

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For 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

LoBiondo for Congress

ADDRESS (number and street)

P.O. Box 775

Check if different than previously reported. (ACC)

Marmora

NJ

08223

0775

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00269340

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

NJ

02

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

10

01

2007

through

12

31

2007

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

Andrew J. McCrosson, Jr.

Signature of Treasurer

Electronically Filed by Andrew J. McCrosson, Jr.

Date

06

13

2008

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

LoBiondo for Congress

Report Covering the Period:

From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	139935.90	665103.90
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	2500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	139935.90	662603.90
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	99099.02	457431.86
(b) Total Offsets to Operating Expenditures (from Line 14).....	642.57	3460.27
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	98456.45	453971.59
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>1395321.59</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
LoBiondo for Congress

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

32550.00

282650.00

(ii) Unitemized.....

3385.90

23103.90

(iii) TOTAL of contributions

35935.90

305753.90

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

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

104000.00

359350.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

139935.90

665103.90

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0.00

0.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

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

0.00

0.00

14. OFFSETS TO OPERATING

EXPENDITURES

(Refunds, Rebates, etc.).....

642.57

3460.27

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

8944.31

56699.08

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)

(Carry Total to Line 24, page 4)..... ▶

149522.78

725263.25

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	99099.02	457431.86
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	2500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	2500.00
21. OTHER DISBURSEMENTS.....	170800.00	311748.70
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	269899.02	771680.56

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1515697.83
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	149522.78
25. SUBTOTAL (add Line 23 and Line 24).....	1665220.61
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	269899.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1395321.59

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

<b>Name of Candidate</b>		<b>Candidate ID Number</b>	
Frank A. LoBiondo		H2NJ02037	
<b>Name of Principal Campaign Committee</b>		<b>Committee ID Number</b>	
LoBiondo for Congress		C C00269340	
<b>Committee Address</b>			
P.O. Box 775			
<b>City</b>	<b>State</b>	<b>ZIP</b>	
Marmora	NJ	08223-0775	
Report Covering Period (check one) <input type="checkbox"/> through June 30, or <input checked="" type="checkbox"/> through December 31 of the year preceding the year of the general election			
	<b>Primary</b>	<b>General</b>	
1. Gross receipts of authorized committees .....	641060.25	84203.00	
2. Aggregate amount of contributions from personal funds of the candidate .....	0.00	0.00	
3. Gross receipts minus the candidate's personal contributions .....	641060.25	84203.00	

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

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

FOR LINE NUMBER: PAGE 6 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Aircraft Owners & Pilots Association PAC

Mailing Address Roger Myers, Treasurer  
421 Aviation Way

City State Zip Code  
Frederick MD 21701-4756

FEC ID number of contributing federal political committee. **C** C00131185

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22022

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Chiropractic Association PAC

Mailing Address Attn: Dr. Mario Spoto, Treasurer  
1701 Clarendon Blvd.

City State Zip Code  
Arlington VA 22209-2700

FEC ID number of contributing federal political committee. **C** C00102764

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21986

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American College of Cardiology PAC

Mailing Address Attn: Richard Goldberg, Treasurer  
2400 N Street, NW

City State Zip Code  
Washington DC 20037-1153

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22014

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Fed. Govt Employees PAC

Mailing Address Attn: Derrick Thomas, Vice Presid  
80 F Street, N.W.

City State Zip Code  
Washington DC 20001

FEC ID number of contributing federal political committee. **C** C00009936

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21989

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Hospital Association PAC

Mailing Address Melinda Hatton, Treas  
325 Seventh Street, NW

City State Zip Code  
Washington DC 20004

FEC ID number of contributing federal political committee. **C** C00106146

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21984

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Maritime Officers Voluntary PAC

Mailing Address Edward Kelly, Treas  
2 West Dixie Hwy.

City State Zip Code  
Dania FL 33004

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21995

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 8 / 78
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) American Optometric Association PAC	Date of Receipt MM / DD / YYYY 11 / 25 / 2007
	Mailing Address Dorothy Hitchmoth, Treas 1505 Prince Street	Transaction ID: 80126.C22111
	City Alexandria State VA Zip Code 22314-2845	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00024968	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) American Optometric Association PAC	Date of Receipt MM / DD / YYYY 11 / 25 / 2007
	Mailing Address Dorothy Hitchmoth, Treas 1505 Prince Street	Transaction ID: 80126.C22110
	City Alexandria State VA Zip Code 22314-2845	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b> C00024968	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 5500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) American Physical Therapy PAC	Date of Receipt MM / DD / YYYY 11 / 25 / 2007
	Mailing Address Attn: David Mason, Treasurer 1111 N. Fairfax Street	Transaction ID: 80126.C21983
	City Alexandria State VA Zip Code 22314	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b> C00012880	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Pilots Assoc Inc PAC

Mailing Address Capt. Mike Watson, President  
499 S Capitol St SW, Suite 409

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00041061

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 11 / 25 / 2007  
**Transaction ID:** 80126.C21988  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Pilots Assoc Inc PAC

Mailing Address Capt. Mike Watson, President  
499 S Capitol St SW, Suite 409

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00041061

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID:** 80126.C22030  
 Amount of Each Receipt this Period 2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Road & Transportation Builders

Mailing Address Attn: Richard Juliano  
1219 28th Street, NW

City Washington State DC Zip Code 20007-3362

FEC ID number of contributing federal political committee. **C** C00118208

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID:** 80126.C22007  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4000.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
American Shipping Group Marine Resources

Mailing Address Attn: Robert Magee  
32001 32nd Avenue S.

City State Zip Code  
Federal Way WA 98001

FEC ID number of contributing federal political committee. **C** C00411694

Name of Employer Occupation  
Saltchuk Resources Vice President Government Rela

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21978

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
American Society of Anesthesiologists

Mailing Address Attn: Richard Barwacz, Treasurer  
520 N. Northwest Highway

City State Zip Code  
Park Ridge IL 60068

FEC ID number of contributing federal political committee. **C** C00255752

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21980

Amount of Each Receipt this Period  
1500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Association of Maryland Pilots PAC

Mailing Address Attn: Captain Eric Nielsen  
3720 Dillon Street

City State Zip Code  
Baltimore MD 21224-5202

FEC ID number of contributing federal political committee. **C** C00389601

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22024

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **3500.00**

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
AT&T Federal PAC

Mailing Address Attn: Jonathan Klug, Treasurer  
175 E. Houston

City State Zip Code  
San Antonio TX 78205

FEC ID number of contributing federal political committee. **C** C00185124

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22013

Amount of Each Receipt this Period  
2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
BAE Systems USA PAC

Mailing Address Candace Vessella, Treas  
1300 N. 17th Street

City State Zip Code  
Arlington VA 22209

FEC ID number of contributing federal political committee. **C** C00281212

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22011

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Boeing Political Action Committee

Mailing Address Attn: Karry La Violette, Administ  
1200 Wilson Blvd.

City State Zip Code  
Arlington VA 22209-2305

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22009

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

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

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

FOR LINE NUMBER: PAGE 12 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Boilermakers-Ship Builders Blacksmiths

Mailing Address Forgers & Helpers  
Attn: William Creeden, Treasurer

City Kansas City State KS Zip Code 66101-2511

FEC ID number of contributing federal political committee. **C** C00040949

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5500.00

Date of Receipt 11 / 25 / 2007  
**Transaction ID:** 80126.C21981  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
BUILD Political Action Committee

Mailing Address Attn: Charlie Kasko, Chairman  
1201 Fifteenth Street, N.W.

City Washington State DC Zip Code 20005-2800

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 10 / 30 / 2007  
**Transaction ID:** 80126.C21999  
 Amount of Each Receipt this Period 5000.00

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

**C.** Full Name (Last, First, Middle Initial)  
BUILD Political Action Committee

Mailing Address Attn: Charlie Kasko, Chairman  
1201 Fifteenth Street, N.W.

