

REPORT OF RECEIPTS AND DISBURSEMENTS

**For An Authorized Committee
(Summary Page)**

RECEIVED
FEDERAL ELECTION
COMMISSION
AMENDED REPORT ROOM

JUL 19 9 50 AM '96

**USE FEC MAILING LABEL
OR
TYPE OR PRINT**

000810010 NJ/08 052996 P 442
ANNUNZIO
PABOCELL OF CONGRESS
63 QUARTZ LANE
PATERSON NJ 07501

PASCRELL FOR CONGRESS
63 QUARTZ LANE
PATERSON, NEW JERSEY 07501

2. FEC IDENTIFICATION NUMBER

COO313510

3. IS THIS REPORT AN AMENDMENT?

☒ YES

☐ NO

4. TYPE OF REPORT

- ☐ April 15 Quarterly Report

- ☒
- July 15 Quarterly Report

- ☐ October 15 Quarterly Report

- ☐ January 31 Year End Report

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

- 12-Day Pre-Election Report for the

(Type of Election)

election on _____ in the State of

- ☐ 30-Day Post-Election Report for the

(Type of Election)

election on _____ in the State of _____

- ☐ Termination Report

**This report contains
activity for**

- ☒ Primary Election

- ☒ General Election

- ☐
- Special Election**

- ☐
- Runoff Election

SUMMARY

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5.	Covering Period <u>May 16,</u> through <u>June 30, 1996</u>		
6.	Net Contributions (other than loans)		
(a)	Total Contributions (other than loans) (from Line 11(e))	\$ 211,065.00	\$ 461,520.00
(b)	Total Contribution Refunds (from Line 20(d))	1,400.00	2,300.00
(c)	Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	\$ 209,665.00	\$ 459,220.00
7.	Net Operating Expenditures		
(a)	Total Operating Expenditures (from Line 17)	\$ 24,559.68	\$ 48,494.90
(b)	Total Offsets to Operating Expenditures (from Line 14)	00	00
(c)	Net Operating Expenditures (subtract Line 7(b) from 7(a))	\$ 24,559.68	\$ 48,494.90
8.	Cash on Hand at Close of Reporting Period (from Line 27)	\$ 411,301.84	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 7,442.68	

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

ANNE HUTTON

Signature of Treasurer

Date _____

JULY 15, 1996

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

FEC FORM 3
(revised 4/87)

FESANT11

DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)		Report Covering the Period:	
PASCRELL FOR CONGRESS		From 5/16/96	To 6/30/96
		COLUMN A Total This Period	COLUMN B Calendar Year-To-Date
I. RECEIPTS			
11. CONTRIBUTIONS (other than loans) FROM:			
(a) Individuals/Persons Other Than Political Committees		\$ 141,275.00	
(i) Itemized (use Schedule A)		11,740.00	
(ii) Unitemized		\$ 153,015.00	\$ 367,670.00
(iii) Total of contributions from individuals		00	2,000.00
(b) Political Party Committees		58,050.00	90,850.00
(c) Other Political Committees (such as PACs)		00	1,000.00
(d) The Candidate		\$ 211,065.00	\$ 461,520.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))		00	00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		00	00
13. LOANS:		00	00
(a) Made or Guaranteed by the Candidate		00	00
(b) All Other Loans		00	00
(c) TOTAL LOANS (add 13(a) and (b))		00	00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		00	00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		610.97	872.52
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		\$ 211,675.97	\$ 462,392.52
II. DISBURSEMENTS			
17. OPERATING EXPENDITURES		\$ 24,559.68	\$ 48,494.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		00	00
19. LOAN REPAYMENTS:		00	00
(a) Of Loans Made or Guaranteed by the Candidate		00	00
(b) Of All Other Loans		00	00
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))		00	00
20. REFUNDS OF CONTRIBUTIONS TO:		\$ 1,400.00	\$ 2,150.00
(a) Individuals/Persons Other Than Political Committees		00	00
(b) Political Party Committees		00	150.00
(c) Other Political Committees (such as PACs)		\$ 1,400.00	\$ 2,300.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))		143/25	295.78
21. OTHER DISBURSEMENTS		143/25	295.78
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)		\$ 26,102.93	\$ 51,090.68
III. CASH SUMMARY			
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD		\$ 225,728.80	
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)		\$ 211,675.97	
25. SUBTOTAL (add Line 23 and Line 24)		\$ 437,404.77	
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)		\$ 26,102.93	
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)		\$ 411,301.84	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 52
FOR LINE NUMBER 110

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Jacqueling C. Grindrod
534 Union Blvd.
Totowa, N.J. 07512

Name of Employer

Self

Date (month,
day, year)

5/16/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 450.

B. Full Name, Mailing Address and ZIP Code

Karole A. Graves
85-89 Maryland Ave.
Paterson, N.J. 07503

Name of Employer

Self

Date (month,
day, year)

5/16/96

Amount of Each
Receipt this Period

\$ 100.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 400.

C. Full Name, Mailing Address and ZIP Code

Richard G. Dabagian
410 Anstatt Way
Haworth, N.J. 07641

Name of Employer

Jersey Printing

Date (month,
day, year)

5/17/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.

D. Full Name, Mailing Address and ZIP Code

James B. Luke
30 Longell Drive
Wayne, N.J. 07470

Name of Employer

Grove Associates

Date (month,
day, year)

5/18/96

Amount of Each
Receipt this Period

\$ 1,000.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1000.

E. Full Name, Mailing Address and ZIP Code

Doris Berenzweig
452 Meer Ave.
Wyckoff, N.J. 07461

Name of Employer

Mobile Fabrics

Date (month,
day, year)

5/19/96

Amount of Each
Receipt this Period

\$ 1,000.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Executive

Aggregate Year-to-Date > \$ 1000.

F. Full Name, Mailing Address and ZIP Code

Garry S. Rothstadt
15 Webster Drive
Wayne, N.J. 07470

Name of Employer

Self

Date (month,
day, year)

5/19/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 250.

G. Full Name, Mailing Address and ZIP Code

David F. Gibson
6050 Blvd. East, Apt. 23H
West New York, N.J. 07093

Name of Employer

Self

Date (month,
day, year)

5/19/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Architect

Aggregate Year-to-Date > \$ 250.

SUBTOTAL of Receipts This Page (optional)

\$ 3,350.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Scott D. Heller Lambs Ln. Cresskill, N.J. 97626 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Heller Enterprises Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/19/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Lee Ann Beck 10 Camillo Dr. Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer YM-YWHA of No. Jersey Occupation Nurse Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/19/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Massood & Covello 1044 Rte. 23 North Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 400.	Date (month, day, year) 5/19/96	Amount of Each Receipt this Period \$ 250. (see attribution below)
D. Full Name, Mailing Address and ZIP Code Frank Covello 65 Quartz Lane Paterson, N.J. 07501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Massood & Covello Occupation Attorney Aggregate Year-to-Date > \$ 400	Date (month, day, year) 5/19/96	Amount of Each Receipt this Period \$ 250. (Memo entry)
E. Full Name, Mailing Address and ZIP Code Anthony Christiano 43 Deer Trail Road North Caldwell, N.J. 07006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Willowbrook Inn Occupation Treasurer Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5/21/96	Amount of Each Receipt this Period \$ 1,000.
F. Full Name, Mailing Address and ZIP Code Joan Scaduto 4 Woodland Drive West Paterson, N.J. 07424 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Willowbrook Inn Occupation Asst. to President Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5/21/96	Amount of Each Receipt this Period \$ 1,000.
G. Full Name, Mailing Address and ZIP Code Pantelis C. Lenas 318 Pines Lake Dr. Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Willowbrook Inn Occupation Manager Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5/21/96	Amount of Each Receipt this Period \$ 1,000.
SUBTOTAL of Receipts This Page (optional)			\$ 3,750.
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 11 @

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

 Spyros Lenas
441 Minnisink Road
Totowa, N.J. 07512

Name of Employer

Willowbrook Inn

Date (month,
day, year)

5/21/96

Amount of Each
Receipt this Period

\$ 1,000.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Owner

Aggregate Year-to-Date > \$ 1,000

B. Full Name, Mailing Address and ZIP Code

 Alex J. Gottilla
54 Roosevelt St.
Roseland, N.J. 07068

Name of Employer

Willowbrook Amusement

Date (month,
day, year)

5/21/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Executive

Aggregate Year-to-Date > \$ 500

C. Full Name, Mailing Address and ZIP Code

 Richard Gottilla
54 Roosevelt St.
Roseland, N.J. 07068

Name of Employer

Willowbrook Amusements

Date (month,
day, year)

5/21/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Technician

Aggregate Year-to-Date > \$ 500

D. Full Name, Mailing Address and ZIP Code

 Benito Dominianni
406 Lincoln Ave.
Totowa, N.J. 07512

Name of Employer

Retired

Date (month,
day, year)

5/21/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500

E. Full Name, Mailing Address and ZIP Code

 Urban Dental Coalition
1 West Broadway
Paterson, N.J. 07505

Name of Employer

Occupation

Date (month,
day, year)

5/22/96

Amount of Each
Receipt this Period
 \$ 500.
(see attribution
below)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500

F. Full Name, Mailing Address and ZIP Code

 Dr. Leo Russ
1 West Broadway
Paterson, N.J. 07505

Name of Employer

Urban Dental Coalition

Date (month,
day, year)

5/22/96

Amount of Each
Receipt this Period
 \$ 500.
(memo entry)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Dentist

Aggregate Year-to-Date > \$ 500.

G. Full Name, Mailing Address and ZIP Code

 James Gallagher
59 Amethyst Lane
Paterson, N.J. 07501

Name of Employer

Passaic Valley W.C.

Date (month,
day, year)

5/22/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Personnel Director

Aggregate Year-to-Date > \$ 400.

SUBTOTAL of Receipts This Page (optional)

\$ 3,250.

TOTAL This Period (last page this line number only)

96016153192

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Albert Nouri 999 Main St. Paterson, N.J. 07503 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Supermarket Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Victor Terraglia 50 Ridge Rd. Hawthorne, N.J. 07506 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lisa Industries Occupation President Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Steven Brizek 24 Suncrest Ave. North Haledon, N.J. 07508 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Passaic County Prosecutor's Office Occupation Attorney Aggregate Year-to-Date > \$ 550.	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Joseph J. Surowiec 1226 Crane Dr. Cherry Hill, N.J. 08003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City of Paterson Occupation Health Officer Aggregate Year-to-Date > \$ 550.	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Goldman, Beale Associates 205 Nassau St. Princeton, N.J. 08542 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation (see attribution below) Aggregate Year-to-Date > \$ 1,050.	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code Clifford Goldman 205 Nassau St. Princeton, N.J. 08542 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1,000. 50.	Name of Employer Goldman, Beale Assoc. Occupation Fin. Consultant Aggregate Year-to-Date > \$ 1,050.	Date (month, day, year) 5/22/96	Amount of Each Receipt this Period \$ 250. (memo entry)
G. Full Name, Mailing Address and ZIP Code Richard F. Grosso Co. (not a corporation) 11 N. Jersey Ln. Wayne, NJ 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lakeview Subacute Care Occupation Health Administrator Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/23/96	Amount of Each Receipt this Period \$ 500.

