MEMO ITEM]

Date 01 / 12 / 2006

Transaction ID: 21a-01-02364-03979

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
73.46 + 276.33 = 349.79

**B. Full Name (Last, First, Middle Initial)**  
Staples - Lawrence

Mailing Address  
2495 Brunswick Pike

City State Zip Code  
Lawrence NJ 08648

Purpose of Disbursement:  
Office Equipment

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

[MEMO ITEM]

Date 01 / 12 / 2006

Transaction ID: 21a-01-02364-03980

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
11.12 + 41.81 = 52.93

**C. Full Name (Last, First, Middle Initial)**  
Commerce Bank

Mailing Address  
900 St Georges Ave

City State Zip Code  
Woodbridge NJ 07095

Purpose of Disbursement:  
Service Charge

Category/  
Type

Type of Allocated Activity:

Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support

Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

[MEMO ITEM]

Date 01 / 12 / 2006

Transaction ID: 21a-01-02364-03981

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
12.39 + 46.61 = 59.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT  
0.00 + 0.00 = 0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Ford Credit			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address Box 220564			Allocated Activity or Event Year-To-Date 10830.42																						
City Pittsburgh	State PA	Zip Code 15257-2564	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	2	/	2	0	0	6																
Purpose of Disbursement: Travel Expenses			Category/ Type																						
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02366-03983																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
118.43		445.50		563.93

<b>B. Full Name (Last, First, Middle Initial)</b> Comcast			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P O Box 27955			Allocated Activity or Event Year-To-Date 11023.01																						
City Newark	State NJ	Zip Code 07101-7955	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>2</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	2	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	1	2	/	2	0	0	6																
Purpose of Disbursement: Internet Services			Category/ Type																						
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02367-03984																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
40.44		152.15		192.59

<b>C. Full Name (Last, First, Middle Initial)</b> Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date 12686.91																						
City Cherry Hill	State NJ	Zip Code 08034	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	5	/	2	0	0	6																
Purpose of Disbursement: See Memo Items			Category/ Type																						
Activity or Event Identifier: Admin 05/06			Transaction ID: 21a-01-02376-0013																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
349.42		1314.48		1663.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
508.29		1912.13		2420.42

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Prospect Auto Spa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1463 Prospect St			Allocated Activity or Event Year-To-Date [ 0.00 ]		
City Ewing	State NJ	Zip Code 08638	Date <sup>M M</sup> / <sup>D D</sup> / <sup>Y Y Y Y</sup> [ 0 1 ] / [ 2 5 ] / [ 2 0 0 6 ]		
Purpose of Disbursement: Travel Expenses			Transaction ID: 21a-01-02376-03993		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 2.10 ]		[ 7.90 ]		[ 10.00 ]

<b>B. Full Name (Last, First, Middle Initial)</b> ExxonMobil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 801 Olden Ave			Allocated Activity or Event Year-To-Date [ 0.00 ]		
City Ewing	State NJ	Zip Code 08628	Date <sup>M M</sup> / <sup>D D</sup> / <sup>Y Y Y Y</sup> [ 0 1 ] / [ 2 5 ] / [ 2 0 0 6 ]		
Purpose of Disbursement: Travel Expenses			Transaction ID: 21a-01-02376-03994		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 9.78 ]		[ 36.78 ]		[ 46.56 ]

<b>C. Full Name (Last, First, Middle Initial)</b> Marriott - Lafayette Yard			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 West Lafayette Street			Allocated Activity or Event Year-To-Date [ 0.00 ]		
City Trenton	State NJ	Zip Code 08608	Date <sup>M M</sup> / <sup>D D</sup> / <sup>Y Y Y Y</sup> [ 0 1 ] / [ 2 5 ] / [ 2 0 0 6 ]		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02376-03995		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 21.86 ]		[ 82.25 ]		[ 104.11 ]

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 0.00 ]		[ 0.00 ]		[ 0.00 ]

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[ ]	[ ]	[ ]