City Washington State DC Zip Code 20005-2800

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 10 / 30 / 2007  
**Transaction ID:** 80126.C21998  
 Amount of Each Receipt this Period 5000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 11000.00

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

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

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

FOR LINE NUMBER: PAGE 13 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Building & Construction Trades Dept. PEF

Mailing Address Attn: Mark Ayers  
815 16th Street, N.W., Suite 600

City Washington State DC Zip Code 20006-4101

FEC ID number of contributing federal political committee. **C** C00003160

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21991

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Building & Construction Trades Dept. PEF

Mailing Address Attn: Mark Ayers  
815 16th Street, N.W., Suite 600

City Washington State DC Zip Code 20006-4101

FEC ID number of contributing federal political committee. **C** C00003160

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22031

Amount of Each Receipt this Period  
4000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Continental Airlines, Inc. Employee Fund

Mailing Address Attn: Rebecca Cox  
1600 Smith Street

City Houston State TX Zip Code 77002

FEC ID number of contributing federal political committee. **C** C00101766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22032

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 78
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) DRS Technologies Inc. Good Govt Fund		Date of Receipt MM / DD / YYYY 11 / 25 / 2007
	Mailing Address Richard Snyder, Treasurer 5 Sylvan Way		Transaction ID: 80126.C21985
	City Parsippany	State NJ	Zip Code 07054
	FEC ID number of contributing federal political committee. <b>C</b> C00275123		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 3000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Employees of Northrop Grumman PAC		Date of Receipt MM / DD / YYYY 12 / 31 / 2007
	Mailing Address Attn: Cary Davidson, Treasurer 520 S. Grand Ave.		Transaction ID: 80126.C22016
	City Los Angeles	State CA	Zip Code 90071
	FEC ID number of contributing federal political committee. <b>C</b> C00088591		Amount of Each Receipt this Period 1000.00
	Name of Employer	Occupation	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of Jim Saxton		Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address P.O. Box 795		Transaction ID: 80126.C22044
	City Mount Holly	State NJ	Zip Code 08060-0795
	FEC ID number of contributing federal political committee. <b>C</b> C00197699		Amount of Each Receipt this Period 2000.00
	Name of Employer	Occupation U.S. Congressman	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends of Jim Saxton  
Mailing Address P.O. Box 795  
City State Zip Code  
Mount Holly NJ 08060-0795  
FEC ID number of contributing federal political committee. **C** C00197699  
Name of Employer Occupation  
U.S. Congressman  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
4000.00  
Date of Receipt  
MM / DD / YYYY  
12 / 21 / 2007  
Transaction ID: 80130.C22178  
Amount of Each Receipt this Period  
2000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC  
Mailing Address Joanne Weber, Treas  
2941 Fairview Park Drive  
City State Zip Code  
Falls Church VA 22042-4523  
FEC ID number of contributing federal political committee. **C** C00078451  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
4000.00  
Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2007  
Transaction ID: 80126.C21993  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
General Dynamics Voluntary PAC  
Mailing Address Joanne Weber, Treas  
2941 Fairview Park Drive  
City State Zip Code  
Falls Church VA 22042-4523  
FEC ID number of contributing federal political committee. **C** C00078451  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
5000.00  
Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2007  
Transaction ID: 80126.C22020  
Amount of Each Receipt this Period  
1000.00  
Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Intl Association of Fire Fighters

Mailing Address Harold Schaitberger, Pres  
1750 New York Avenue, N.W.

City Washington State DC Zip Code 20006-5395

FEC ID number of contributing federal political committee. **C** C70003108

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID:** 80126.C22015  
 Amount of Each Receipt this Period 2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Intl Organization Masters Mates Pilots

Mailing Address John Gorman, Treas  
700 Maritime Blvd.

City Linthicum Heights State MD Zip Code 21090-1941

FEC ID number of contributing federal political committee. **C** C00073056

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID:** 80126.C22033  
 Amount of Each Receipt this Period 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Kirby Corporation PAC

Mailing Address Attn: Mary Tucker, Treasurer  
55 Waugh Drive, Suite 1000

City Houston State TX Zip Code 77007-5834

FEC ID number of contributing federal political committee. **C** C00250027

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 11 / 25 / 2007  
**Transaction ID:** 80126.C21976  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 78  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
L-3 Communications Corporation PAC

Mailing Address Attn: Fred Wahl  
600 Third Avenue

City State Zip Code  
New York NY 10016-1901

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21987

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
L-3 Communications Corporation PAC

Mailing Address Attn: Fred Wahl  
600 Third Avenue

City State Zip Code  
New York NY 10016-1901

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80529.C22490

Amount of Each Receipt this Period  
700.00

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

**C.**

Full Name (Last, First, Middle Initial)  
L-3 Communications Corporation PAC

Mailing Address Attn: Fred Wahl  
600 Third Avenue

City State Zip Code  
New York NY 10016-1901

FEC ID number of contributing federal political committee. **C** C00338087

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22018

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 78  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
League of Conservation Voters PAC

Mailing Address Attn: Barbara McIntosh, Treasurer  
1920 L Street, N.W., Suite 800

City State Zip Code  
Washington DC 20036-4201

FEC ID number of contributing federal political committee. **C** C00252940

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22010

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Matson Navigation Federal Election Comm.

Mailing Address Attn: Timothy Reid, Treasurer  
333 Market Street

City State Zip Code  
San Francisco CA 94105-2102

FEC ID number of contributing federal political committee. **C** C00024752

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 80126.C21972

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Nat'l Active & Ret'd Fed. Employ. Assn.

Mailing Address Attn: Richard Ostergren, Treasurer  
606 North Washington Street

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C** C00299321

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22025

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 19 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Natl Beer Wholesalers Assoc. PAC

Mailing Address Attn: Craig Purser, President  
1100 King Street

City State Zip Code  
Alexandria VA 22314-4494

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 1 / 2 0 0 7

**Transaction ID:** 80126.C22000

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Action Committee (NACPAC)

Mailing Address Attn: Micky Biss, Treasurer  
3389 Sheridan Street, #424

City State Zip Code  
Hollywood FL 33021-3606

FEC ID number of contributing federal political committee. **C** C00147983

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22105

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Assoc.

Mailing Address Pat Forrey, Treasurer  
1325 Massachusetts Avenue, N.W.

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00238725

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 6 / 2 0 0 7

**Transaction ID:** 80126.C21973

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5500.00**

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

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

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

FOR LINE NUMBER: PAGE 20 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Assoc.  
 Mailing Address Pat Forrey, Treasurer  
1325 Massachusetts Avenue, N.W.  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00238725  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 7000.00  
 Date of Receipt 11 / 25 / 2007  
**Transaction ID:** 80126.C21996  
 Amount of Each Receipt this Period 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Assoc.  
 Mailing Address Pat Forrey, Treasurer  
1325 Massachusetts Avenue, N.W.  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00238725  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 8000.00  
 Date of Receipt 12 / 29 / 2007  
**Transaction ID:** 80126.C22004  
 Amount of Each Receipt this Period 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
National Air Traffic Controllers Assoc.  
 Mailing Address Pat Forrey, Treasurer  
1325 Massachusetts Avenue, N.W.  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C** C00238725  
 Name of Employer Occupation  
 Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 9000.00  
 Date of Receipt 12 / 29 / 2007  
**Transaction ID:** 80126.C22003  
 Amount of Each Receipt this Period 1000.00  
 Receipt  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 21 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Assoc. of Broadcasters PAC

Mailing Address Attn: David Rehr, Treasurer  
1771 N. Street, NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00009985

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21992

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Assoc. of Postmasters of US

Mailing Address Robert Levi, Treasurer  
8 Herbert Street

City Alexandria State VA Zip Code 22305-2600

FEC ID number of contributing federal political committee. **C** C00100404

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22021

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Assoc. Truck Stop Operators

Mailing Address Attn: Linda Van Arsdale  
1737 King Street, Suite 200

City Alexandria State VA Zip Code 22314-2727

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 7

**Transaction ID:** 80126.C21997

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
National Association of Letter Carriers

Mailing Address Committee on Political Education  
Attn: George Gould

City Washington State DC Zip Code 20001-2144

FEC ID number of contributing federal political committee. **C** C70001516

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 12 / 17 / 2007  
**Transaction ID:** 80126.C22002  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
National Association of Realtors PAC

Mailing Address Attn: Bruce Wolfe, Treasurer  
430 N. Michigan Ave

City Chicago State IL Zip Code 60611

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt 12 / 29 / 2007  
**Transaction ID:** 80126.C22006  
 Amount of Each Receipt this Period 3000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Association Postal Supervisors

Mailing Address Attn: Louis Atkins  
1727 King Street

City Alexandria State VA Zip Code 22314-2700

FEC ID number of contributing federal political committee. **C** C00092957

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 10 / 26 / 2007  
**Transaction ID:** 80126.C21975  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 78

(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
National Automobile Dealers Assoc.