SUBTOTAL of Receipts This Page (optional)

\$ 1,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code W. Peter Mc Bride 710 Franklin Lake Road Franklin Lakes, N.J. 07417</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer McBride Enterprises</p> <p>Occupation Owner</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 5/23/96</p>	<p>Amount of Each Receipt this Period \$ 250.</p>
<p>B. Full Name, Mailing Address and ZIP Code John A. Hoffman 45 Hillcrest Dr. Piscataway, N.J. 08854</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wilentz, Goldman & Spitzer</p> <p>Occupation Managing Partner</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year) 5/23/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>C. Full Name, Mailing Address and ZIP Code Lawrence P. Codey 1000 - 1st Ave. Spring Lake, N.J. 07762</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Public Service E & G Co.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year) 5/23/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>D. Full Name, Mailing Address and ZIP Code Anne Serzan Babineau 467 Brookside Pl. Cranford, N.J. 07016</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Wilentz, Goldman & Spitzer</p> <p>Occupation Partner</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year) 5/23/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>E. Full Name, Mailing Address and ZIP Code Claire M. Codey 1000 - 1st Ave. Spring Lake, N.J. 07762</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer seeking information</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year) 5/23/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>F. Full Name, Mailing Address and ZIP Code Louis Kessler 2014 Rt. 22 East Ste. 201 Scotch Plains, N.J. 07076</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer seeking information</p> <p>Occupation RETIRED</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year) 5/23/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>G. Full Name, Mailing Address and ZIP Code Laurie Cohen-Fenster 308 East 38th St. Paterson, N.J. 07504</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Olsher Sports Int'l</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 800.</p>	<p>Date (month, day, year) 5/24/96</p>	<p>Amount of Each Receipt this Period \$ 500.</p>

SUBTOTAL of Receipts This Page (optional)

\$ 5,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER 11 @

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Nathan Lane 73 Rutland Rd. Glen Rock, N.J. 07452 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Ins. Broker Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/24/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code William Harla 417 Reading Ave. Pennington, N.J. 08534 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DeCotiis, Patrick & Gluck Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/24/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Mara Farmer 300 Main St. Apt. 211 Little Falls, N.J. 07424 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bergen Pines Hospital Occupation Registered Nurse Aggregate Year-to-Date > \$ 400.	Date (month, day, year) 5/24/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code McCarter and English Four Gateway Center Newark, N.J. 07101 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1,000. 1,000.	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 2,000.	Date (month, day, year) 5/24/96	Amount of Each Receipt this Period \$ 2,000. (see attribution below)
E. Full Name, Mailing Address and ZIP Code Scott A. Kobler, Esq. 61 Fellswood Drive Essex Falls, N.J. 07021 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 1,000. 1,000.	Name of Employer McCarter and English Occupation Attorney Aggregate Year-to-Date > \$ 2,000	Date (month, day, year) 5/24/96	Amount of Each Receipt this Period \$ 2,000. (memo entry)
F. Full Name, Mailing Address and ZIP Code Louis A. Romano 6600 Boulevard East, 21N West New York, N.J. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of N.J. General Assembly Occupation Assemblyman Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/25/96	Amount of Each Receipt this Period \$ 250.
G. Full Name, Mailing Address and ZIP Code Joseph R. Haftek 179 Ryerson Ave. Paterson, N.J. 07502 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Contractor Aggregate Year-to-Date > \$ 800.	Date (month, day, year) 5/25/96	Amount of Each Receipt this Period \$ 500.

SUBTOTAL of Receipts This Page (optional) \$ 3,500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Lorenzo Puertas 781 Comanche Ln. Franklin Lakes, N.J. 07417 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paterson School District Occupation Psychologist Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/25/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Laurence Russo 5 Balsam Court Clifton, N.J. 07013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Passaic County Election Board Occupation Election Official Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/25/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Philip J. Blanda, III 101 W. 87th St. Apt. 4G New York, N.Y. 10024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Goldman, Sachs Occupation Vice President Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/26/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code John R. Zitka 45 Pulaski St. Bloomfield, N.J. 07003 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer N.J. Dept. of Labor Occupation Clerk Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5/28/96	Amount of Each Receipt this Period \$ 1,000.
E. Full Name, Mailing Address and ZIP Code Donohue, Gironda & Doria 310 Broadway Bayonne, N.J. 07002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/28/96	Amount of Each Receipt this Period \$ 500. (see attribution below)
F. Full Name, Mailing Address and ZIP Code Robert G. Doria 30 West 13th St. Bayonne, N.J. 07002 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Donohue, Gironda & Doria Occupation CPA Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/28/96	Amount of Each Receipt this Period \$ 500. (memo entry)
G. Full Name, Mailing Address and ZIP Code LBL Sales/Cary Grobstein 86 East 25th St. Paterson, N.J. 07514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sole Proprietorship Occupation Chemist Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/19/96	Amount of Each Receipt this Period \$ 250.

SUBTOTAL of Receipts This Page (optional)

\$ 2,500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Peter R. Yarem 87 Lackawanna Ave. Totowa, N.J. 07512 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1,000. \$50.	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 1,050.	Date (month, day, year) 5/29/96	Amount of Each Receipt this Period \$ 750.
B. Full Name, Mailing Address and ZIP Code Caldwell Megna & Brewster 160 West State St. Trenton, N.J. 08608 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/29/96	Amount of Each Receipt this Period \$ 500. (see attribution below)
C. Full Name, Mailing Address and ZIP Code Wes Caldwell 160 West State St. Trenton, N.J. 08608 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Caldwell Megna & Brewster Occupation Attorney Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/29/96	Amount of Each Receipt this Period \$ 500. (memo entry)
D. Full Name, Mailing Address and ZIP Code Jack G. Magnifico, D.D.S. 207 Diamond Bridge Avenue Hawthorne, N.J. 07506 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Dentist Aggregate Year-to-Date > \$ 400.	Date (month, day, year) 5/29/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Carlos I. Ducos 168 Quincy St. Passaic, N.J. 07055 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kim 7 Inc. Occupation President Aggregate Year-to-Date > \$ 550.	Date (month, day, year) 5/29/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code Zulima V. Farber 8509 5th Ave. North Bergen, N.J. 07047 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lowenstein, Sandler Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/29/96	Amount of Each Receipt this Period \$ 250.
G. Full Name, Mailing Address and ZIP Code William J. Mullen 100 Hamilton Plaza Paterson, N.J. 07501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Alliance Marketing Occupation Sales Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/29/96	Amount of Each Receipt this Period \$ 250.

SUBTOTAL of Receipts This Page (optional) \$ 2,250.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Hoedemaker 19 Walker St. Apt. 6B Paterson, N.J. 07501	Paterson Fire Department	5/29/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Firefighter	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nicholas Harvanovich 625 Summit Ave. Franklin Lakes, N.J. 07417	Okonite Co.	5/30/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Engineer	Aggregate Year-to-Date > \$ 550.	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gerardo Oliviero 26 Woodland Place Pompton Plains, N.J. 07444	Casual Coat	5/30/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager	Aggregate Year-to-Date > \$ 850.	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Cortellessa 726 Broadway Bayonne, N.J. 07002	Self	5/30/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pension Consultant	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) \$ 1,000.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Verp, Leddy & Ranieri
155 Willowbrook Blvd.
Wayne, N.J. 07470

Name of Employer

Partnership

Date (month,
day, year)

5/30/96

Amount of Each
Receipt this Period\$ 250.
(see attribution
below)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 250.

B. Full Name, Mailing Address and ZIP Code

Martin Verp, Esq.
155 Willowbrook Blvd.
Wayne, N.J. 07470

Name of Employer

Verp, Leddy &
RanieriDate (month,
day, year)

5/30/96

Amount of Each
Receipt this Period\$ 250.
(memo entry)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 250.

C. Full Name, Mailing Address and ZIP Code

Stephen P. DePalma
200 Route 9, N.
Manalapan, N.J. 07726

Name of Employer

Schoor, DePalma

Date (month,
day, year)

5/31/96

Amount of Each
Receipt this Period

\$ 1,000.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Consultant

Aggregate Year-to-Date > \$ 1,000.

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

E. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Aggregate Year-to-Date > \$

Receipt For:

☐ Primary☐ General☐ Other (specify):

SUBTOTAL of Receipts This Page (optional)

\$ 1,250.

TOTAL This Period (last page this line number only)

65-01-615-3199

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James P. McAndrew R.R. 3 Box 60 Lenore Rd. Califon, N.J. 07830	Matthew Outdoor Ad.	5/31/96	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO		
Aggregate Year-to-Date > \$ 500			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gregg Wisotsky 19 Perkins Drive West Orange, N.J. 07052	Feinman & Chapman	5/31/96	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
Aggregate Year-to-Date > \$ 500			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Brown 66 North Hillside Ave. Livingston, N.J. 07039	EMET Realty	5/31/96	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President		
Aggregate Year-to-Date > \$ 500			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Donald A. Caminiti 41 Main St. Hackensack, N.J. 07601	Self	5/31/96	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
Aggregate Year-to-Date > \$ 500			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Harold Matzner 50 Eisenhower Dri Paramus, N.J. 07652		5/31/96	\$ 1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 1000			

SUBTOTAL of Receipts This Page (optional) \$ 3,000.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Richard L. Miller 26 Marlton Drive Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Williams, Caliri, Miller & Otley Occupation Attorney Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 1,000.
B. Full Name, Mailing Address and ZIP Code Herbert Diamond 219 Bartholf Ave. Pompton Lakes, N.J. 07442 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Diamond, Fulton, Timmes & Fregd Occupation CPA Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Mary Ann Pearson 567 Commerce St. Franklin Lakes, N.J. 07417 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fleet Equipment Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Jose A. Jimenez 97 Market St. Paterson, N.J. 07505 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1,000. \$500.	Name of Employer EFA Occupation Martial Arts Inst. Aggregate Year-to-Date > \$ 1,500.	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 500.
F. Full Name, Mailing Address and ZIP Code Beatrice Parga 188 Oakwood Ave. North Haledon, N.J. 07508 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Quik Tax Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 500.
G. Full Name, Mailing Address and ZIP Code Todd A. Gillespie 6 Rusking Rd. Oak Ridge, N.J. 07438 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sarasohn & Co. Occupation Ins. Adjuster Aggregate Year-to-Date > \$ 600.	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 300.

SUBTOTAL of Receipts This Page (optional)

\$ 2,800.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul N. Bontempo 51 Mt. Kemble Ave. #303 Morristown, N.J. 07960	Martin & Bontempo	5/31/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Lobbyist		
	Aggregate Year-to-Date	> \$ 550.	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dr. Y. Kazan, D.C. 470 Chamberlain Ave. Paterson, N.J. 07522	Self	5/31/96	\$ 1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chiropractor		
	Aggregate Year-to-Date	> \$ 1,000	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Justin E. Doheny 15 Borzotta Blvd. Wayne, N.J. 07470	Wayne General Hospital	5/31/96	\$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive		
	Aggregate Year-to-Date	> \$ 500	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James B. Fritz 39 Carrier Ct. Southington, CT 06489	Maguire Group	5/31/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant		
	Aggregate Year-to-Date	> \$ 400.	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph A. Panepinto, Esq. 30 Montgomery St. Jersey City, N.J. 07302	Self	5/31/96	\$ 1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney		
	Aggregate Year-to-Date	> \$ 1,000	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Hugh M. Leonard 186 Linda Vista Ave. North Haledon, N.J. 07508	Cole, Schotz	5/31/96	\$ 1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1,000. \$300.	Occupation Attorney		
	Aggregate Year-to-Date	> \$ 1,000	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Norma A. Leonard 186 Linda Vista Ave. North Haledon, N.J. 07508		5/31/96	\$ 1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Housewife		
	Aggregate Year-to-Date	> \$ 1,000	

SUBTOTAL of Receipts This Page (optional) \$ 5,000.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code John A. Fressie 25 Lake St. Paterson, N.J. 07501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bascom Corp. Occupation President Aggregate Year-to-Date > \$ 650.	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 500.
B. Full Name, Mailing Address and ZIP Code Kaitlen Kruse 32 Greenup Ct. Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Classic Towing Occupation Student Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 500.
C. Full Name, Mailing Address and ZIP Code Francine Haselkorn 24 East 36th St. Paterson, N.J. 07514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer All Garden State Occupation Business Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 500.
D. Full Name, Mailing Address and ZIP Code Francis J. Blesso 463 East 39th St. Paterson, N.J. 07504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Community Development City of Paterson Occupation Consultant Aggregate Year-to-Date > \$ 400	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Susan Champion 275 Illinois Ave. Paterson, N.J. 07503 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hunziker, Jones & Champion Occupation Attorney Aggregate Year-to-Date > \$ 550.	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code Kenneth W. Aitchison 82 Pine St. Chatham, N.J. 07828 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kessler Occupation CEO Aggregate Year-to-Date > \$ 550.	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 250.
G. Full Name, Mailing Address and ZIP Code Arthur A. Ackerman 49 Columbia Ave. Paterson, N.J. 07503 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1,000. \$150.	Name of Employer Parking Authority Occupation Chairman Aggregate Year-to-Date > \$ 1,150.	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 250.