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> ExxonMobil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 801 Olden Ave			Allocated Activity or Event Year-To-Date _____ 0.00																						
City Ewing	State NJ	Zip Code 08628	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	5	/	2	0	0	6																
Purpose of Disbursement: Travel Expenses			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02376-03996																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.10		15.40		19.50

<b>B. Full Name (Last, First, Middle Initial)</b> Citgo - Frenchtown			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 963 State Route 12			Allocated Activity or Event Year-To-Date _____ 0.00																						
City Frenchtown	State NJ	Zip Code 08825-4227	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	5	/	2	0	0	6																
Purpose of Disbursement: Travel Expenses			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02376-03997																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.30		23.70		30.00

<b>C. Full Name (Last, First, Middle Initial)</b> Tunnel Parking Corp			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address 300 E 34th St			Allocated Activity or Event Year-To-Date _____ 0.00																						
City New York	State NY	Zip Code 10016	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	5	/	2	0	0	6																
Purpose of Disbursement: Travel Expenses			Category/ Type																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02376-03998																						

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
4.20		15.80		20.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
_____	_____	_____

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Four Seasons Hotels			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 7680 Granite Loop			Allocated Activity or Event Year-To-Date 0.00		
City Teton Village	State WY	Zip Code 83025	Date 01 / 25 / 2006		
Purpose of Disbursement: Credit - Overpayment (Travel Expenses)			Transaction ID: 21a-01-02376-03999		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
-31.50		-118.50		-150.00

<b>B. Full Name (Last, First, Middle Initial)</b> ExxonMobil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 801 Olden Ave			Allocated Activity or Event Year-To-Date 0.00		
City Ewing	State NJ	Zip Code 08628	Date 01 / 25 / 2006		
Purpose of Disbursement: Travel Expenses			Transaction ID: 21a-01-02376-04000		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8.49		31.94		40.43

<b>C. Full Name (Last, First, Middle Initial)</b> Omega Diner			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1337 Route 1			Allocated Activity or Event Year-To-Date 0.00		
City North Brunswick	State NJ	Zip Code 08902	Date 01 / 25 / 2006		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02376-04001		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
13.53		50.90		64.43

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
Simply Radishing

Mailing Address  
2495 Brunswick Pike

City State Zip Code  
Lawrenceville NJ 08648

Purpose of Disbursement:  
Food & Beverage

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

[MEMO ITEM]

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04002

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.11		19.24		24.35

**B. Full Name (Last, First, Middle Initial)**  
ExxonMobil

Mailing Address  
801 Olden Ave

City State Zip Code  
Ewing NJ 08628

Purpose of Disbursement:  
Travel Expenses

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

[MEMO ITEM]

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04003

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.99		22.54		28.53

**C. Full Name (Last, First, Middle Initial)**  
ExxonMobil - Orange

Mailing Address  
493 Central Ave

City State Zip Code  
Orange NJ 07050

Purpose of Disbursement:  
Travel Expenses

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

[MEMO ITEM]

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04004

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.09		22.91		29.00

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[ ]	[ ]	[ ]

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> EZ Pass			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 100 Lighting Way			Allocated Activity or Event Year-To-Date [ 0.00 ]	
City	State	Zip Code	Category/ Type [ ]	
Secaucus	NJ	07094		
Purpose of Disbursement: Travel Expenses			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> [ 0 1 / 2 5 / 2 0 0 6 ]	
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02376-04005	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 5.25 ]		[ 19.75 ]		[ 25.00 ]

<b>B. Full Name (Last, First, Middle Initial)</b> Omega Diner			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 1337 Route 1			Allocated Activity or Event Year-To-Date [ 0.00 ]	
City	State	Zip Code	Category/ Type [ ]	
North Brunswick	NJ	08902		
Purpose of Disbursement: Food & Beverage			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> [ 0 1 / 2 5 / 2 0 0 6 ]	
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02376-04006	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 4.14 ]		[ 15.59 ]		[ 19.73 ]