Mailing Address Dealers Election Action Committee  
Peter Greiner, Treas

City Mclean State VA Zip Code 22102

FEC ID number of contributing federal political committee. C C00040998

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt MM / DD / YYYY  
12 / 29 / 2007

**Transaction ID:** 80126.C22005

Amount of Each Receipt this Period 5000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
National Italian American PAC

Mailing Address Attn: Joseph Auteri, Treasurer  
1205 Locust Street

City Philadelphia State PA Zip Code 19107

FEC ID number of contributing federal political committee. C C00355388

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 16 / 2007

**Transaction ID:** 80126.C21971

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
National League of Postmasters PAC

Mailing Address Attn: Frank Augustosky, Treasurer  
1023 North Royal Street

City Alexandria State VA Zip Code 22314-1569

FEC ID number of contributing federal political committee. C C00164152

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 26 / 2007

**Transaction ID:** 80126.C21974

Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 7000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 78

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
National PAC Inc. a/k/a NATPAC

Mailing Address Attn: Marvin Josephson  
PO Box 15316

City State Zip Code  
Washington DC 20003

FEC ID number of contributing federal political committee. **C** C00150995

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 7

Transaction ID: 80126.C22112

Amount of Each Receipt this Period

2000.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
NORPAC

Mailing Address Attn: Dr. Ben Chouake, President  
PO Box 5595

City State Zip Code  
Englewood NJ 07631-5595

FEC ID number of contributing federal political committee. **C** C00247403

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 7

Transaction ID: 80126.C22104

Amount of Each Receipt this Period

1000.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Pilots Society PAC

Mailing Address Attn: Captain Mike Linton, Preside  
P. O. Box 37479

City State Zip Code  
Philadelphia PA 19147

FEC ID number of contributing federal political committee. **C** C00240457

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80126.C22023

Amount of Each Receipt this Period

2500.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

5500.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Polaris Industries Inc. PPP

Mailing Address Attn: Tom Tiller  
2100 Highway 55

City Hamel State MN Zip Code 55340-9770

FEC ID number of contributing federal political committee. **C** C00279497

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22036

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Public Service Enterprise Group, Inc.

Mailing Address Attn: G. Mark Kahrer, Treasurer  
80 Park Plaza

City Newark State NJ Zip Code 07102

FEC ID number of contributing federal political committee. **C** C00383489

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22017

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Raytheon Company PAC

Mailing Address John Barnes, Treasurer  
870 Winter Street

City Waltham State MA Zip Code 02451-1449

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21982

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **4500.00**

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

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

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

FOR LINE NUMBER: PAGE 26 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Raytheon Company PAC

Mailing Address John Barnes, Treasurer  
870 Winter Street

City Waltham State MA Zip Code 02451-1449

FEC ID number of contributing federal political committee. **C** C00097568

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID:** 80126.C22035  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Reagan Republican Club of Penns Grove

Mailing Address Attn: Frank Santucci  
59 Spruce Street

City Penns Grove State NJ Zip Code 08069

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 12 / 29 / 2007  
**Transaction ID:** 80126.C22167  
 Amount of Each Receipt this Period 250.00

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

**C.** Full Name (Last, First, Middle Initial)  
San Francisco Bar Pilots

Mailing Address Attn: Pete McIsaac  
Pier 9 East End

City San Francisco State CA Zip Code 94111

FEC ID number of contributing federal political committee. **C** C00344796

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2007  
**Transaction ID:** 80126.C22029  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2250.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Sheet Metal Workers International Assoc

Mailing Address Michael Sullivan, Pres.  
1750 New York Ave., NW

City Washington State DC Zip Code 20006-5386

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C21990

Amount of Each Receipt this Period  
2500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Sheet Metal Workers International Assoc

Mailing Address Michael Sullivan, Pres.  
1750 New York Ave., NW

City Washington State DC Zip Code 20006-5386

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22027

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Sheet Metal Workers International Assoc

Mailing Address Michael Sullivan, Pres.  
1750 New York Ave., NW

City Washington State DC Zip Code 20006-5386

FEC ID number of contributing federal political committee. **C** C00007542

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 7000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22028

Amount of Each Receipt this Period  
2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5000.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Southwest Airlines Pilots Assoc PAC

Mailing Address Attn: Mark Richardson, Treasurer  
1450 Empire Central Drive

City State Zip Code  
Dallas TX 75247

FEC ID number of contributing federal political committee. **C** C00360669

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22026

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address Donna Weinrich, Treasurer  
430 First Street, S.E.

City State Zip Code  
Washington DC 20003-1875

FEC ID number of contributing federal political committee. **C** C00002881

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22019

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Tuesday Group PAC

Mailing Address Attn: Christopher Ward, Treasurer  
PO Box 11586

City State Zip Code  
Washington DC 20008

FEC ID number of contributing federal political committee. **C** C00433060

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 7

**Transaction ID:** 80126.C22001

Amount of Each Receipt this Period  
3000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 78  
(check only one)

11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon Communication Inc. PAC

Mailing Address Attn: Joan Simpson, Treasurer  
771 Parkway Avenue

City State Zip Code  
Ewing NJ 08618-2729

FEC ID number of contributing federal political committee.  
**C** C00186288

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80126.C22012

Amount of Each Receipt this Period  
1000.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	104000.00

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Bruce Aitken

Mailing Address Aitken Irvin Berlin and Vrooman  
666 11th Street NW

City State Zip Code  
Washington DC 20001-4542

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

Name of Employer Information Requested

Occupation Information Requested

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 80126.C22034

Amount of Each Receipt this Period

500.00

Receipt

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

**B.**

Full Name (Last, First, Middle Initial)  
John Albertine

Mailing Address Albertine Enterprises/Global Delta  
655 15th Street

City State Zip Code  
Washington DC 20005

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

Name of Employer Albertine Enterprises

Occupation Chairman

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 7

Transaction ID: 80126.C21979

Amount of Each Receipt this Period

500.00

Receipt

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

**C.**

Full Name (Last, First, Middle Initial)  
Steven Batzer

Mailing Address 4 Lake Drive

City State Zip Code  
Linwood NJ 08221-1303

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

Name of Employer SOSH Architects

Occupation Managing Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

Transaction ID: 80126.C22131

Amount of Each Receipt this Period

800.00

Receipt

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Steven Batzer		Date of Receipt
	Mailing Address 4 Lake Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Linwood	NJ	08221-1303
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80126.C22132
Name of Employer SOSH Architects		Occupation Managing Director	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 200.00
		<input type="text"/> 2500.00	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>B.</b>	Full Name (Last, First, Middle Initial) Steven Beilowitz		Date of Receipt
	Mailing Address 301 Browning Lane		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Cherry Hill	NJ	08003
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80126.C22095
Name of Employer Self-employed		Occupation Investor	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>C.</b>	Full Name (Last, First, Middle Initial) Louis Bettinelli		Date of Receipt
	Mailing Address 483 Manatuck Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y
	City	State	Zip Code
	Brightwaters	NY	11718
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: 80126.C21977
Name of Employer Interport Pilots		Occupation Executive	Amount of Each Receipt this Period
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	Receipt
			<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2200.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Bernard Byrnes	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address 45 Heald Rd	<b>Transaction ID:</b> 80126.C22148
	City State Zip Code Brigantine NJ 08203-3029	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer N/A	Occupation Retired	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Samuel Feinstein	Date of Receipt MM / DD / YYYY 11 / 16 / 2007
	Mailing Address 15 Franklin Street	<b>Transaction ID:</b> 80126.C22057
	City State Zip Code Bridgeton NJ 08302	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Self-employed	Occupation Dentist	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Joseph Fusco	Date of Receipt MM / DD / YYYY 12 / 14 / 2007
	Mailing Address 607 North Huntington Ave.	<b>Transaction ID:</b> 80126.C22038
	City State Zip Code Margate City NJ 08402	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Trump Hotels & Casino Resorts	Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2650.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Galleta	Date of Receipt MM / DD / YYYY 10 / 16 / 2007
	Mailing Address 134 Golden Eagle Drive	<b>Transaction ID:</b> 80126.C22050
	City State Zip Code Hammonton NJ 08037	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark Gaspar	Date of Receipt MM / DD / YYYY 12 / 21 / 2007
	Mailing Address PO Box 360	<b>Transaction ID:</b> 80126.C22142
	City State Zip Code Wallingford PA 19086	Amount of Each Receipt this Period 2300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Lockheed Martin	Occupation Business Director	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bradley Gilman	Date of Receipt MM / DD / YYYY 10 / 27 / 2007
	Mailing Address 405 Talahi Road, S.E.	<b>Transaction ID:</b> 80126.C22043
	City State Zip Code Vienna VA 22180	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Robertson, Monagle & East-augh	Occupation Attorney-at-Law	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3800.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Kim Jensen Pimley	Date of Receipt MM / DD / YYYY 11 / 25 / 2007
	Mailing Address 117 Library Place	<b>Transaction ID:</b> 80126.C22098
	City State Zip Code Princeton NJ 08540	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Self Employed Occupation Consultant Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Matt Jordan	Date of Receipt MM / DD / YYYY 12 / 29 / 2007
	Mailing Address 1461 Clover Avenue	<b>Transaction ID:</b> 80126.C22070
	City State Zip Code Vineland NJ 08362	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer N/A Occupation Retired Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Lionel Kaplan	Date of Receipt MM / DD / YYYY 11 / 25 / 2007
	Mailing Address 671 Rosedale Road	<b>Transaction ID:</b> 80126.C22102
	City State Zip Code Princeton NJ 08540-2217	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Name of Employer Joseph D. Kaplan & Son Occupation Lawyer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 78
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Randall Krakauer		Date of Receipt MM / DD / YYYY 11 / 25 / 2007
	Mailing Address 29 Lorrie Ln		<b>Transaction ID:</b> 80126.C22099
	City Princeton Junction	State NJ	Zip Code 08550-5112
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer Aetna US Healthcare	Occupation Medical Director	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Charles Kramer		Date of Receipt MM / DD / YYYY 11 / 21 / 2007
	Mailing Address Kramer Beverage Co. 161 South 2nd Road		<b>Transaction ID:</b> 80126.C22051
	City Hammonton	State NJ	Zip Code 08037
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Kramer Beverage Company	Occupation Partner	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 2800.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Daniel La Vecchia		Date of Receipt MM / DD / YYYY 10 / 27 / 2007
	Mailing Address 1312 Cape May Avenue		<b>Transaction ID:</b> 80126.C22041
	City Cape May	State NJ	Zip Code 08204-2702
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Surfside Products	Occupation President	Receipt <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Michael Levin