SUBTOTAL of Receipts This Page (optional)

\$ 2,500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Joan G. Waks
58 Brandywine Rd.
Wayne, N.J. 07470

Name of Employer

Waks & Pollard

Date (month,
day, year)

5/31/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):Occupation
Attorney

Aggregate Year-to-Date > \$ 250

B. Full Name, Mailing Address and ZIP Code

Francis J. Mangravite
35 Janeway Place
Morris Plains, N.J. 07930

Name of Employer

U.S. Water L.L.C.

Date (month,
day, year)

5/31/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

V.P. Marketing

Aggregate Year-to-Date > \$ 250

C. Full Name, Mailing Address and ZIP Code

Hugh M. Leonard
186 Linda Vista Ave.
North Haledon, N.J. 07508

Name of Employer

Cole Shotz

Date (month,
day, year)

5/31/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For: ☒ Primary ☒ General
☐ Other (specify): \$1,000. \$550.

Occupation

Attorney

Aggregate Year-to-Date > \$ 1,550.

D. Full Name, Mailing Address and ZIP Code

Mario Ferraro
9 Borrego Drive
West Paterson, N.J. 07424

Name of Employer

Farrell Co.

Date (month,
day, year)

6/1/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Treasurer

Aggregate Year-to-Date > \$ 500

E. Full Name, Mailing Address and ZIP Code

Larry Regan
321 Birch Ln.
Irvington, N.Y. 10533

Name of Employer

Regan Development

Date (month,
day, year)

6/1/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Developer

Aggregate Year-to-Date > \$ 800.

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodReceipt For: ☐ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

G. Full Name, Mailing Address and ZIP Code

Anne Hutton, Esq.
401 Hamburg Turnpike
Wayne, N.J. 07470

Name of Employer

DeYoe, Heissenbuttel
& MattiaDate (month,
day, year)

6/1/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 750.

SUBTOTAL of Receipts This Page (optional)

\$ 2,000.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 16 OF 52
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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Nathan Ravin 101 Eisenhower Parkway Roseland, N.J. 07068	Name of Employer Ravin, Greenberg & Marks Occupation Attorney	Date (month, day, year) 6/1/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
B. Full Name, Mailing Address and ZIP Code Massood & Covello 1044 Route 23 North Wayne, N.J. 07470	Name of Employer Partnership Occupation	Date (month, day, year) 6/1/96	Amount of Each Receipt this Period \$ 250. (see attribution below)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 650		
C. Full Name, Mailing Address and ZIP Code Frank Covello 65 Quartz Lane Paterson, N.J. 07501	Name of Employer Massood & Covello Occupation Attorney	Date (month, day, year) 6/1/96	Amount of Each Receipt this Period \$ 250. (Memo entry)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 650.		
D. Full Name, Mailing Address and ZIP Code Paul J. Cuva 129 Greenrale Ave. Wayne, N.J. 07480	Name of Employer Self Occupation Accountant	Date (month, day, year) 6/1/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 450.		
E. Full Name, Mailing Address and ZIP Code Alan L. Aufzien Po Box 2369 Secaucus, N.J. 07096	Name of Employer The Norak Organization Occupation Executive	Date (month, day, year) 6/1/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code Sylvia Krugman 63 Fells Road Verona, N.J. 07044	Name of Employer Krugman, Chapnick and Grimshaw Occupation Office Mgr.	Date (month, day, year) 6/1/96	Amount of Each Receipt this Period \$ 100.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$100.	Aggregate Year-to-Date > \$ 1,100.		
G. Full Name, Mailing Address and ZIP Code Gina Napodano 15 Cedarhurst Ave. West Paterson, N.J. 07424	Name of Employer The Chiropractic Cen. Occupation Office Manager	Date (month, day, year) 6/1/96	Amount of Each Receipt this Period \$ 1,500.
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1,000. \$500.	Aggregate Year-to-Date > \$ 1,500		

SUBTOTAL of Receipts This Page (optional) \$ 2,600.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Kenneth E. Ryan, Esq. 120 Lake St. Upper Saddle River, N.J. 07458 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 1,000.
B. Full Name, Mailing Address and ZIP Code Thunder Enterprises 32 Laurie Dr. North Haledon, N.J. 07508 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sole Proprietorship Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (see attribution below)
C. Full Name, Mailing Address and ZIP Code Michael Barr 32 Laurie Dr. North Haledon, N.J. 07508 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Thunder Enterprises Occupation Aggregate Year-to-Date > \$ 250.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (memo entry)
D. Full Name, Mailing Address and ZIP Code Stuart D. Gavzy 16-00 Route 208 Fair Lawn, N.J. 07410 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Evan L. Steinberg 91 Avondale Rd. Ridgewood, N.J. 07450 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Oppenheimer Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code William J. Pascrell, III 322 Maitland Ave. Paterson, N.J. 07502 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Princeton Public Affairs Group Occupation Attorney Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 1,000.
G. Full Name, Mailing Address and ZIP Code James Percarpio 368 East 25th st. Paterson, N.J. 07514 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ringwood Bldg. Dept. Occupation Inspector Aggregate Year-to-Date > \$ 2,000.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.

SUBTOTAL of Receipts This Page (optional) \$ 3,250.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER 11 a

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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Timothy L. Carden 119 S. Mountain Ave. Montclair, N.J. 07042 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lockheed Martin Occupation Vice President Aggregate Year-to-Date > \$ 1,000.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
B. Full Name, Mailing Address and ZIP Code Peter Rendina, Jr. 144 East 18th St. Paterson, N.J. 07524 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paterson Schools Occupation Teacher Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
C. Full Name, Mailing Address and ZIP Code Anthony Gallo 175 Atlantic St. Paterson, N.J. 07503 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Passaic Valley W.C. Occupation Supervisor Aggregate Year-to-Date > \$ 800.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
D. Full Name, Mailing Address and ZIP Code Arlene Peller 3 Seneca Pl. Upper Montclair, N.J. 07043 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
E. Full Name, Mailing Address and ZIP Code Sellinger & Sellinger 1144 Clifton Ave. Clifton, N.J. 07013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500. (see attribution below)
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period Requested information; awaiting response
G. Full Name, Mailing Address and ZIP Code Edward L. Cotton 446 E. 27th St. Paterson, N.J. 07514 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Paterson Housing Occupation Asst. Director Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.

SUBTOTAL of Receipts This Page (optional)

\$ 2,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Teerence J. Duffy 188 Lincoln Ave. West Milford, N.J. 07480 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Duffy's Tavern Occupation Owner Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Adolph Galluccio 60 North 15th St. Hawthorne, N.J. 07506 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer retired Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Roy S. Bachman 69 Euclid Rd. Fort Lee, N.J. 07024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Paulius 54 W. Allendale Ave. Allendale, N.J. 07401 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (see attribution below)
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 	Amount of Each Receipt this Period Requested information; awaiting response
F. Full Name, Mailing Address and ZIP Code Browne & Galluccio, Esqs. 9 Colt St. Paterson, N.J. 07505 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 550.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (see attribution below)
G. Full Name, Mailing Address and ZIP Code Adolph Galluccio 510 Franklin Terrace Wyckoff, N.J. 07481 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Browne & Galluccio Occupation Attorney Aggregate Year-to-Date > \$ 150	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (memo entry)

SUBTOTAL of Receipts This Page (optional) \$ 1,250.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Adolph Galluccio 510 Franklin Terrace Wyckoff, N.J. 07481	Self	6/3/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 800.00	
B. Full Name, Mailing Address and ZIP Code Robert Graves Rosenberg 152 Market St. Suite 602 Paterson, N.J. 07505	Self	6/3/96	\$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 1,550.	
C. Full Name, Mailing Address and ZIP Code David Adam Smith 102 Henderson Rd. Kendall Park, N.J. 08824	Princeton Public Affairs	6/3/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Consultant	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code Lawrence Singer 211 Gramercy Place Glen Rock, N.J. 07452	N.J. Life & Casualty	6/3/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code Peter V. Connors 522 Albert St. Wyckoff, N.J. 07481	Self	6/3/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Real Estate	Aggregate Year-to-Date > \$ 550.	
F. Full Name, Mailing Address and ZIP Code James V. Sparano 260 Arlington Ave. Paterson, N.J. 07502	City of Paterson	6/3/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. of Personnel	Aggregate Year-to-Date > \$ 250	
G. Full Name, Mailing Address and ZIP Code Anthony De Franco 1 Lake View Drive Kinnelon, N.J. 07405	City of Paterson	6/3/96	\$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Planner	Aggregate Year-to-Date > \$ 250	

SUBTOTAL of Receipts This Page (optional)

\$ 1,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 21 OF 52
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Stanley Mc Dowell 860 East 22nd St. Paterson, N.J. 07513	Name of Employer City of Paterson Occupation Dir. of Recycling	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.	
B. Full Name, Mailing Address and ZIP Code Nicholas Giella 90 Avenue C Haledon, N.J. 07508	Name of Employer City of Paterson Occupation Engineer	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.	
C. Full Name, Mailing Address and ZIP Code Victor Krstec 101 Avenue C. Haledon, N.J. 07508	Name of Employer Al & John Inc. Occupation Plant Manager	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 550.	
D. Full Name, Mailing Address and ZIP Code Paul W. Armstrong 1051 Tall Oaks Drive Bridgewater, N.J. 08807	Name of Employer Timins & Assoc. Occupation Attorney	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,250.	
E. Full Name, Mailing Address and ZIP Code Ernest Michael Caposela 338 Lakeview Ave. Clifton, N.J. 07011	Name of Employer Self Occupation Attorney	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.	
F. Full Name, Mailing Address and ZIP Code Stern, Lavinthal, Norgaard & Daly 293 Eisenhower Parkway Livingston, N.J. 07039	Name of Employer Partnership Occupation	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (see attribution below)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.	
G. Full Name, Mailing Address and ZIP Code Joseph Daly, Esq. 293 Eisenhower Parkway Livingston, N.J. 07039	Name of Employer Stern, Lavinthal, Norgaard & Daly Occupation Attorney	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (memo entry)
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 400.	

SUBTOTAL of Receipts This Page (optional) \$ 1,500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 22 OF 52
FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Anthony J. La Sala 1615 Hamburg Tpke. Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Steven Clarke 590 Franklin Ave. Nutley, N.J. 07110 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Chiropractor Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Imre Karaszegi, Jr., Esq. 1035 ROUTE 46 East Clifton, N.J. 07013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Miguel Diaz 622 East 23rd St. Paterson, N.J. 07513 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Besco Corp. Occupation Supervisor Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Frances Fischer 86 Fifth Ave. Paterson, N.J. 07509 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Accurate Box Occupation Purchasing Director Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code James P. Conlon 1110 Blvd. Westfield, N.J. 07090 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dai-Color Pope Occupation CPA Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
G. Full Name, Mailing Address and ZIP Code Naohisa Miyakawa 4601 Henry Hudson Pwy. A 6 Riverdale, N.J. 10471 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Dai-Color Pope Occupation Vice Pres./Operations Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.