<b>C. Full Name (Last, First, Middle Initial)</b> ExxonMobil - Monmouth			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
Mailing Address 150 Main St			Allocated Activity or Event Year-To-Date [ 0.00 ]	
City	State	Zip Code	Category/ Type [ ]	
Eatontown	NJ	07724		
Purpose of Disbursement: Travel Expenses			Date <span style="font-size: small;">M M / D D / Y Y Y Y</span> [ 0 1 / 2 5 / 2 0 0 6 ]	
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>			Transaction ID: 21a-01-02376-04007	

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 6.30 ]		[ 23.70 ]		[ 30.00 ]

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
[ 0.00 ]		[ 0.00 ]		[ 0.00 ]

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
[ ]	[ ]	[ ]

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
Gulf - Atlantic City

Mailing Address  
802 E Abescon Blvd

City	State	Zip Code
Abescon	NJ	08201

Purpose of Disbursement:  
Travel Expenses

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

**[MEMO ITEM]**

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04008

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6.87		25.84		32.71

**B. Full Name (Last, First, Middle Initial)**  
Marriott - Lafayette Yard

Mailing Address  
1 West Lafayette Street

City	State	Zip Code
Trenton	NJ	08608

Purpose of Disbursement:  
Food & Beverage

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

**[MEMO ITEM]**

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04009

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
24.75		93.11		117.86

**C. Full Name (Last, First, Middle Initial)**  
ExxonMobil

Mailing Address  
801 Olden Ave

City	State	Zip Code
Ewing	NJ	08628

Purpose of Disbursement:  
Travel Services

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

**[MEMO ITEM]**

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04010

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.98		37.52		47.50

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
Maize Restaurant

Mailing Address  
50 Park Place

City	State	Zip Code
Newark	NJ	07102

Purpose of Disbursement:  
Food & Beverage

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

**[MEMO ITEM]**

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04011

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
9.69		36.47		46.16

**B. Full Name (Last, First, Middle Initial)**  
Radioshack

Mailing Address  
335 George St

City	State	Zip Code
New Brunswick	NJ	08901

Purpose of Disbursement:  
Office Supplies

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

**[MEMO ITEM]**

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04012

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.69		55.24		69.93

**C. Full Name (Last, First, Middle Initial)**  
Shell Oil - Trenton

Mailing Address  
Parkway Avenue & N Olden

City	State	Zip Code
Trenton	NJ	08618

Purpose of Disbursement:  
Travel Expenses

Category/  
Type

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

0.00

Activity or Event Identifier:  
Admin 05/06

**[MEMO ITEM]**

Date 01 / 25 / 2006

Transaction ID: 21a-01-02376-04013

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.79		21.79		27.58

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Delta's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 19 Dennis St			Allocated Activity or Event Year-To-Date 0.00		
City New Brunswick	State NJ	Zip Code 08901	Date <input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02376-04014		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
14.98		56.34		71.32

<b>B. Full Name (Last, First, Middle Initial)</b> Delta's			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 19 Dennis St			Allocated Activity or Event Year-To-Date 0.00		
City New Brunswick	State NJ	Zip Code 08901	Date <input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02376-04015		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.08		56.72		71.80

<b>C. Full Name (Last, First, Middle Initial)</b> Mastoris Restaurant			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address Route 206			Allocated Activity or Event Year-To-Date 0.00		
City Bordentown	State NJ	Zip Code 08505	Date <input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2006"/>		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02376-04016		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
37.00		139.20		176.20

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> EZ Pass			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 100 Lighting Way			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>		
City                      State                      Zip Code Secaucus                      NJ                      07094	Category/ Type		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 0 1 / 2 5 / 2 0 0 6		
Purpose of Disbursement: Travel Expenses			Transaction ID: 21a-01-02376-04017		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
5.25		19.75		25.00

<b>B. Full Name (Last, First, Middle Initial)</b> Marriott - Lafayette Yard			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 1 West Lafayette Street			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>		
City                      State                      Zip Code Trenton                      NJ                      08608	Category/ Type		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 0 1 / 2 5 / 2 0 0 6		
Purpose of Disbursement: Food & Beverage			Transaction ID: 21a-01-02376-04018		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
109.77		412.93		522.70