Mailing Address 2 Chestnut Hill Road

City Manalapan State NJ Zip Code 07726

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
11 / 25 / 2007

**Transaction ID:** 80126.C22101

Amount of Each Receipt this Period 1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Nathan Lindenbaum

Mailing Address 464 Winthrop Road

City Teaneck State NJ Zip Code 07666

FEC ID number of contributing federal political committee. C

Name of Employer MGS Corp Occupation Propane Marketer

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
11 / 25 / 2007

**Transaction ID:** 80126.C22108

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Rick Marks

Mailing Address 11988 Sentinel Point Court

City Reston State VA Zip Code 20191

FEC ID number of contributing federal political committee. C

Name of Employer Robertson, Monagle & East-augh Occupation Director Govt Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
10 / 27 / 2007

**Transaction ID:** 80126.C22042

Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Donna Mullins

Mailing Address 6412 15th Street

City State Zip Code  
Alexandria VA 22307

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Winning Strategies Managing Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

**Transaction ID:** 80126.C22008

Amount of Each Receipt this Period  
2300.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert D. Pinsky

Mailing Address 405 N. Pembroke Avenue

City State Zip Code  
Margate City NJ 08402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Employed Investor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22093

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 1189 Venezia Avenue

City State Zip Code  
Vineland NJ 08361-8623

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self-employed Physician

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 2 9 / 2 0 0 7

**Transaction ID:** 80126.C22113

Amount of Each Receipt this Period  
200.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 3500.00

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

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

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

FOR LINE NUMBER: PAGE 38 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Sterling Rauf

Mailing Address 1101 Route 70 West

City State Zip Code  
Cherry Hill NJ 08003

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22106

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 4045 Bayshore Road

City State Zip Code  
Cape May NJ 08204

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 2 7 / 2 0 0 7

**Transaction ID:** 80126.C22040

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 500 Second Street

City State Zip Code  
Lakewood NJ 08701

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22103

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 78

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Marvin Schlanger

Mailing Address 15 Southwood Dr

City State Zip Code  
Cherry Hill NJ 08003-2952

FEC ID number of contributing federal political committee. C

Name of Employer Hexion Chemical Co. Occupation Executive

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22096

Amount of Each Receipt this Period 1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Jonathan Shavel

Mailing Address 13 Roszel Rd

City State Zip Code  
Princeton NJ 08540-6211

FEC ID number of contributing federal political committee. C

Name of Employer Shavel Home Products Occupation Vice President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22094

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Andrew Shechtel

Mailing Address 33 Witherspoon Street  
3rd Floor

City State Zip Code  
Princeton NJ 08542

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Financial Services

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22100

Amount of Each Receipt this Period 2000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 78  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Lisa Smukler

Mailing Address 110 Brooks Bend

City State Zip Code  
Princeton NJ 08540

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

Name of Employer N/A Occupation Homemaker

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22097

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 194 Constitution Drive

City State Zip Code  
Princeton NJ 08540

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

Name of Employer NEXUS Properties Occupation CEO

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22107

Amount of Each Receipt this Period  
2000.00

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

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

Mailing Address 419 N. Harrison Street Suite 206

City State Zip Code  
Princeton NJ 08540

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

Name of Employer Self Employed Occupation Physician

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 2 5 / 2 0 0 7

**Transaction ID:** 80126.C22109

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**TOTAL** This Period (last page this line number only) ..... ► **32550.00**



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Frank A. LoBiondo

Mailing Address 8 S Somerset Ave

City State Zip Code  
Ventnor City NJ 08406-2846

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

Name of Employer U.S. House of Representatives  
Occupation House Member

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1725.76

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 1 6 / 2 0 0 7

**Transaction ID:** 80126.C22049

Amount of Each Receipt this Period  
153.45

Offsets to Operating Expenditure  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Frank A. LoBiondo

Mailing Address 8 S Somerset Ave

City State Zip Code  
Ventnor City NJ 08406-2846

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

Name of Employer U.S. House of Representatives  
Occupation House Member

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1830.61

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 1 / 0 8 / 2 0 0 7

**Transaction ID:** 80126.C22052

Amount of Each Receipt this Period  
104.85

Offsets to Operating Expenditure  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Frank A. LoBiondo

Mailing Address 8 S Somerset Ave

City State Zip Code  
Ventnor City NJ 08406-2846

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

Name of Employer U.S. House of Representatives  
Occupation House Member

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2020.06

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 2 / 1 0 / 2 0 0 7

**Transaction ID:** 80126.C22046

Amount of Each Receipt this Period  
189.45

Offsets to Operating Expenditure  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **447.75**

**TOTAL** This Period (last page this line number only) ..... ► **447.75**

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 78  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Sun National Bank

Mailing Address 226 W. Landis Avenue

City Vineland State NJ Zip Code 08360-8142

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 51315.99

Date of Receipt: 10 / 31 / 2007  
**Transaction ID:** 80129.C22172  
 Amount of Each Receipt this Period: 3654.66

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

**B.**

Full Name (Last, First, Middle Initial)  
Sun National Bank

Mailing Address 226 W. Landis Avenue

City Vineland State NJ Zip Code 08360-8142

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 54079.20

Date of Receipt: 11 / 30 / 2007  
**Transaction ID:** 80129.C22173  
 Amount of Each Receipt this Period: 2763.21

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

**C.**

Full Name (Last, First, Middle Initial)  
Sun National Bank

Mailing Address 226 W. Landis Avenue

City Vineland State NJ Zip Code 08360-8142

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 56579.85

Date of Receipt: 12 / 31 / 2007  
**Transaction ID:** 80129.C22174  
 Amount of Each Receipt this Period: 2500.65

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **8918.52**

**TOTAL** This Period (last page this line number only) ..... ► **8918.52**

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Aristotle International, Inc.</p> <p>Mailing Address 205 Pennsylvania Avenue, S.E.</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement Campaign software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1805</p> <p>Date of Disbursement 12 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 8400.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>CAMPAIGN SOFTWARE</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Carole Goeas &amp; Associates, LLC</p> <p>Mailing Address 1707 Prince Street, #5</p> <p>City Alexandria State VA Zip Code 22314-2804</p> <p>Purpose of Disbursement Fundraising consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1826</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 32728.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FUNDRAISING CONSULTANT</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Catering by Avalon, Inc.</p> <p>Mailing Address 109 Clermont Avenue</p> <p>City Alexandria State VA Zip Code 22304-4837</p> <p>Purpose of Disbursement Event catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1822</p> <p>Date of Disbursement 12 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 709.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>EVENT CATERING</b></p>

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

**41837.40**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Cingular Wireless</p> <p>Mailing Address P.O. Box 17542</p> <p>City Baltimore State MD Zip Code 21297-1542</p> <p>Purpose of Disbursement Blackberry service</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> 80129.E1775</p> <p>Date of Disbursement 10 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 215.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>BLACKBERRY SERVICE</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Cingular Wireless</p> <p>Mailing Address P.O. Box 17542</p> <p>City Baltimore State MD Zip Code 21297-1542</p> <p>Purpose of Disbursement Blackberry service</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> 80129.E1776</p> <p>Date of Disbursement 11 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 215.48</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>BLACKBERRY SERVICE</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) AT&amp;T Cingular Wireless</p> <p>Mailing Address P.O. Box 17542</p> <p>City Baltimore State MD Zip Code 21297-1542</p> <p>Purpose of Disbursement Blackberry service</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> 80129.E1777</p> <p>Date of Disbursement 12 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 215.16</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>BLACKBERRY SERVICE</b></p>