SUBTOTAL of Receipts This Page (optional) \$ 1,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 23 OF 52
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Allan Rosenthal
15 Debbie Ct.
Wayne, N.J. 07470

Name of Employer

Self

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary ☐ General
☐ Other (specify):Occupation
Real Estate Broker

Aggregate Year-to-Date > \$ 250

B. Full Name, Mailing Address and ZIP Code

Mark Lederman
260 West End Ave.
New York, N.Y. 10023

Name of Employer

Kalkstein Silk Mills

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary ☐ General
☐ Other (specify):Occupation
Executive

Aggregate Year-to-Date > \$ 250

C. Full Name, Mailing Address and ZIP Code

Theodore Lederman
75 Wood St.
Paterson, N.J. 07524

Name of Employer

Kalkstein Silk Mills

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary ☐ General
☐ Other (specify):Occupation
Executive

Aggregate Year-to-Date > \$ 250

D. Full Name, Mailing Address and ZIP Code

Bernard Kalkstein
100 West 57th St.
New York, N.Y. 10019

Name of Employer

Kalkstein Silk Mills

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary ☒ General
☐ Other (specify): 250Occupation
Executive

Aggregate Year-to-Date > \$ 1250

E. Full Name, Mailing Address and ZIP Code

Willie Meyer
75 Wood St.
Paterson, N.J. 07524

Name of Employer

Kalkstein Silk Mills

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 250

F. Full Name, Mailing Address and ZIP Code

A. Sabbatino
85 Jacksonville Rd.
Towaco, N.J. 07082

Name of Employer

Bogue Systems

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary ☐ General
☐ Other (specify):Occupation
Executive

Aggregate Year-to-Date > \$ 250

G. Full Name, Mailing Address and ZIP Code

H. Lawrence Schinman
4 Merrywood Drive
West Orange, N.J. 07052

Name of Employer

Bogue Systems

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☒ Primary ☐ General
☐ Other (specify):Occupation
Executive

Aggregate Year-to-Date > \$ 250

SUBTOTAL of Receipts This Page (optional)

\$ 1,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

 Use separate schedule(s)
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Detailed Summary Page

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FOR LINE NUMBER 11 a

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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

 Chambers Brokerage Service
Commission Account
82 Clinton Ave. Newark, N.J. 07114

Name of Employer

Sole Proprietorship

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period
 \$ 500.
(see attribution
below)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.

B. Full Name, Mailing Address and ZIP Code

 J. Chambers
82 Clinton Ave.
Newark, N.J. 07114

Name of Employer

Chambers Brokerage
ServiceDate (month,
day, year)

6/3/96

Amount of Each
Receipt this Period
 \$ 500.
(memo entry)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500.00

C. Full Name, Mailing Address and ZIP Code

 Linda Samson Galese
484 Pepperidge Tree Terr.
Kinnelon, N.J. 07405

Name of Employer

Gerber & Samson

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 200.

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Attorney

Aggregate Year-to-Date > \$ 500.

D. Full Name, Mailing Address and ZIP Code

 Law Building Assoc.
66 Hamilton St.
Paterson, N.J. 07505

Name of Employer

Partnership

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period
 \$ 500.
(see attribution
below)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500

E. Full Name, Mailing Address and ZIP Code

 Paul Schuckalo
66 Hamilton St.
Paterson, N.J. 07505

Name of Employer

Law Building Assoc.

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period
 \$ 125.
(memo entry)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Real Estate

Aggregate Year-to-Date > \$ 125

F. Full Name, Mailing Address and ZIP Code

 Robert Gannon
66 Hamilton St.
Paterson, N.J.

Name of Employer

Law Building Assoc.

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period
 \$ 125.
(memo entry)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Real Estate

Aggregate Year-to-Date > \$ 125

G. Full Name, Mailing Address and ZIP Code

 Fred Gianella
66 Hamilton St.
Paterson, N.J. 07505

Name of Employer

Law Building Assoc.

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period
 \$ 125.
(memo entry)

Receipt For:

☒ Primary☐ General☐ Other (specify):

Occupation

Real Estate

Aggregate Year-to-Date > \$ 125

SUBTOTAL of Receipts This Page (optional)

\$ 1,200.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

PAASCHELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Russell Rocca
66 Hamilton St.
Paterson, N.J. 07505

Name of Employer

Law Building Assoc.

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 125.
(memo entry)

Receipt For:

☒ Primary

☐ General

☐ Other (specify):

Occupation

Real Estate

Aggregate Year-to-Date > \$ 125

B. Full Name, Mailing Address and ZIP Code

Carlos P. Portes
5041 Broadway
New York, N.Y. 10034

Name of Employer

The Portes Group

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 2,000.

Receipt For:

☒ Primary

☒ General

☐ Other (specify): \$1,000. \$1,000.

Occupation

Chairman

Aggregate Year-to-Date > \$ 2,000

C. Full Name, Mailing Address and ZIP Code

Larry L. Bemby
15 D Carver Place
Lawrenceville, N.J. 08648

Name of Employer

Timins & Assoc.

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 2,000.

Receipt For:

☒ Primary

☒ General

☐ Other (specify): \$1,000. \$1,000.

Occupation

Attorney

Aggregate Year-to-Date > \$ 2,100.

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For:

☐ Primary

☐ General

☐ Other (specify):

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Bice Grobstein
837 Stonewall Court
Franklin Lakes, N.J. 07417-1927

Name of Employer

Cardinal Color

Date (month,
day, year)

Amount of Each
Receipt this Period

\$ 1,150.

Receipt For:

☒ Primary

☒ General

☐ Other (specify): \$1,000. \$150.

Occupation

Treasurer

Aggregate Year-to-Date > \$ 1,150.

F. Full Name, Mailing Address and ZIP Code

Genova, Burns, Trimboli & Vernioia
354 Eisenhower Parkway
Livingston, N.J. 07039

Name of Employer

Partnership

Date (month,
day, year)

Amount of Each
Receipt this Period

\$ 1,000.

Receipt For:

☒ Primary

☒ General

☐ Other (specify): \$850. \$150.

Occupation

Aggregate Year-to-Date > \$ 1,150.

(see attribution
below)

G. Full Name, Mailing Address and ZIP Code

Angelo Genova
354 Eisenhower Parkway
Livingston, N.J. 07039

Name of Employer

Genova, Burns,
Trimboli & Vernioia

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 500.
(memo entry)

Receipt For:

☒ Primary

☒ General

☐ Other (specify): \$500. \$150.

Occupation

Attorney

Aggregate Year-to-Date > \$ 650.

SUBTOTAL of Receipts This Page (optional)

\$ 6,150.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

> PASCRELL FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code James Burns 354 Eisenhower Parkway Livingston, N.J. 07039</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Genova, Burns, Trimboli & Venoia</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 6/3/96</p>	<p>Amount of Each Receipt this Period \$ 500. (memo entry)</p>
<p>B. Full Name, Mailing Address and ZIP Code Charles J. Raimondo 1412 Bergen Blvd. Po Box 1381 Fort Lee, N.J. 07024</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Raimondo Const.</p> <p>Occupation President</p> <p>Aggregate Year-to-Date > \$ 1,000</p>	<p>Date (month, day, year) 6/3/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>C. Full Name, Mailing Address and ZIP Code Maria Portes 1501 73rd St. North Bergen, N.J. 07047-3833</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Portes Ins. Agency</p> <p>Occupation Vice-President</p> <p>Aggregate Year-to-Date > \$ 1,000</p>	<p>Date (month, day, year) 6/3/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>D. Full Name, Mailing Address and ZIP Code Monica M. Portes 1501 73rd St. North Bergen, N.J. 07047-3833</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Meadowlands Hospital</p> <p>Occupation Pharmacy Tech.</p> <p>Aggregate Year-to-Date > \$ 1,000</p>	<p>Date (month, day, year) 6/3/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>E. Full Name, Mailing Address and ZIP Code T. Garcia 170-19 83rd Ave. Jamaica Hills, N.Y. 11432</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer C.P. Portes Assoc.</p> <p>Occupation Vice President</p> <p>Aggregate Year-to-Date > \$ 1,000</p>	<p>Date (month, day, year) 6/3/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code Herman Osofsky 1135 Clifton Ave. Clifton, N.J. 07013</p> <p>Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000</p>	<p>Date (month, day, year) 6/3/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>

SUBTOTAL of Receipts This Page (optional) \$ 5,000.

TOTAL This Period (last page this line number only)

HEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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urposes, other than using the name and address of any political committee to solicit contributions from such committees.

NAME OF COMMITTEE (in Full)

> PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Clive S. Cummis One Riverfront Plaza Newark, N.J. 07102 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sills Cummis Occupation Attorney	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 1,000. Aggregate Year-to-Date > \$ 1,000
B. Full Name, Mailing Address and ZIP Code Joseph C. Parisi 6820 Bergenline Ave. Guttenberg, N.J. 07093 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Ottustidt Ins. Agency Occupation Ins. Agent	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 1,000. Aggregate Year-to-Date > \$ 1,000
C. Full Name, Mailing Address and ZIP Code Michael Marinuzzi 2 Second St. Englewood Cliffs, N.J. 07632 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500. Aggregate Year-to-Date > \$ 500
D. Full Name, Mailing Address and ZIP Code Domenico Marinuzzi 362-374 Broadway Passaic, N.J. 07055 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500. Aggregate Year-to-Date > \$ 500
E. Full Name, Mailing Address and ZIP Code Rose Luppino PO Box 1246 Englewood Cliffs, N.J. 07632 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500. Aggregate Year-to-Date > \$ 500
F. Full Name, Mailing Address and ZIP Code Renee J. Cardone c/o 473 Sylvan Ave. Englewood Cliffs, N.J. 07632 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Schepsi & McLaughlin Occupation Office Manager	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. Aggregate Year-to-Date > \$ 250
G. Full Name, Mailing Address and ZIP Code Vincent Belgiovine 1512 Palisade Ave. Fort Lee, N.J. 07024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer The Integrated Group Occupation Developer	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. Aggregate Year-to-Date > \$ 250

UBTOTAL of Receipts This Page (optional) \$ 4,000.

OTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Gerald A. Calabrese 351 Esplanade Place Cliffside Park, N.J. 07010 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Boro of Cliffside Park Occupation Mayor Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code William E. Dolan 309 Berkshire Ave. Paterson, N.J. 07502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City of Paterson Occupation Dir./Public Safety Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 1,000.
C. Full Name, Mailing Address and ZIP Code Eleanor T. Dolan 309 Berkshire Ave. Paterson, N.J. 07502 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 1,000.
D. Full Name, Mailing Address and ZIP Code Grace D'Arienzo 197 Redwood Ave. Paterson, N.J. 07522 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 1,000.
E. Full Name, Mailing Address and ZIP Code Danny Vicino 1301 N. E. 7th St. Hallendale, Florida 33009 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
F. Full Name, Mailing Address and ZIP Code Donald C. Dolan 41 Harmer Terrace Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City of Paterson Occupation Policeman Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
G. Full Name, Mailing Address and ZIP Code Gerald Cifaldi 266 Union Ave. Paterson, N.J. 07502 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Cifaldi Investigations Occupation Investigator Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.