<b>C. Full Name (Last, First, Middle Initial)</b> ExxonMobil			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC		
Mailing Address 801 Olden Ave			Allocated Activity or Event Year-To-Date <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">0.00</div>		
City                      State                      Zip Code Ewing                      NJ                      08628	Category/ Type		Date <span style="border: 1px solid black; padding: 2px;">M M</span> / <span style="border: 1px solid black; padding: 2px;">D D</span> / <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 0 1 / 2 5 / 2 0 0 6		
Purpose of Disbursement: Travel Expenses			Transaction ID: 21a-01-02376-04019		
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>					

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
7.06		26.55		33.61

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
0.00		0.00		0.00

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

<b>A. Full Name (Last, First, Middle Initial)</b> Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date _____ 0.00																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Cherry Hill	NJ	08034	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	5	/	2	0	0	6																
Purpose of Disbursement: Service Charge			Transaction ID: 21a-01-02376-04020																						
Activity or Event Identifier: Admin 05/06 <b>[MEMO ITEM]</b>																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 16.78		_____ 63.11		_____ 79.89

<b>B. Full Name (Last, First, Middle Initial)</b> Commerce Bank - Visa			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address P.O Box 2580			Allocated Activity or Event Year-To-Date _____ 12691.91																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Cherry Hill	NJ	08034	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>5</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	5	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	5	/	2	0	0	6																
Purpose of Disbursement: Service Charge			Transaction ID: 21a-01-02430-04076																						
Activity or Event Identifier: Admin 05/06																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 1.05		_____ 3.95		_____ 5.00

<b>C. Full Name (Last, First, Middle Initial)</b> Staples			Type of Allocated Activity: <input checked="" type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC																						
Mailing Address Dept 56- 0000191603   Staples Credit Plan - P.O. Box 902			Allocated Activity or Event Year-To-Date _____ 14105.18																						
City	State	Zip Code	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y										
M	M	/	D	D	/	Y	Y	Y	Y																
Des Moines	IA	50368-9020	Date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>2</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>			M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y																
0	1	/	2	6	/	2	0	0	6																
Purpose of Disbursement: Office Supplies			Transaction ID: 21a-01-02377-04021																						
Activity or Event Identifier: Admin 05/06																									

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 296.79		_____ 1116.48		_____ 1413.27

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
_____ 297.84		_____ 1120.43		_____ 1418.27

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT
_____	_____	_____

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)  
New Jersey Democratic State Committee

**A. Full Name (Last, First, Middle Initial)**  
W-V- Stewart & Son

Mailing Address  
2927 Nottingham Way

City	State	Zip Code	
Mercerville	NJ	08619	

Purpose of Disbursement: Office Services - Facilities Maintenance	Category/ Type
--	-------------------

Activity or Event Identifier:  
Admin 05/06

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
14253.05

Date 01 / 27 / 2006

Transaction ID: 21a-01-02381-04025

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
31.05		116.82		147.87

**B. Full Name (Last, First, Middle Initial)**  
ADP Payroll Services

Mailing Address  
Attn: Cindy White 1125 Virginia Drive

City	State	Zip Code	
Fort Washington	NJ	19034	

Purpose of Disbursement: Payroll Processing Fees	Category/ Type
---	-------------------

Activity or Event Identifier:  
Admin 05/06

Type of Allocated Activity:

- Administrative  Fundraising  Exempt  
 Voter Drive  Direct Candidate Support  
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date  
14329.95

Date 01 / 27 / 2006

Transaction ID: 21a-01-02437-04083

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
16.15		60.75		76.90

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
47.20		177.57		224.77

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(i))

FEDERAL SHARE		NONFEDERAL SHARE		TOTAL AMOUNT
3009.30		11320.65		14329.95

Image# 26980132194

Form/Schedule: **F3XN**

Administrative Expenses..The committee's report does not identify rent payments because the committee purchased a building in 2003.

Transaction ID:

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