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

**646.42**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address P.O. Box 3005</p> <p>City Southeastern State PA Zip Code 19398-3005</p> <p>Purpose of Disbursement Internet connection</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 71217.E1768</p> <p>Date of Disbursement 10 / 17 / 2007</p> <p>Amount of Each Disbursement this Period 45.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>INTERNET CONNECTION</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address P.O. Box 3005</p> <p>City Southeastern State PA Zip Code 19398-3005</p> <p>Purpose of Disbursement Internet connection</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 71217.E1771</p> <p>Date of Disbursement 11 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 45.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>INTERNET CONNECTION</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address P.O. Box 3005</p> <p>City Southeastern State PA Zip Code 19398-3005</p> <p>Purpose of Disbursement High speed access</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1809</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 114.35</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>HIGH SPEED ACCESS</b></p>

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

**206.25**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Comcast Cable</p> <p>Mailing Address P.O. Box 3005</p> <p>City Southeastern State PA Zip Code 19398-3005</p> <p>Purpose of Disbursement Internet connection</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1802</p> <p>Date of Disbursement 12 / 06 / 2007</p> <p>Amount of Each Disbursement this Period 45.95</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>INTERNET CONNECTION</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FIA Card Services</p> <p>Mailing Address P.O. Box 15710</p> <p>City Wilmington State DE Zip Code 19886-5710</p> <p>Purpose of Disbursement See below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1813</p> <p>Date of Disbursement 10 / 16 / 2007</p> <p>Amount of Each Disbursement this Period 706.89</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>SEE BELOW</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) The Press of Atlantic City</p> <p>Mailing Address 1000 Washington Avenue</p> <p>City Pleasantville State NJ Zip Code 08232-</p> <p>Purpose of Disbursement Newspaper subscription</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1865</p> <p>Date of Disbursement 10 / 01 / 2007</p> <p>Amount of Each Disbursement this Period 17.55</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: NEWSPAPER SUBSCRIPTION</p>

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

**752.84**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Kindle Ford Mercury Lincoln

Mailing Address 525 Stone Harbor Boulevard

City State Zip Code  
Cape May Court Hou NJ 08210-

Purpose of Disbursement  
Vehicle lease payment  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80129.E1848  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	0	7

Amount of Each Disbursement this Period

475.96
--------

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

[MEMO ITEM]

MEMO: VEHICLE LEASE PAYMENT

B.

Full Name (Last, First, Middle Initial)  
The Lobster House

Mailing Address Fishermans Wharf

City State Zip Code  
Cape May NJ 08204-

Purpose of Disbursement  
Dining  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80129.E1863  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	0	7

Amount of Each Disbursement this Period

44.11
-------

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

[MEMO ITEM]

MEMO: DINING

C.

Full Name (Last, First, Middle Initial)  
US House Dining Room

Mailing Address Capital Building

City State Zip Code  
Washington DC 20515-

Purpose of Disbursement  
Dining  
Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: 80129.E1855  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	2		2	0	0	7

Amount of Each Disbursement this Period

21.95
-------

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

[MEMO ITEM]

MEMO: DINING

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

0.00
------

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

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) US House Dining Room	Transaction ID: 80129.E1856 Date of Disbursement 10 / 03 / 2007
	Mailing Address Capital Building	Amount of Each Disbursement this Period 42.85
	City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dining	<b>[MEMO ITEM]</b> MEMO: DINING
	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.	Full Name (Last, First, Middle Initial) US House Dining Room	Transaction ID: 80129.E1854 Date of Disbursement 09 / 18 / 2007
	Mailing Address Capital Building	Amount of Each Disbursement this Period 14.40
	City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dining	<b>[MEMO ITEM]</b> MEMO: DINING
	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) ▼

C.	Full Name (Last, First, Middle Initial) US House Dining Room	Transaction ID: 80129.E1853 Date of Disbursement 09 / 07 / 2007
	Mailing Address Capital Building	Amount of Each Disbursement this Period 78.70
	City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dining	<b>[MEMO ITEM]</b> MEMO: DINING
	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) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
FIA Card Services

Transaction ID: 80129.E1814  
Date of Disbursement

Mailing Address P.O. Box 15710

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	7	

City State Zip Code  
Wilmington DE 19886-5710

Amount of Each Disbursement this Period

3025.58
---------

Purpose of Disbursement  
See below

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

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

Candidate Name

SEE BELOW

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

B.

Full Name (Last, First, Middle Initial)  
Circuit City Stores, Inc.

Transaction ID: 80129.E1839  
Date of Disbursement

Mailing Address 2148 N. Second Street

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	7	

City State Zip Code  
Millville NJ 08332-1304

Amount of Each Disbursement this Period

921.12
--------

Purpose of Disbursement  
Computer equip

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

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

Candidate Name

**[MEMO ITEM]**  
MEMO: COMPUTER EQUIPT

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

C.

Full Name (Last, First, Middle Initial)  
FIA Card Services

Transaction ID: 80129.E1815  
Date of Disbursement

Mailing Address P.O. Box 15710

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	8		2	0	7	

City State Zip Code  
Wilmington DE 19886-5710

Amount of Each Disbursement this Period

1.00
------

Purpose of Disbursement  
Service fee

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

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

Candidate Name

**[MEMO ITEM]**  
MEMO: SERVICE FEE

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

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

3025.58
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Postmaster-Vineland

Mailing Address 722 E. Landis Avenue

City Vineland State NJ Zip Code 08360-0998

Purpose of Disbursement  
Postage

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1841  
Date of Disbursement

09 / 26 / 2007

Amount of Each Disbursement this Period

32.50

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

**[MEMO ITEM]**  
MEMO: POSTAGE

B.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 2285 North 2nd Street

City Millville State NJ Zip Code 08332-

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1834  
Date of Disbursement

09 / 17 / 2007

Amount of Each Disbursement this Period

635.45

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

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

C.

Full Name (Last, First, Middle Initial)  
Staples

Mailing Address 2285 North 2nd Street

City Millville State NJ Zip Code 08332-

Purpose of Disbursement  
Office supplies

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1832  
Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

723.96

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

**[MEMO ITEM]**  
MEMO: OFFICE SUPPLIES

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

0.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 2285 North 2nd Street</p> <p>City Millville State NJ Zip Code 08332-</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1833</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13.95"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 32 Delsea Drive No.</p> <p>City Glassboro State NJ Zip Code 08028-</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1835</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="126.74"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Staples</p> <p>Mailing Address 32 Delsea Drive No.</p> <p>City Glassboro State NJ Zip Code 08028-</p> <p>Purpose of Disbursement Office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1836</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="368.04"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES</p>

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) FIA Card Services</p> <p>Mailing Address P.O. Box 15710</p> <p>City Wilmington State DE Zip Code 19886-5710</p> <p>Purpose of Disbursement See below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1818</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="633.91"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>SEE BELOW</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Georgios Restaurant</p> <p>Mailing Address US Route 40</p> <p>City Richland State NJ Zip Code 08350-</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1876</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="368.22"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: CATERING</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Getty Petroleum Marketing, Inc.</p> <p>Mailing Address 1500 Hempstead Turnpike</p> <p>City East Meadow State NY Zip Code 11554-</p> <p>Purpose of Disbursement Gasoline</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1879</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="26.50"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b> MEMO: GASOLINE</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="633.91"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Lukoil Corporation

Transaction ID: 80129.E1871  
Date of Disbursement

Mailing Address US Route 322

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	7	

City State Zip Code  
Glassboro NJ 08028-

Amount of Each Disbursement this Period

24.10
-------

Purpose of Disbursement  
Gasoline

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

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

Candidate Name

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

**[MEMO ITEM]**  
MEMO: GASOLINE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
Lukoil Corporation

Transaction ID: 80129.E1875  
Date of Disbursement

Mailing Address US Route 322

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	3		2	0	7	

City State Zip Code  
Glassboro NJ 08028-

Amount of Each Disbursement this Period

26.00
-------

Purpose of Disbursement  
Gasoline

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

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

Candidate Name

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

**[MEMO ITEM]**  
MEMO: GASOLINE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Wawa Markets

Transaction ID: 80129.E1872  
Date of Disbursement

Mailing Address US Route 49

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	7	

City State Zip Code  
Vineland NJ 08360-

Amount of Each Disbursement this Period

25.07
-------

Purpose of Disbursement  
Gasoline

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

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

Candidate Name

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

**[MEMO ITEM]**  
MEMO: GASOLINE

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

0.00
------

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

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Wawa Markets

Mailing Address US Route 49

City Vineland State NJ Zip Code 08360-

Purpose of Disbursement  
Gasoline

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80129.E1873

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	4	/	2	0	0	7

Amount of Each Disbursement this Period

21.00
-------

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

**[MEMO ITEM]**  
MEMO: GASOLINE

B.