UBTOTAL of Receipts This Page (optional) \$ 4,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Glen James Vetrano 12 Plotts Rd. Newton, N.J. 07860	Name of Employer City of Paterson	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 250 250	Occupation Firefighter	Aggregate Year-to-Date > \$ 1,250.	
B. Full Name, Mailing Address and ZIP Code Sicomac Pharmacy 300 Sicomac Ave. Wyckoff, N.J. 07481	Name of Employer sole Proprietorship	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000.	(see attribution below)
C. Full Name, Mailing Address and ZIP Code Ralph J. Cifaldi, R.P. 300 Sicomac Ave. Wyckoff, N.J. 07481	Name of Employer Sicomac Pharmacy	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 1,000	(memo entry)
D. Full Name, Mailing Address and ZIP Code Marc Cinque 50 Utter Ave. Hawthorne, N.J. 07506	Name of Employer seeking information	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 400.	
E. Full Name, Mailing Address and ZIP Code Anthony J. Vindeed 44 Wedgewood Dr. Verona, N.J. 07044	Name of Employer City of Paterson	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Firefighter	Aggregate Year-to-Date > \$ 400.	
F. Full Name, Mailing Address and ZIP Code Johnny's Auto Body Service 154 Rossiter Ave. Paterson, N.J. 07502	Name of Employer Not a corporation Seeking Attribution	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 100.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 250.	
G. Full Name, Mailing Address and ZIP Code David S. cohen 48 Chester Court Cortlandt Manor, N.Y. 10566	Name of Employer Better Methods	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Financial	Aggregate Year-to-Date > \$ 500	

UBTOTAL of Receipts This Page (optional) \$ 2,100.

OTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Melissa Portes 1501 73rd St. North Bergen, N.J. 07047 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer E. Portes Occupation Secretary Aggregate Year-to-Date > \$ 1,000.	Date (month, day, year) 6/3/96 6/3/96	Amount of Each Receipt this Period \$ 500. \$ 500.
B. Full Name, Mailing Address and ZIP Code Janet R. Iversen 215 Coudert Place South Orange, N.J. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer We Got Movies Occupation Video Retail Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
C. Full Name, Mailing Address and ZIP Code John H. Hovey 400 Pathway Manor Wyckoff, N.J. 07481 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Vides Occupation President Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
D. Full Name, Mailing Address and ZIP Code Benito Dominianni 406 Lincoln Ave. Totowa, N.J. 07512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 1,000.00	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
E. Full Name, Mailing Address and ZIP Code Peter Messina 234 E. 7th St. Clifton, N.J. 07011 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City of Passaic Occupation Official Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
F. Full Name, Mailing Address and ZIP Code Mario A. Serra 2724 Hickory Rd. Union, N.J. 07083 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Winer Industries Occupation Plant Manager Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
G. Full Name, Mailing Address and ZIP Code Josefina Gonell 1011 e. 27th St. Paterson, N.J. 07501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer SEEKING INFORMATION Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.

UBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 4,000.

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Richard A. Alaimo 218 High St. Mount Holly, N.J. 08060 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Engineer Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
B. Full Name, Mailing Address and ZIP Code Joseph Scarpati 4 Wildcat Ave. Marlton, N.J. 08053 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Kinny System Occupation Real Estate Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
C. Full Name, Mailing Address and ZIP Code Philip M. Keegan 410 Essex Ave. Springlake, N.J. 07762 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PMK Group Occupation President Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
D. Full Name, Mailing Address and ZIP Code James Ferris 101 Dyckman Pl. Basking Ridge, N.J. 07920 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PMK Group Occupation P.E. Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
E. Full Name, Mailing Address and ZIP Code James Johnston 25 Ireland Brook Dr. North Brunswick, N.J. 08902 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PMK Group Occupation P.E. Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
F. Full Name, Mailing Address and ZIP Code Francine Haselkorn 24 East 36th St. Paterson, N.J. 07514 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$200. \$300.	Name of Employer All Garden State Occupation Business Aggregate Year-to-Date > \$ 1,300.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
G. Full Name, Mailing Address and ZIP Code Anthony C. Molinaro T/A G & M Assoc. 70 Spruce St. Paterson, N.J. 07501 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer G & M Assoc. Occupation Owner Aggregate Year-to-Date > \$ 800.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500.
JBTOTAL of Receipts This Page (optional)			\$ 3,500.
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a

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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Evans-Bleeker Partnership 470 Chamberlain Ave. Paterson, N.J. 07522 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 850..	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 500. (see attribution below)
B. Full Name, Mailing Address and ZIP Code John Bleeker 470 Chamberlain Ave. Paterson, N.J. 07522 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Evans-Bleeker Partnership Occupation Architect Aggregate Year-to-Date > \$ 425.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (memo entry)
C. Full Name, Mailing Address and ZIP Code John Evans 470 Chamberlain Ave. Paterson, N.J. 07522 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Evans-Bleeker Partnership Occupation Architect Aggregate Year-to-Date > \$ 425.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250. (memo entry)
D. Full Name, Mailing Address and ZIP Code Verica Oldja 24 Lookout Point Trl. Totowa, N.J. 07512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 750.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Gordana Oldja 8 Lookout Point Tr. Totowa Boro, N.J. 07512 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Al & John Hams Occupation Manager Meat Business Aggregate Year-to-Date > \$ 750.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code Patricia G. Mullett 15 Colonial Terrace Parsippany, N.J. 07054 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 400.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
G. Full Name, Mailing Address and ZIP Code Jeffrey Gunin 301 East 73rd St. New York, N.Y. Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer BMI Holdings Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.

SUBTOTAL of Receipts This Page (optional) \$ 1,500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a

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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Charles W. Pettiford 710 East 27th St. Paterson, N.J. 07504 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bell Atlantic Occupation Linesman Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Michael A. Semeraro, Jr. 2 Warner Way Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Langan Engineers Occupation Civil Engineer Aggregate Year-to-Date > \$ 550	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Henry V. Pilot 60 Forest Dr. Doylestown, PA 18901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer National Network Occupation President Aggregate Year-to-Date > \$ 550	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Kathleen M. Higgins 8 Red Oak Court Voorhees, N.J. 08043 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Higgins, Long and Benfiglio Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Peter Baldini 301 Trenton Ave. Paterson, N.J. 07503 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City of Paterson Occupation Director/Comm. Imp. Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code Brian D. Vesley 672 Spring Ave. Ridgewood, N.J. 07450 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Valtek Inc. Occupation Executive Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
G. Full Name, Mailing Address and ZIP Code Dominick J. Aiello 24 Kramer Ave. West Caldwell, N.J. 07006 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sycom Corp. Occupation Project Coordinator Aggregate Year-to-Date > \$ 400.	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.

SUBTOTAL of Receipts This Page (optional) \$ 1,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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)

> PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Angel A. Brito 71 North 16th St. Prospect Park, N.J. 07508 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Store Operator Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Mark Weber 855 Valley Rd. Wayne, N.J. 07470 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Swimmer & Weber Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Joan K. Doherty 237 Hempstead Road Ridgewood, N.J. 07450 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Realty Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Jackie Yustein 326 Washington st. Glen Ridge, N.J. 07028 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Consultant Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code The Carver Group 102 Tuttle Ave. Ste. 200 Spring Lake N.J. 07762 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sole Proprietorship Occupation Aggregate Year-to-Date > \$ 400	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 400. (see attribution below)
F. Full Name, Mailing Address and ZIP Code Anthony Carver 102 Tuttle Ave. Ste. 200 Spring Lake, N.J. 07762 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Sole Proprietor Occupation Aggregate Year-to-Date > \$ 400	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 400. (memo entry)
G. Full Name, Mailing Address and ZIP Code Robert J. Del Tufo 13 Ober Ave. Princeton, N.J. 08540 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skadden Arps Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 250.
JBTOTAL of Receipts This Page (optional)			\$ 1,650.
JTAL This Period (last page this line number only)			

EDULE A

ITEMIZED RECEIPTS

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

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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Marilyn H. Johnson 1 Frasco Ln. Norwood, N.J. 07648 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer J.J. Mathew & Co. Occupation Food Broker Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 500.
B. Full Name, Mailing Address and ZIP Code Eileen M. Mullin 159 Kent Place Blvd. Summit, N.J. 07901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Housewife Aggregate Year-to-Date > \$ 500.	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Nicole A. Leonard 186 Linda Vista Ave. North Haledon, N.J. 07508 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Durkin & Durkin Occupation Attorney Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 500.
D. Full Name, Mailing Address and ZIP Code John Jay McAndrews 12 Windsor Road Summit, N.J. 07901 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Mona Industries Occupation Executive Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 500.
E. Full Name, Mailing Address and ZIP Code Mortimer Steinberg 1600 Parker Ave. 11-F Fort Lee, N.J. 07024 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Oppenheimer Occupation Investment Mgr. Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code James C. Amico 10 Tancin Ln. Clifton, N.J. 07013 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer State of N.J. Occupation Investigator Aggregate Year-to-Date > \$ 550.	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 250.
G. Full Name, Mailing Address and ZIP Code Robert W. Hendricks 15 Highwood Road West Orange, N.J. 07052 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation R E Appraiser Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 250.
JBTOTAL of Receipts This Page (optional)			\$ 2,500.
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Walter Perron 2 Horizon Rd. Apt. 1425 Fort Lee, N.J. 07024 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Fabricolor Occupation Executive Aggregate Year-to-Date > \$ 1,250.	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Elizabeth Kikkert 137 Deckertown Rpk. Montague, N.J. 07827 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer City of Paterson Occupation Treasurer Aggregate Year-to-Date > \$ 500.	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 200.
C. Full Name, Mailing Address and ZIP Code Joseph Bigica 316 Prospect Ave. Suite 7K Hackensack, N.J. 07601 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500 REFUNDED	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 500.
D. Full Name, Mailing Address and ZIP Code Donna DeVita 17 Jones Ct. Clifton, N.J. 07013 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Seeking information Occupation HOUSEWIFE Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/6/96	Amount of Each Receipt this Period \$ 500.
E. Full Name, Mailing Address and ZIP Code Robert J. Schermer 103 Godwin Ave. Midland Park, N.J. 07432 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Region One Occupation Health Planner Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/6/96	Amount of Each Receipt this Period \$ 500.
F. Full Name, Mailing Address and ZIP Code Kamel Kazan, D.C. 752 Ratzer Rd. Wayne, N.J. 07470 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Chiropractor Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 6/6/96	Amount of Each Receipt this Period \$ 1,000.
G. Full Name, Mailing Address and ZIP Code Joseph Monticciolo 9 Kristi Lane Woodbur, N.Y. 11797 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Compliance Reports of America Occupation President Aggregate Year-to-Date > \$ 550	Date (month, day, year) 6/6/96	Amount of Each Receipt this Period \$ 250.

SUBTOTAL of Receipts This Page (optional) \$ 3,200.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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11 a

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Joseph Monticciolo 9 Kristi Lane Woodbury, N.Y. 11797 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Compliance Reports of America Occupation President Aggregate Year-to-Date > \$ 800.	Date (month, day, year) 6/6/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Jonathan J. Cohen 101 Eisenhower Pky. Roseland, N.J. 07068 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Elias B. Cohen Occupation Insurance Broker Aggregate Year-to-Date > \$ 300	Date (month, day, year) 6/11/96	Amount of Each Receipt this Period \$ 300.
C. Full Name, Mailing Address and ZIP Code Louis R. Slaby 6 Elder Pl. Denville, N.J. 07834 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Louis R. Slaby Eng. Occupation President Aggregate Year-to-Date > \$ 750	Date (month, day, year) 6/11/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Joseph S. Buga 30 Orchard Road Chatham, N.J. 07928 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/11/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Harold L. Hodes 196 W. State St. Trenton, N.J. 08608 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Public Strategies Occupation Sr. Partner Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 6/11/96	Amount of Each Receipt this Period \$ 1,000.
F. Full Name, Mailing Address and ZIP Code Dale A. Creamer 101 E. Broadway Hackensack, N.J. 07601 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/11/96	Amount of Each Receipt this Period \$ 500.
G. Full Name, Mailing Address and ZIP Code Rubin Rabinowitz 2 Laurel Ave. Clifton, N.J. 07012 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/11/96	Amount of Each Receipt this Period \$ 500.
UBTOTAL of Receipts This Page (optional)			\$ 3,050.
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

J. Chambers
82 Clinton Ave.
Newark, N.J. 07114

Name of Employer

Chambers Brokerage
Service

Date (month,
day, year)

6/12/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 750.

B. Full Name, Mailing Address and ZIP Code

Charlotte Koch
4-23 4th St.
Fair Lawn, N.J. 07410

Name of Employer

Date (month,
day, year)

6/12/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 250

C. Full Name, Mailing Address and ZIP Code

Lawrence J. Konzelman
1 Taylor Lane
West Paterson, N.J. 07424

Name of Employer

Economy Paper

Date (month,
day, year)

6/12/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 250

D. Full Name, Mailing Address and ZIP Code

Granatell Associates
PO Box 360
Elmwood Park, N.J. 07407

Name of Employer

Partnership

Date (month,
day, year)

6/13/96

Amount of Each
Receipt this Period

\$ 1,000.

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1000

(see attribution
below)

E. Full Name, Mailing Address and ZIP Code

Charles Granatell PO Box 360 E.P. NJ
Michael Granatell " " " NJ

Name of Employer

Granatell Assoc.

Date (month,
day, year)

6/13/96

Amount of Each
Receipt this Period

\$ 200.

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Partnership

6/13/96

(memo entry)
\$ 200.
(memo entry)

Aggregate Year-to-Date > \$ 200 each

F. Full Name, Mailing Address and ZIP Code

David Granatell PO Box 360 E.P., NJ
Joseph Granatell " " " " "

Name of Employer

Granatell Assoc.

Date (month,
day, year)

6/13/96

Amount of Each
Receipt this Period

\$ 200.

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Partnership

6/13/96

(memo entries)

Aggregate Year-to-Date > \$ 200 each

G. Full Name, Mailing Address and ZIP Code

Paul Granatell
Po Box 360
Elmwood Park, N.J.

Name of Employer

Granatell Assoc.

Date (month,
day, year)

6/13/96

Amount of Each
Receipt this Period

\$ 200.

Receipt For: ☐ Primary ☒ General
☐ Other (specify):

Occupation

Partnership

(memo entry)

Aggregate Year-to-Date > \$ 200

UBTOTAL of Receipts This Page (optional)

\$ 1,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Bederson & Company 405 Northfield Ave. W. Orange, N.J. 07052-3003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 800	Date (month, day, year) 6/13/96	Amount of Each Receipt this Period \$ 500. (see attribution below)
B. Full Name, Mailing Address and ZIP Code Edward P. Bond 405 Northfield Ave. W. Orange, N.J. 07052-3003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Bederson & Company Occupation C.P.A. Aggregate Year-to-Date > \$ 800	Date (month, day, year) 6/13/96	Amount of Each Receipt this Period \$ 500. (memo entry)
C. Full Name, Mailing Address and ZIP Code Geoffrey M. Connor 52 Potterstown Rd. Oldwill, N.J. 08858 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Reed Smith, Shaw & Mc Clay Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/13/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Terrence Hull 240 Malapardis Rd. Cedar Knolls, N.J. 07927 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Coppola & Hull Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/13/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Hausman and Sunberg 7 Cleveland St. Caldwell, N.J. 07006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/13/96	Amount of Each Receipt this Period \$ 250. (see attribution below)
F. Full Name, Mailing Address and ZIP Code Stanley Hausman 7 Cleveland St. Caldwell, N.J. 07006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hausman and Sunberg Occupation Attorney Aggregate Year-to-Date > \$ 125	Date (month, day, year) 6/13/96	Amount of Each Receipt this Period \$ 125. (memo entry)
G. Full Name, Mailing Address and ZIP Code Kenneth Sunberg 7 Cleveland St. Caldwell, N.J. 07006 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hausman and Sunberg Occupation Attorney Aggregate Year-to-Date > \$ 125	Date (month, day, year) 6/13/96	Amount of Each Receipt this Period \$ 125. (memo entry)

UBTOTAL of Receipts This Page (optional) \$ 1,250.

OTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Dr. Stanley Meyers 247 w. 4th St. New York, N.Y. 10014</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>OC Adhesives</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year)</p> <p>6/15/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 250.</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>William J. Pascrell, Sr. 35 Buffalo Ave. Paterson, N.J. 07503</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,000.</p>	<p>Date (month, day, year)</p> <p>6/15/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 1,000.</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Roffie Pascrell 35 Buffalo Ave. Paterson, N.J. 07503</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,000.</p>	<p>Date (month, day, year)</p> <p>6/15/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 1,000.</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Victor Ottilio 575 Preakness Ave. Paterson, N.J.</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Self</p> <p>Occupation</p> <p>contractor</p> <p>Aggregate Year-to-Date > \$ 2,200.</p>	<p>Date (month, day, year)</p> <p>6/15/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 1,000. SEEKING REATTRIBUTION</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Orin Kramer 2050 Center Ave. Fort Lee, N.J. 07024</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Kramer Spellman</p> <p>Occupation</p> <p>Partnership</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year)</p> <p>6/15/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 250.</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Judy Weston 217 Christopher St. Montclair, N.J. 07042</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Retired</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 1,000.</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Dr. David M. Goldenberg 330 Pleasant Valley Rd. Mendham, N.J. 07945</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Garden State Cancer Center</p> <p>Occupation</p> <p>President</p> <p>Aggregate Year-to-Date > \$ 750</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 750.</p>

UBTOTAL of Receipts This Page (optional) \$ 5,250.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Jay J. Rice 8 Coleridge Rd. Short Hills, N.J. 07078 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Gene R. Hoffman 425 Bloomfield Ave. Bloomfield, N.J. 07003 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$ 250.
C. Full Name, Mailing Address and ZIP Code Stanley P. Strauss 52 Crest Drive South Orange, N.J. Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Skinder Strauss Occupation Publisher Consultant Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$ 250.
D. Full Name, Mailing Address and ZIP Code Sidney M. Weinstein 48 Rock Spring Rd. West Orange, N.J. 07052 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Retired Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$ 250.
E. Full Name, Mailing Address and ZIP Code Philip M. Keegan 410 Essex Ave. Springlake, N.J. 07762 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PMK Group Occupation President Aggregate Year-to-Date > \$ 1,500.	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$ 1,000.
F. Full Name, Mailing Address and ZIP Code Buttafuoco, Karpf & Arce 64-72 Schuyler Ave. Kearny, N.J. 07032 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$ 500. (see attribution below)
G. Full Name, Mailing Address and ZIP Code Joseph Buttafuoco 64-72 Schuyler Ave. Kearny, N.J. 07032 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Buttafuoco, Karpf & Arce Occupation Attorney Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/18/96	Amount of Each Receipt this Period \$ 500. (memo entry)

UBTOTAL of Receipts This Page (optional) \$ 2,500.

OTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>CME Associates 3141 Bordentown Ave. Parlin, N.J. 08859</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Partnership</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 500. (see attribution below)</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>John H. Allgair 3141 Bordentown Ave. David J. Samuel. Parlin, NJ 08859 John J. Stefano</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>CME Associates</p> <p>Occupation</p> <p>Partnership</p> <p>Aggregate Year-to-Date > \$ 166.66 each</p>	<p>Date (month, day, year)</p> <p>6/18/96 6/18/96 6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 166.66 \$ 166.66 \$ 166.67 (memo entries)</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Edison Woods Associates PO Box 457 Woodbridge, N.J. 07095</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>PARTNERSHIP</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 500. (see attribution below)</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>SAMUEL HALPERIN P.O. Box 457 Woodbridge NJ 07095</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>PARTNERSHIP</p> <p>Occupation</p> <p>DEVELOPER</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>Requested information; awaiting response 500 (MEMO ENTRY)</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Warren W. Wilentz 90 Woodbridge Center Drive Woodbridge, N.J. 07095</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>seeking information</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 500.</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Edward G. Broberg 19 Eastbrook Dr. Holmdel, N.J. 07733</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>T & M Associates</p> <p>Occupation</p> <p>Prof. Engineer</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 500.</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Michael T. Kornett 52 Union Hill Rd. Madison, N.J. 07940</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Seeking information</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year)</p> <p>6/18/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 250.</p>

UBTOTAL of Receipts This Page (optional) \$ 2,250.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code Leonard Lieberman One Gateway Center Newark, N.J. 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation consultant</p> <p>Aggregate Year-to-Date > \$ 1,500.</p>	<p>Date (month, day, year) 6/19/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>B. Full Name, Mailing Address and ZIP Code David M. Satz, Jr. One Gateway Center Newark, N.J. 07102</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year) 6/19/96</p>	<p>Amount of Each Receipt this Period \$ 500.</p>
<p>C. Full Name, Mailing Address and ZIP Code Robert Marks 2 Sherwood Rd. Short Hills, N.J. 07078</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Retired</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 6/19/96</p>	<p>Amount of Each Receipt this Period \$ 250.</p>
<p>D. Full Name, Mailing Address and ZIP Code Gregory C. Pouliot 156 Tennyson Dr. Short Hills, N.J. 07078</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Crown Homes</p> <p>Occupation Developer</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 6/19/96</p>	<p>Amount of Each Receipt this Period \$ 250.</p>
<p>E. Full Name, Mailing Address and ZIP Code Alfred C. DeCotiis 102 Eisenhower Parkway Roseland, N.J. 07068</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Self</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 1,000</p>	<p>Date (month, day, year) 6/20/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>F. Full Name, Mailing Address and ZIP Code John J. Rose 89 Ridge Road No. Arlington, N.J. 07032</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer Garden State</p> <p>Occupation Limousine Service</p> <p>Aggregate Year-to-Date > \$ 1,000</p>	<p>Date (month, day, year) 6/20/96</p>	<p>Amount of Each Receipt this Period \$ 1,000.</p>
<p>G. Full Name, Mailing Address and ZIP Code Bernadette P. McPherson 427 Edgewood Pl. Rutherford, N.J. 07070</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation Homemaker</p> <p>Aggregate Year-to-Date > \$ 250</p>	<p>Date (month, day, year) 6/20/96</p>	<p>Amount of Each Receipt this Period \$ 250.</p>

UBTOTAL of Receipts This Page (optional) \$ 4,250.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (In Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Gerber & Samson 155 Willowbrook Blvd. Wayne, N.J. 07470		Name of Employer Partnership	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$ 125. (see attribution below)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 1425		
B. Full Name, Mailing Address and ZIP Code Steven Gerber 155 Willowbrook Blvd. Wayne, N.J. 07470		Name of Employer Gerber & Samson	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$ 125. (memo entry)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney Aggregate Year-to-Date > \$ 1425		
C. Full Name, Mailing Address and ZIP Code Anthony R. Gaeta, Jr. 278 W. Railway Ave. Paterson, N.J. 07503		Name of Employer Gaeta Recycling	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Owner Aggregate Year-to-Date > \$ 500		
D. Full Name, Mailing Address and ZIP Code Richmond Rabinowitz 23 Wayside Place Montclair, N.J. 07042		Name of Employer The Partnership for N.J.	Date (month, day, year) 6/20/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Executive Aggregate Year-to-Date > \$ 500		
E. Full Name, Mailing Address and ZIP Code Ruth Steckelman 18 Mullarky Dr. West Orange, N.J. 07052		Name of Employer Metropolitan Title	Date (month, day, year) 6/21/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney Aggregate Year-to-Date > \$ 500		
F. Full Name, Mailing Address and ZIP Code Zulima V. Farber 8509 5th Ave. North Bergen, N.J. 07047		Name of Employer Lowenstein, Sadler	Date (month, day, year) 6/21/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Attorney Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code Blair B Macinnes 26 Harter Road Morristown, N.J. 07960		Name of Employer Seeking information	Date (month, day, year) 6/21/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation Aggregate Year-to-Date > \$ 250		
UBTOTAL of Receipts This Page (optional)				\$ 2125.
TOTAL This Period (last page this line number only)				

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 45 OF 52
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11 (a)

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Dena F. Lowenbach
605 Mountin Dr.
South Orange, N.J. 07079

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

None

6/21/96

\$ 250.