Full Name (Last, First, Middle Initial)  
FIA Card Services

Mailing Address P.O. Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement  
See below

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80129.E1816

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

Amount of Each Disbursement this Period

697.61
--------

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
The Press of Atlantic City

Mailing Address 1000 Washington Avenue

City Pleasantville State NJ Zip Code 08232-

Purpose of Disbursement  
Newspaper subscription

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Transaction ID: 80129.E1866

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	9	/	2	0	0	7

Amount of Each Disbursement this Period

17.55
-------

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

**[MEMO ITEM]**  
MEMO: NEWSPAPER SUBSCRIPTION

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

697.61
--------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Kindle Ford Mercury Lincoln

Mailing Address 525 Stone Harbor Boulevard

City State Zip Code  
Cape May Court Hou NJ 08210-

Purpose of Disbursement  
Vehicle lease payment

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1849  
Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

475.96

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

[MEMO ITEM]

MEMO: VEHICLE LEASE PAYMENT

B.

Full Name (Last, First, Middle Initial)  
US House Dining Room

Mailing Address Capital Building

City State Zip Code  
Washington DC 20515-

Purpose of Disbursement  
Dining

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1860  
Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

48.10

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

[MEMO ITEM]

MEMO: DINING

C.

Full Name (Last, First, Middle Initial)  
US House Dining Room

Mailing Address Capital Building

City State Zip Code  
Washington DC 20515-

Purpose of Disbursement  
Dining

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1859  
Date of Disbursement

10 / 24 / 2007

Amount of Each Disbursement this Period

50.25

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

[MEMO ITEM]

MEMO: DINING

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) US House Dining Room	Transaction ID: 80129.E1858 Date of Disbursement 10 / 17 / 2007
	Mailing Address Capital Building	Amount of Each Disbursement this Period 66.35
	City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dining	<b>[MEMO ITEM]</b> MEMO: DINING
	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.	Full Name (Last, First, Middle Initial) US House Dining Room	Transaction ID: 80129.E1857 Date of Disbursement 10 / 10 / 2007
	Mailing Address Capital Building	Amount of Each Disbursement this Period 39.40
	City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dining	<b>[MEMO ITEM]</b> MEMO: DINING
	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) ▼

C.	Full Name (Last, First, Middle Initial) FIA Card Services	Transaction ID: 80129.E1817 Date of Disbursement 11 / 20 / 2007
	Mailing Address P.O. Box 15710	Amount of Each Disbursement this Period 69.66
	City Wilmington State DE Zip Code 19886-5710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See below	SEE BELOW
	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) .....	69.66
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
NJ EZ Pass

Mailing Address 375 McCarter Highway (Rte 21)

City Newark State NJ Zip Code 07114-

Purpose of Disbursement  
Tolls

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1870  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	6	/	2	0	7	7

Amount of Each Disbursement this Period

25.00
-------

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

**[MEMO ITEM]**  
MEMO: TOLLS

B.

Full Name (Last, First, Middle Initial)  
FIA Card Services

Mailing Address P.O. Box 15710

City Wilmington State DE Zip Code 19886-5710

Purpose of Disbursement  
See below

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1819  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	7	7

Amount of Each Disbursement this Period

1081.86
---------

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

SEE BELOW

C.

Full Name (Last, First, Middle Initial)  
Amtrak

Mailing Address Union Station

City Washington State DC Zip Code 20001-

Purpose of Disbursement  
Train tickets

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1884  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	7	7

Amount of Each Disbursement this Period

164.00
--------

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

**[MEMO ITEM]**  
MEMO: TRAIN TICKETS

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

1081.86
---------

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

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# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) <b>Amtrak</b>	Transaction ID: 80129.E1885 Date of Disbursement 1 2 / 0 2 / 2 0 0 7
	Mailing Address Union Station	Amount of Each Disbursement this Period 82.00
	City Washington State DC Zip Code 20001- Purpose of Disbursement Train tickets Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: TRAIN TICKETS

B.	Full Name (Last, First, Middle Initial) <b>The Press of Atlantic City</b>	Transaction ID: 80129.E1867 Date of Disbursement 1 2 / 0 3 / 2 0 0 7
	Mailing Address 1000 Washington Avenue	Amount of Each Disbursement this Period 17.55
	City Pleasantville State NJ Zip Code 08232- Purpose of Disbursement Newspaper subscription Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: NEWSPAPER SUBSCRIPTION

C.	Full Name (Last, First, Middle Initial) <b>Kindle Ford Mercury Lincoln</b>	Transaction ID: 80129.E1852 Date of Disbursement 1 1 / 2 0 / 2 0 0 7
	Mailing Address 525 Stone Harbor Boulevard	Amount of Each Disbursement this Period 475.96
	City Cape May Court Hou State NJ Zip Code 08210- Purpose of Disbursement Vehicle lease payment Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b> MEMO: VEHICLE LEASE PAYMENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) Sam & Harrys Restaurant	Transaction ID: 80129.E1868 Date of Disbursement 11 / 30 / 2007
	Mailing Address 1200 19 th Street N.W.	Amount of Each Disbursement this Period 200.00
	City Washington State DC Zip Code 20036-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Event deposit Candidate Name	<b>[MEMO ITEM]</b> MEMO: EVENT DEPOSIT
	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.	Full Name (Last, First, Middle Initial) US House Dining Room	Transaction ID: 80129.E1861 Date of Disbursement 11 / 08 / 2007
	Mailing Address Capital Building	Amount of Each Disbursement this Period 83.00
	City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dining Candidate Name	<b>[MEMO ITEM]</b> MEMO: DINING
	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) ▼	

C.	Full Name (Last, First, Middle Initial) US House Dining Room	Transaction ID: 80129.E1862 Date of Disbursement 11 / 14 / 2007
	Mailing Address Capital Building	Amount of Each Disbursement this Period 59.35
	City Washington State DC Zip Code 20515-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Dining Candidate Name	<b>[MEMO ITEM]</b> MEMO: DINING
	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) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
FIA Card Services

Transaction ID: 80129.E1820  
Date of Disbursement

Mailing Address P.O. Box 15710

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

City Wilmington State DE Zip Code 19886-5710

Amount of Each Disbursement this Period

525.22
--------

Purpose of Disbursement  
See below

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

Candidate Name

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

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

SEE BELOW

State: District:

B.

Full Name (Last, First, Middle Initial)  
Amtrak

Transaction ID: 80129.E1882  
Date of Disbursement

Mailing Address Union Station

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	2		2	0	0	7

City Washington State DC Zip Code 20001-

Amount of Each Disbursement this Period

82.00
-------

Purpose of Disbursement  
Train tickets

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

Candidate Name

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

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

**[MEMO ITEM]**  
MEMO: TRAIN TICKETS

State: District:

C.

Full Name (Last, First, Middle Initial)  
Amtrak

Transaction ID: 80129.E1883  
Date of Disbursement

Mailing Address Union Station

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	4		2	0	0	7

City Washington State DC Zip Code 20001-

Amount of Each Disbursement this Period

82.00
-------

Purpose of Disbursement  
Train tickets

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

Candidate Name

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

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

**[MEMO ITEM]**  
MEMO: TRAIN TICKETS

State: District:

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

525.22
--------

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

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) MacDonald Communicatioons	Transaction ID: 80129.E1881 Date of Disbursement 11 / 23 / 2007
	Mailing Address Landis Avenue	Amount of Each Disbursement this Period 361.22
	City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Equipment	<b>[MEMO ITEM]</b> MEMO: EQUIPMENT
	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.	Full Name (Last, First, Middle Initial) FIA Card Services	Transaction ID: 80129.E1821 Date of Disbursement 12 / 19 / 2007
	Mailing Address P.O. Box 15710	Amount of Each Disbursement this Period 327.59
	City Wilmington State DE Zip Code 19886-5710	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement See below	SEE BELOW
	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) ▼

C.	Full Name (Last, First, Middle Initial) Postmaster-Vineland	Transaction ID: 80129.E1843 Date of Disbursement 11 / 21 / 2007
	Mailing Address 722 E. Landis Avenue	Amount of Each Disbursement this Period 41.00
	City Vineland State NJ Zip Code 08360-0998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	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) .....	<b>327.59</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) Postmaster-Vineland	Transaction ID: 80129.E1842 Date of Disbursement 12 / 06 / 2007
	Mailing Address 722 E. Landis Avenue	Amount of Each Disbursement this Period 41.00
	City Vineland State NJ Zip Code 08360-0998	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Postage Candidate Name	<b>[MEMO ITEM]</b> MEMO: POSTAGE
	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.	Full Name (Last, First, Middle Initial) Staples	Transaction ID: 80129.E1837 Date of Disbursement 11 / 15 / 2007
	Mailing Address 32 Delsea Drive No.	Amount of Each Disbursement this Period 152.19
	City Glassboro State NJ Zip Code 08028-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office supplies Candidate Name	<b>[MEMO ITEM]</b> MEMO: OFFICE SUPPLIES
	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) ▼	