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 250

B. Full Name, Mailing Address and ZIP Code

Dalton B. Packer
Po Box 3015
Blue bell, PA 19422

Name of Employer

Seeking information

Date (month,
day, year)

6/21/96

Amount of Each
Receipt this Period

\$ 1,000.

Occupation

6/21/96

\$ 250.

(see attribution
below)

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1,250.

C. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$

Awaiting
Response

D. Full Name, Mailing Address and ZIP Code

David Teiger
51 Peachcroft Rd.
Bernardsville, N.J. 07924

Name of Employer

Seeking information

Date (month,
day, year)

6/22/96

Amount of Each
Receipt this Period

\$ 1,000.

Occupation

RETIRED

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.00

E. Full Name, Mailing Address and ZIP Code

Steven M. Coppa
16-00 Rte. 208
Fair Lawn, N.J. 07410

Name of Employer

Coppa Commerro

Date (month,
day, year)

6/29/96

Amount of Each
Receipt this Period

\$ 1,000.

Occupation

Architect

(see attribution
below)

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 1,000.

F. Full Name, Mailing Address and ZIP Code

STEVEN COPPA - 500
TONI ANN COPPA - 500

Name of Employer

Date (month,
day, year)

6/29/96

Amount of Each
Receipt this Period

\$ 500.00

Occupation

6/29/96

\$ 500.00

(MEMO ENTRY)

Receipt For:

☐ Primary☒ General☐ Other (specify):

TONI ANN COPPA

Aggregate Year-to-Date > \$ 500

G. Full Name, Mailing Address and ZIP Code

Edward H. Salmon
RR 7 Box 491 A Holly Way
Bridgeton, N.J. 08302

Name of Employer

Seeking information

Date (month,
day, year)

6/29/96

Amount of Each
Receipt this Period

\$ 250.

Occupation

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 250

SUBTOTAL of Receipts This Page (optional)

\$ 3,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Woodbridge Tower Realty Assoc. Po Box 457 Woodbridge, N.J. 07095</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>PARTNERSHIP</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 500</p>	<p>Date (month, day, year)</p> <p>6/29/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 500. (see attribution below)</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>SMUEL HALPERN P.O. Box 457 Woodbridge NJ 07095</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>DEVELOPER</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 1000.00</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p> <p>Requested information; awaiting response 578.00 (MEMO ENTRY)</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

UBTOTAL of Receipts This Page (optional) \$ 500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a

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)

PASCARELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Gerald O. Crotty Pleasantville Farm Miller Road New Vernon, N.J. 07976 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer ITT Information Serv. Occupation Business Exec. Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/24/96	Amount of Each Receipt this Period \$ 250.
B. Full Name, Mailing Address and ZIP Code Charles Oransky 71 Speir dr. South Orange, N.J. 07079 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Hellring, Lindeman Occupation Attorney Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 500.
C. Full Name, Mailing Address and ZIP Code Brendan T. Byrne 6 Becker Farm Rd. Roseland, N.J. 07068 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Carella, Byrne Occupation Attorney Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 500.
D. Full Name, Mailing Address and ZIP Code Timothy L. Carden 119 S. Mountain Ave. Montclair, N.J. 07042 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Lockheed Martin IMS Occupation Sr. V.P. Aggregate Year-to-Date > \$ 1,000.	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 500.
E. Full Name, Mailing Address and ZIP Code William L. Brach 191 South Mountain Ave. Montclair, N.J. 07042 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 500.
F. Full Name, Mailing Address and ZIP Code Burton Sebold 93 N. Hillside Ave. Livingston, N.J. 07039 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Economic Devel. Corp. Occupation Director Aggregate Year-to-Date > \$ 300	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 300.
G. Full Name, Mailing Address and ZIP Code Elaine C. Cinelli 94 Canterbury Rd. Chatham, N.J. 07928 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Merit Behavioral Care Corp. Occupation Marketing Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 250.

UBTOTAL of Receipts This Page (optional) \$ 2,800.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER
11 a

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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Olga K. Arthars 5 Grove Ter. Montclair, N.J. 07042	Name of Employer Seeking information	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Seeking information	Aggregate Year-to-Date > \$ 250	
B. Full Name, Mailing Address and ZIP Code Edward K. Schwarz 4 Halsey Place South Orange, N.J. 07079	Name of Employer Self employed	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Self employed	Aggregate Year-to-Date > \$ 250	
C. Full Name, Mailing Address and ZIP Code Eleonore Kessler Cohen 32 Laurel Ave. Livingston, N.J. 07039	Name of Employer Kraena, Burrow	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Attorney	Aggregate Year-to-Date > \$ 250	
D. Full Name, Mailing Address and ZIP Code Paul Rosenberg 238 Crestwood Drive South Orange, N.J. 07079	Name of Employer Seeking information	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Seeking information	Aggregate Year-to-Date > \$ 250	
E. Full Name, Mailing Address and ZIP Code Marilyn W. Bennett 2129 Harmon Cove Towers Secaucus, N.J. 07094	Name of Employer Seeking information	Date (month, day, year) 6/25/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Seeking information	Aggregate Year-to-Date > \$ 250	
F. Full Name, Mailing Address and ZIP Code Heidi Psarros 78 Minns Ave. Wayne, N.J. 07470	Name of Employer Libby's	Date (month, day, year) 6/2/96	Amount of Each Receipt this Period \$ 2,000. (see attribution below)
Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): 700. 1000.	Occupation Owner	Aggregate Year-to-Date > \$ 2000.	
G. Full Name, Mailing Address and ZIP Code Nick Psarros 78 Minns Ave. Wayne, N.J. 07470	Name of Employer Libby's	Date (month, day, year) 6/2/96	Amount of Each Receipt this Period \$ 300. (memo entry)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Owner	Aggregate Year-to-Date > \$ 300.	

UBTOTAL of Receipts This Page (optional) \$ 3,250.

OTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 49 OF 52
FOR LINE NUMBER 11 a

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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Morris Brown
9 Fairway Lane
Ocean Twp., N.J. 07712

Name of Employer

Seeking information

Date (month,
day, year)

6/28/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500

B. Full Name, Mailing Address and ZIP Code

Leo Masciulli
174 Alabama Ave.
Paterson, N.J. 07503

Name of Employer

Cardinal Color

Date (month,
day, year)

6/26/96

Amount of Each
Receipt this Period

\$ 1,000.

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 1000

C. Full Name, Mailing Address and ZIP Code

Chamberlain Shopping Center
PO Box 586
Totowa, N.J. 07511

Name of Employer

Date (month,
day, year)

6/26/96

Amount of Each
Receipt this Period\$ 500.
(see attribution
below)

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500

D. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this PeriodRequested
information;
awaiting response

Receipt For:

☐ Primary☐ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$

E. Full Name, Mailing Address and ZIP Code

Peter Pfeiffer
Seeking information

Name of Employer

OENJ Corporation

Date (month,
day, year)

6/26/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500

F. Full Name, Mailing Address and ZIP Code

Patricia G. Mullett
15 Colonial terrace
Parsippany, N.J. 07054

Name of Employer

Date (month,
day, year)Amount of Each
Receipt this Period

Occupation

Housewife

6/26/96

\$ 250.

Receipt For:

☐ Primary☒ General☐ Other (specify):

Aggregate Year-to-Date > \$ 500.

G. Full Name, Mailing Address and ZIP Code

Alan Jackowitz
145 East 81st St. Apt. 10A
New York, N.Y. 10028

Name of Employer

Seeking information

Date (month,
day, year)

6/26/96

Amount of Each
Receipt this Period

\$ 250.

Receipt For:

☐ Primary☒ General☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 250

UBTOTAL of Receipts This Page (optional)

\$ 3,000.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a

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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Sokol, Behot & Fiorenzo 433 Hackensack Ave. Hackensack, N.J. 07601 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Occupation Aggregate Year-to-Date > \$ <u>500</u>	Date (month, day, year) 6/29/96	Amount of Each Receipt this Period \$ 500. (see attribution below)
B. Full Name, Mailing Address and ZIP Code Leon Sokol 433 Hackensack Ave. Hackensack, N.J. 07601 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Sokol, Bhot & Fiorenzo Occupation Aggregate Year-to-Date > \$ <u>500</u>	Date (month, day, year) 6/29/96	Amount of Each Receipt this Period \$ 500. (memo entry)
C. Full Name, Mailing Address and ZIP Code Elliot Laniado 1908 E. 7th St. Brooklyn, N.Y. 11223 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ <u>500</u>	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 500.
D. Full Name, Mailing Address and ZIP Code Raymond Laniado 1862 E. 9th St. Brooklyn, N.Y. 11223 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ <u>500</u>	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 500.
E. Full Name, Mailing Address and ZIP Code Rachael Emposimato 152 Chateau Thierry Madison, N.J. 07940 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ <u>250</u>	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 250.
F. Full Name, Mailing Address and ZIP Code Michael Emposimato 152 Chateau Thierry Madison, N.J. 07940 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ <u>250</u>	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 250.
G. Full Name, Mailing Address and ZIP Code Joel J. Steiger 411 Hackensack Ave. Hackensack, N.J. 07601 Receipt For: <input type="checkbox"/> Other (specify): <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	Name of Employer Shapiro & Croland Occupation Attorney Aggregate Year-to-Date > \$ <u>500</u>	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 500.

UBTOTAL of Receipts This Page (optional) \$ 2,500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code MCP Associates, L.P. 12 Vreeland Ave. Totowa, N.J. 07512	Name of Employer Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 500. (see attribution below)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Laurence H. Mandelbaum Kenneth A. Mandelbaum Ken M. Mandelbaum Alan W. Mandelbaum	Name of Employer MCP Associates Occupation Women's Retail Aggregate Year-to-Date > \$ 125 each	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 125. 125. 125. 125. (memo entries)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code John J. Degnan 33 Beacon Hill Dr. Chester, N.J. 07930	Name of Employer Chubb, Inc Occupation Attorney Aggregate Year-to-Date > \$ 250	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Jack Birnberg 409 Carriage Lane Wyckoff, N.J. 07481	Name of Employer Waldorf Group Occupation Executive Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Weiner Lesniak 299 Cherry Hill Road Parsippany, N.J. 07054	Name of Employer Self Occupation Attorney Aggregate Year-to-Date > \$ 1,000	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Philip L. Meisel 27 Deer Path Circle Green Brook, N.J. 08812	Name of Employer CPS Chemical Co. Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Douglas E. Odolecki 63 Laurel St. Hopelawn, N.J. 08861	Name of Employer Seeking information Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

UBTOTAL of Receipts This Page (optional) \$ 3,750.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Political

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 52 OF 52
FOR LINE NUMBER 11 (a)

Contributions from Individuals/Persons Other than Committees

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)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Ann Prather 66 Beverly Road Bloomfield, N.J. 07003 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/25/96	Amount of Each Receipt this Period (\$ 750.) BOUNCED CHECK ORIGINALLY REPORTED IN APRIL
B. Full Name, Mailing Address and ZIP Code Rocco Carpentiere 18 Quartz Lane Paterson, N.J. 07501 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/29/96	Amount of Each Receipt this Period (\$ \$1,000.) STOPPED PAYMENT ORIGINALLY REPORTED IN APRIL
C. Full Name, Mailing Address and ZIP Code H. Jeffrey Cohen 86 Pape Drive Atlantic Highlands, N.J. 07716 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 3/29/96	Amount of Each Receipt this Period (\$ 250.) BOUNCED CHECK ORIGINALLY REPORTED IN APRIL
D. Full Name, Mailing Address and ZIP Code Patrick Carroll 90 Pasadena Place Hawthorne, N.J. 07506 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) 5/21/96	Amount of Each Receipt this Period (\$ 250.) BOUNCED CHECK ORIGINALLY REPORTED PRE-PRIMARY REPORT
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

(\$ 2,250.)