C.	Full Name (Last, First, Middle Initial) Wawa Markets	Transaction ID: 80129.E1874 Date of Disbursement 11 / 29 / 2007
	Mailing Address US Route 49	Amount of Each Disbursement this Period 29.00
	City Vineland State NJ Zip Code 08360-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Gasoline Candidate Name	<b>[MEMO ITEM]</b> MEMO: GASOLINE
	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) .....	0.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Hal Brown Photography  Mailing Address 21 Stonewyck Drive  City Hillsborough State NJ Zip Code 08844-2615  Purpose of Disbursement Photography 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) ▼	Transaction ID: 80129.E1803 Date of Disbursement 12 / 18 / 2007  Amount of Each Disbursement this Period 963.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  PHOTOGRAPHY
<b>B.</b>	Full Name (Last, First, Middle Initial) Innovative Merchant Solutions  Mailing Address 26520 Agoura Road  City Calabasas State CA Zip Code 91302-  Purpose of Disbursement Credit card equipt rental 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) ▼	Transaction ID: 80129.E1787 Date of Disbursement 10 / 01 / 2007  Amount of Each Disbursement this Period 32.45  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CREDIT CARD EQUIPT RENTAL
<b>C.</b>	Full Name (Last, First, Middle Initial) Innovative Merchant Solutions  Mailing Address 26520 Agoura Road  City Calabasas State CA Zip Code 91302-  Purpose of Disbursement Credit card service fee 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) ▼	Transaction ID: 80129.E1788 Date of Disbursement 10 / 03 / 2007  Amount of Each Disbursement this Period 34.50  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CREDIT CARD SERVICE FEE

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

1029.95

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b> Full Name (Last, First, Middle Initial) Innovative Merchant Solutions Mailing Address 26520 Agoura Road City Calabasas State CA Zip Code 91302- Purpose of Disbursement Credit card service fee 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) ▼	Transaction ID: 80129.E1789 Date of Disbursement 10 / 03 / 2007
	Amount of Each Disbursement this Period 34.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CREDIT CARD SERVICE FEE</b>

<b>B.</b> Full Name (Last, First, Middle Initial) Innovative Merchant Solutions Mailing Address 26520 Agoura Road City Calabasas State CA Zip Code 91302- Purpose of Disbursement Credit card equip rental 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) ▼	Transaction ID: 80129.E1790 Date of Disbursement 11 / 01 / 2007
	Amount of Each Disbursement this Period 32.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CREDIT CARD EQUIPT RENTAL</b>

<b>C.</b> Full Name (Last, First, Middle Initial) Innovative Merchant Solutions Mailing Address 26520 Agoura Road City Calabasas State CA Zip Code 91302- Purpose of Disbursement Credit card service fee 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) ▼	Transaction ID: 80129.E1792 Date of Disbursement 11 / 05 / 2007
	Amount of Each Disbursement this Period 34.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>CREDIT CARD SERVICE FEE</b>

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	101.45
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) Innovative Merchant Solutions	Transaction ID: 80129.E1791 Date of Disbursement
	Mailing Address 26520 Agoura Road	<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2007"/>
	City Calabasas State CA Zip Code 91302-	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card service fee	<input type="text" value="34.50"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD SERVICE FEE

B.	Full Name (Last, First, Middle Initial) Innovative Merchant Solutions	Transaction ID: 80129.E1793 Date of Disbursement
	Mailing Address 26520 Agoura Road	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Calabasas State CA Zip Code 91302-	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card equip rental	<input type="text" value="32.45"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD EQUIPT RENTAL

C.	Full Name (Last, First, Middle Initial) Innovative Merchant Solutions	Transaction ID: 80129.E1794 Date of Disbursement
	Mailing Address 26520 Agoura Road	<input type="text" value="12"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
	City Calabasas State CA Zip Code 91302-	Amount of Each Disbursement this Period
	Purpose of Disbursement Credit card service fee	<input type="text" value="34.50"/>
	Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CREDIT CARD SERVICE FEE

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

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) Innovative Merchant Solutions	Transaction ID: 80129.E1795 Date of Disbursement 12 / 03 / 2007
	Mailing Address 26520 Agoura Road	Amount of Each Disbursement this Period 34.50
	City Calabasas State CA Zip Code 91302-	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Credit card service fee	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) ▼
		CREDIT CARD SERVICE FEE

B.	Full Name (Last, First, Middle Initial) Kotok Building Corp.	Transaction ID: 71012.E1676 Date of Disbursement 10 / 01 / 2007
	Mailing Address 614 E. Landis Avenue	Amount of Each Disbursement this Period 200.00
	City Vineland State NJ Zip Code 08360-8007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office rent	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) ▼
		OFFICE RENT

C.	Full Name (Last, First, Middle Initial) Kotok Building Corp.	Transaction ID: 71217.E1770 Date of Disbursement 11 / 13 / 2007
	Mailing Address 614 E. Landis Avenue	Amount of Each Disbursement this Period 400.00
	City Vineland State NJ Zip Code 08360-8007	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Office rent	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) ▼
		OFFICE RENT

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	634.50
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Andrew McCrosson

Mailing Address 29 Daisy Drive

City Egg Harbor Twp. State NJ Zip Code 08234-6119

Purpose of Disbursement  
Financial services  
Candidate Name

Category/  
Type

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

Transaction ID: 70126.E1376  
Date of Disbursement

10 / 23 / 2007

Amount of Each Disbursement this Period

5000.00

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

FINANCIAL SERVICES

B.

Full Name (Last, First, Middle Initial)  
Michael A. Ingrao, LLC

Mailing Address 9610 Whitecedar Court

City Vienna State VA Zip Code 22181-5468

Purpose of Disbursement  
Labor consultant  
Candidate Name

Category/  
Type

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

Transaction ID: 80129.E1824  
Date of Disbursement

12 / 21 / 2007

Amount of Each Disbursement this Period

2255.00

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

LABOR CONSULTANT

C.

Full Name (Last, First, Middle Initial)  
New Jersey Fraternal Order of Police

Mailing Address 108 W. State Street

City Trenton State NJ Zip Code 08608-

Purpose of Disbursement  
Publication ad  
Candidate Name

Category/  
Type

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

Transaction ID: 71217.E1772  
Date of Disbursement

10 / 29 / 2007

Amount of Each Disbursement this Period

500.00

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

PUBLICATION AD

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

7755.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Postmaster-Bellmawr

Transaction ID: 71217.E1769  
Date of Disbursement

Mailing Address Business Mail Entry Unit  
P.O. Box 9001

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

City State Zip Code  
Bellmawr NJ 08099-9651

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Bulk postage  
Candidate Name

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

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

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

BULK POSTAGE

B.

Full Name (Last, First, Middle Initial)  
Postmaster-Bellmawr

Transaction ID: 80129.E1828  
Date of Disbursement

Mailing Address Business Mail Entry Unit  
P.O. Box 9001

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	0	/	2	0	0	7

City State Zip Code  
Bellmawr NJ 08099-9651

Amount of Each Disbursement this Period

175.00
--------

Purpose of Disbursement  
Bulk postage permit fee  
Candidate Name

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

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

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

BULK POSTAGE PERMIT FEE

C.

Full Name (Last, First, Middle Initial)  
Postmaster-Vineland

Transaction ID: 80129.E1811  
Date of Disbursement

Mailing Address 722 E. Landis Avenue

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	8	/	2	0	0	7

City State Zip Code  
Vineland NJ 08360-0998

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Business reply postage  
Candidate Name

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

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

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

BUSINESS REPLY POSTAGE

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

7175.00
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TOTAL This Period (last page this line number only) .....

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**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.	Full Name (Last, First, Middle Initial) Sun National Bank	Transaction ID: 80129.E1804 Date of Disbursement 12 / 31 / 2007
	Mailing Address 226 W. Landis Avenue	Amount of Each Disbursement this Period 7270.00
	City Vineland State NJ Zip Code 08360-8142	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Form 1120-POL tax payment	FORM 1120-POL TAX 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.	Full Name (Last, First, Middle Initial) Kevin Tomafsky	Transaction ID: 71217.E1773 Date of Disbursement 10 / 29 / 2007
	Mailing Address 40 Algonkin Court	Amount of Each Disbursement this Period 3545.00
	City Sewell State NJ Zip Code 08080-1804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign consultant	CAMPAIGN CONSULTANT
	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) ▼

C.	Full Name (Last, First, Middle Initial) Kevin Tomafsky	Transaction ID: 80129.E1808 Date of Disbursement 11 / 30 / 2007
	Mailing Address 40 Algonkin Court	Amount of Each Disbursement this Period 3545.00
	City Sewell State NJ Zip Code 08080-1804	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Purpose of Disbursement Campaign consultant	CAMPAIGN CONSULTANT
	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) .....	<b>14360.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Tomafsky  Mailing Address 40 Algonkin Court  City Sewell State NJ Zip Code 08080-1804  Purpose of Disbursement Campaign consultant 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) ▼	Transaction ID: 80129.E1806 Date of Disbursement 12 / 21 / 2007  Amount of Each Disbursement this Period 3545.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  CAMPAIGN CONSULTANT
<b>B.</b>	Full Name (Last, First, Middle Initial) TurnKey Productions, LLC  Mailing Address 370 Tall Tree Court  City Jackson State NJ Zip Code 08527-3158  Purpose of Disbursement Fundraising consultant 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) ▼	Transaction ID: 71012.E1673 Date of Disbursement 10 / 10 / 2007  Amount of Each Disbursement this Period 4650.73  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTANT
<b>C.</b>	Full Name (Last, First, Middle Initial) TurnKey Productions, LLC  Mailing Address 370 Tall Tree Court  City Jackson State NJ Zip Code 08527-3158  Purpose of Disbursement Fundraising consultant 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) ▼	Transaction ID: 71217.E1774 Date of Disbursement 10 / 31 / 2007  Amount of Each Disbursement this Period 4500.00  <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  FUNDRAISING CONSULTANT

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

12695.73

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<p><b>A.</b> Full Name (Last, First, Middle Initial) TurnKey Productions, LLC</p> <p>Mailing Address 370 Tall Tree Court</p> <p>City Jackson State NJ Zip Code 08527-3158</p> <p>Purpose of Disbursement Fundraising consultant</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1825</p> <p>Date of Disbursement 11 / 30 / 2007</p> <p>Amount of Each Disbursement this Period 4500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>FUNDRAISING CONSULTANT</b></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 4833</p> <p>City Trenton State NJ Zip Code 08650-4833</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1778</p> <p>Date of Disbursement 10 / 23 / 2007</p> <p>Amount of Each Disbursement this Period 136.87</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TELEPHONE</b></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verizon</p> <p>Mailing Address P.O. Box 4833</p> <p>City Trenton State NJ Zip Code 08650-4833</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>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> 80129.E1779</p> <p>Date of Disbursement 11 / 26 / 2007</p> <p>Amount of Each Disbursement this Period 106.69</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>TELEPHONE</b></p>

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

**4743.56**

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

.....

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 72 / 78

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Verizon

Transaction ID: 80129.E1780

Date of Disbursement

Mailing Address P.O. Box 4833

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	4		2	0	0	7

City State Zip Code  
Trenton NJ 08650-4833

Amount of Each Disbursement this Period

120.34
--------

Purpose of Disbursement  
Telephone

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

TELEPHONE

State: District:

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

120.34

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

98521.32



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Assembly Republican Victory 07

Mailing Address P.O. Box 225

City Colonia State NJ Zip Code 07067-

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71012.E1738  
Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

25000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Burlington County Republican Org.

Mailing Address NJ Route 38

City Mount Holly State NJ Zip Code 08060-

Purpose of Disbursement  
TRANS TO COUNTY PARTY FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E1895  
Date of Disbursement

10 / 22 / 2007

Amount of Each Disbursement this Period

35000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Cumberland County G.O.P.

Mailing Address 817 E. Landis Avenue

City Vineland State NJ Zip Code 08360-8002

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71217.E1767  
Date of Disbursement

10 / 25 / 2007

Amount of Each Disbursement this Period

37000.00

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

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

97000.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) United Egg Harbor Twp. Republican Club <hr/> Mailing Address 6684 Washington Avenue <hr/> City Egg Harbor Twp. State NJ Zip Code 08234- <hr/> Purpose of Disbursement CAMPAIGN CONTRIB FROM EXCESS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E1891 Date of Disbursement 10 / 16 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Franklin First 2007 <hr/> Mailing Address 3366 Victoria Avenue <hr/> City Newfield State NJ Zip Code 08344-5500 <hr/> Purpose of Disbursement CAMPAIGN CONTRIB FROM EXCESS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80129.E1812 Date of Disbursement 10 / 13 / 2007 <hr/> Amount of Each Disbursement this Period 1500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Galloway Township Republican League <hr/> Mailing Address P.O. Box 296 <hr/> City Oceanville State NJ Zip Code 08231- <hr/> Purpose of Disbursement CAMPAIGN CONTRIB FROM EXCESS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80129.E1889 Date of Disbursement 10 / 16 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

<b>A.</b>	Full Name (Last, First, Middle Initial) Gloucester County Republican Org. <hr/> Mailing Address P.O. Box 503 <hr/> City Woodbury State NJ Zip Code 08096-7503 <hr/> Purpose of Disbursement CAMPAIGN CONTRIB FROM EXCESS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 71012.E1741 Date of Disbursement 10 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>B.</b>	Full Name (Last, First, Middle Initial) Hamilton Township Republican Org. <hr/> Mailing Address P.O. Box 526 <hr/> City Mays Landing State NJ Zip Code 08330-0526 <hr/> Purpose of Disbursement CAMPAIGN CONTRIB FROM EXCESS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80130.E1890 Date of Disbursement 10 / 16 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
<b>C.</b>	Full Name (Last, First, Middle Initial) Joe McDevitt 4 Freeholder <hr/> Mailing Address 21 E. Black Horse Pike <hr/> City Pleasantville State NJ Zip Code 08232- <hr/> Purpose of Disbursement CAMPAIGN CONTRIB FROM EXCESS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80129.E1886 Date of Disbursement 10 / 16 / 2007 <hr/> Amount of Each Disbursement this Period 2600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	12600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect John Bettis Freeholde

Mailing Address P.O. Box 392

City Pleasantville State NJ Zip Code 08232-

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1888  
Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

2600.00

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

**B.** Full Name (Last, First, Middle Initial)  
Linwood Republican Club

Mailing Address P.O. Box 292

City Linwood State NJ Zip Code 08221-

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E1893  
Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Margate Regular Republican Club

Mailing Address 203 N. Argyle Avenue

City Margate City State NJ Zip Code 08402-

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80130.E1894  
Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

300.00

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

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

3400.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

A.

Full Name (Last, First, Middle Initial)  
Committee to Elect Kehrlı & Laubert

Mailing Address 2641 Sixth Avenue

City State Zip Code  
Sweetwater NJ 08037-4107

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

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

State: District:

Transaction ID: 80130.E1896

Date of Disbursement

10 / 26 / 2007

Amount of Each Disbursement this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)  
National Republican Congressional Commit

Mailing Address 320 First Street, S.E.

City State Zip Code  
Washington DC 20003-

Purpose of Disbursement  
PARTY TRANSFER FROM EXCESS

Candidate Name

Category/  
Type

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

State: District:

Transaction ID: 80129.E1810

Date of Disbursement

12 / 06 / 2007

Amount of Each Disbursement this Period

15000.00

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

C.

Full Name (Last, First, Middle Initial)  
Regular Republican Club of Northfield

Mailing Address P.O. Box 435

City State Zip Code  
Northfield NJ 08225-

Purpose of Disbursement  
CAMPAIGN CONTRIBS FROM EXCESS

Candidate Name

Category/  
Type

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

State: District:

Transaction ID: 80130.E1892

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

1000.00

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

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

16400.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
LoBiondo for Congress

**A.** Full Name (Last, First, Middle Initial)  
Friends of Rich Dase for Freeholder

Mailing Address P.O. Box 728

City Pomona State NJ Zip Code 08240-

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 80129.E1887

Date of Disbursement

10 / 16 / 2007

Amount of Each Disbursement this Period

2600.00

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

**B.** Full Name (Last, First, Middle Initial)  
Rudy Giuliani Presidential Committee Inc

Mailing Address Mark Meeks, Treasurer  
P.O. Box 1023

City Merrifield State VA Zip Code 22116-9565

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71012.E1737

Date of Disbursement

10 / 01 / 2007

Amount of Each Disbursement this Period

2300.00

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

**C.** Full Name (Last, First, Middle Initial)  
Senate Republican Majority

Mailing Address Tall Tree Court

City Jackson State NJ Zip Code 08527-

Purpose of Disbursement  
CAMPAIGN CONTRIB FROM EXCESS

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 71012.E1739

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

25000.00

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

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

29900.00

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

170800.00