TOTAL This Period (last page this line number only)

\$ 141,275

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 1 OF 1
FOR LINE NUMBER
11 (a)

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NAME OF COMMITTEE (In Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code DeYoe, Heissenbittel & Mattia 401 Hamburg Turnpike Wayne, N.J. 07470 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Partnership Occupation Aggregate Year-to-Date > \$ 800	Date (month, day, year) 6/30/96	Amount of Each Receipt this Period \$ 200. In-Kind See attribution below
B. Full Name, Mailing Address and ZIP Code Fred Heissenbittel 401 Hamburg Turnpike Wayne, N.J. 07470 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer DeYoe, Heissenbittel and Mattia Occupation Partner Aggregate Year-to-Date > \$ 800.	Date (month, day, year) 6/30/96	Amount of Each Receipt this Period \$ 200. (memo entry)
C. Full Name, Mailing Address and ZIP Code Steven A. Edwards 2444 Morris Ave. Union, N.J. 07083 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Business & Government Insurance Agency Occupation Exec. Vice President Aggregate Year-to-Date > \$ 300	Date (month, day, year) 6/30/96	Amount of Each Receipt this Period \$ 300.
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 500.

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER

11 (13)

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NAME OF COMMITTEE (In Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$	

UBTOTAL of Receipts This Page (optional) 0

TOTAL This Period (last page this line number only) 0

SCHEDULE A

ITEMIZED RECEIPTS

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

 PAGE 1 OF 5
FOR LINE NUMBER
11 (C)

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Parsons Brinckerhoff, Inc. PAC One Penn Plaza New York, N.Y. 10119 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5/28/96	Amount of Each Receipt this Period \$ 1,000.
B. Full Name, Mailing Address and ZIP Code Drive Political Fund 25 Louisiana Ave., N.W. Washington, D.C. 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 5000	Date (month, day, year) 5/30/96	Amount of Each Receipt this Period \$ 5,000.
C. Full Name, Mailing Address and ZIP Code U.A. Political Education Cmte. 901 Massachusetts Ave. Washington, D.C. 20001 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 1000	Date (month, day, year) 5/30/96	Amount of Each Receipt this Period \$ 1,000.
D. Full Name, Mailing Address and ZIP Code Doria Democratic Leadership Fund 235 Broadway Bayonne, N.J. 07002 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1,000. \$1,000.	Name of Employer PERMISSIBLE FUNDS Occupation Aggregate Year-to-Date > \$ 2000	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 2,000.
E. Full Name, Mailing Address and ZIP Code Election Fund For Assemblyman Joseph V. Doria, Jr. 235 Broadway Bayonne, N.J. 07002 Receipt For: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify): \$1,000. \$1,000.	Name of Employer PERMISSIBLE FUNDS Occupation Aggregate Year-to-Date > \$ 2000	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 2,000.
F. Full Name, Mailing Address and ZIP Code Anthony Imprevuto Election Fund 400 Plaza Drive Secaucus, N.J. 07094 Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PERMISSIBLE FUNDS Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 500.
G. Full Name, Mailing Address and ZIP Code Election Fund of Assemblyman Raul Garcia Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PERMISSIBLE FUNDS Occupation Aggregate Year-to-Date > \$ 500	Date (month, day, year) 5/31/96	Amount of Each Receipt this Period \$ 500.

SUBTOTAL of Receipts This Page (optional)

\$ 12,000.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 2 OF 5
FOR LINE NUMBER 11 (c)

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Election Fund for Joe Charles
24 Commerce St.
Newark, N.J. 07102

Name of Employer

AWAITING INFORMATION

Date (month,
day, year)

5/31/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500

B. Full Name, Mailing Address and ZIP Code

Amalgamated Transit Union
5025 Wisconsin Ave., N.W.
Washington, D.C. 20016

Name of Employer

Date (month,
day, year)

5/31/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500

C. Full Name, Mailing Address and ZIP Code

Committee on Political Education
815 16th St., N.W.
Washington, D.C. 20006

Name of Employer

Date (month,
day, year)

5/31/96

Amount of Each
Receipt this Period

\$ 2,500.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 2,500

D. Full Name, Mailing Address and ZIP Code

District 1199J Political Action fund
50 Park Place
Newark, N.J. 07102

Name of Employer

Date (month,
day, year)

6/1/96

Amount of Each
Receipt this Period

\$ 500.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 500

E. Full Name, Mailing Address and ZIP Code

I.B.E.W.-C.O.P.E.
1125 - 15th St., N.W.
Washington, D.C. 20005

Name of Employer

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 5,000.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 5,000

F. Full Name, Mailing Address and ZIP Code

OPHIHPAC
1101 Vermont Ave., N.W.
Washington, D.C. 20005

Name of Employer

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 2,500.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 2,500

G. Full Name, Mailing Address and ZIP Code

Machinists Non-Partisan Political
League 9000 Machinist Place
Upper Marlboro, MD 20772

Name of Employer

Date (month,
day, year)

6/3/96

Amount of Each
Receipt this Period

\$ 5,000.

Receipt For: ☒ Primary ☐ General
☐ Other (specify):

Occupation

Aggregate Year-to-Date > \$ 5,000

SUBTOTAL of Receipts This Page (optional)

\$ 16,500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER
11(c)

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)

PASCARELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Local 68 Engineers PAC 11 Fairfield Place West Caldwell, N.J. 07006	Name of Employer Occupation	Date (month, day, year) 6/3/96	Amount of Each Receipt this Period \$ 3,500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000.00		
B. Full Name, Mailing Address and ZIP Code IBEW Local 94 Political Education Cmte. 2650 Rt. 130 IBEW Ste. Cranbury, N.J. 08512	Name of Employer SEEKING INFORMATION Occupation	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 800.		
C. Full Name, Mailing Address and ZIP Code American Federation of State, County and Municipal Employees 1625 L. St., N.W. Washington, DC	Name of Employer Occupation	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 5,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		
D. Full Name, Mailing Address and ZIP Code N.J. State Laborers PAC 104 Interchange Plaza Cranbury, N.J. 08512	Name of Employer Occupation	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 3,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 3000		
E. Full Name, Mailing Address and ZIP Code American Federation of Teachers 555 N.J. Ave., N.W. Washington, D.C. 20001	Name of Employer Occupation	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 5,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 5000		
F. Full Name, Mailing Address and ZIP Code American Dental PAC 1111 - 14th St., N.W. Washington, DC 20005	Name of Employer Occupation	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 2,500.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2500		
G. Full Name, Mailing Address and ZIP Code Union of Needletrades, Industrial & Textile Employees Campaign Cmte. 1710 Broadway New York, N.Y. 10019	Name of Employer Occupation	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1000		

SUBTOTAL of Receipts This Page (optional) \$ 20,500.

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 (C)

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Voters For Choice Federal 2604 Connecticut Ave., N.W. Washington, D.C. 20008		Name of Employer Occupation	Date (month, day, year) 6/4/96	Amount of Each Receipt this Period \$ 1,000.
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000		
B. Full Name, Mailing Address and ZIP Code Election Fund of Senator Kenny 409 Washington St., #287 Hoboken, N.J. 07030		Name of Employer AWAITING INFORMATION	Date (month, day, year) 6/15/96	Amount of Each Receipt this Period \$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000		
C. Full Name, Mailing Address and ZIP Code National Committee For an Effective Congress 122 C Street, N.W. Washington, DC		Name of Employer Occupation	Date (month, day, year) 6/21/96	Amount of Each Receipt this Period \$ 2,500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2500		
D. Full Name, Mailing Address and ZIP Code Bricklayers and Allied Craftsmen 815 Fifteenth St., N.W. Washington, D.C. 20005		Name of Employer Occupation	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 1,000.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1000		
E. Full Name, Mailing Address and ZIP Code Voice of the Electorate 265 w. 14th st. New York, N.Y. 10011		Name of Employer SEEKING INFORMATION	Date (month, day, year) 6/21/96	Amount of Each Receipt this Period \$ 250.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 250		
F. Full Name, Mailing Address and ZIP Code Committee For Senator McGreevey 2 Spencer Ave. Colonia, N.J. 07067		Name of Employer PERMISSIBLE FUNDS	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 500.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 500		
G. Full Name, Mailing Address and ZIP Code Committee For Senator McGreevey 2 Spencer Ave. Colonia, N.J. 07067		Name of Employer PERMISSIBLE FUNDS	Date (month, day, year) 6/28/96	Amount of Each Receipt this Period \$ 300.
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 800.		

SUBTOTAL of Receipts This Page (optional) \$ 6,550.

TOTAL This Period (last page this line number only) \$

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>United Steelworkers of America Pittsburgh, PA 15222</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 2,500</p>	<p>Date (month, day, year)</p> <p>6/28/96</p>	<p>Amount of Each Receipt this Period</p> <p>\$ 2,500.</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

UBTOTAL of Receipts This Page (optional)	\$ 2,500.
TOTAL This Period (last page this line number only)	\$ 58,050.

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 11 d

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NAME OF COMMITTEE (In Full)

PASCARELL FOR CONGRESS

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>UBTOTAL of Receipts This Page (optional)</p>			<p>0</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>0</p>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 15

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code First Fidelity Bank (First Union) 466 Chamberlain Ave. <u>INTEREST</u> Paterson, N.J. 07522 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$ 872.52	Date (month, day, year) 5/22/96 5/31/96 6/28/96	Amount of Each Receipt this Period \$ 163.24 185.33 262.40
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

UBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

\$ 610.97

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 3
FOR LINE NUMBER
17

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Christopher Blanda 4515 Willard Ave. Apt. 2119-S Chevy Chase, MD 20815	Purpose of Disbursement salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$ 1,522.50
B. Full Name, Mailing Address and ZIP Code Erickson & Co., Inc. 38 Ivy St., S.E. Washington, DC 20003	Purpose of Disbursement Consultant Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$ 2,000.
C. Full Name, Mailing Address and ZIP Code Evergreen Partners, Inc. 2014 Rt. 22 East Scotch Plains, N.J. 07076	Purpose of Disbursement consulting fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/16/96	Amount of Each Disbursement This Period \$ 3,310.79
D. Full Name, Mailing Address and ZIP Code Midge Robertson 110 Chamberlain Ave. Paterson, N.J. 07502	Purpose of Disbursement Postage Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/24/96	Amount of Each Disbursement This Period \$ 212.06
E. Full Name, Mailing Address and ZIP Code Rocco Press 171 Walnut St. Paterson, N.J. 07522	Purpose of Disbursement Printing Tickets & Stationery Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/28/96	Amount of Each Disbursement This Period \$ 905.89
F. Full Name, Mailing Address and ZIP Code Bell Atlantic N.J. Po Box 4833 Trenton, N.J. 08650	Purpose of Disbursement Telephones Campaign Office Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/28/96	Amount of Each Disbursement This Period \$ 187.16
G. Full Name, Mailing Address and ZIP Code Silk City Calendar co. 359 Totowa Ave. Paterson, N.J. 07522	Purpose of Disbursement Bumper Stickers Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/28/96	Amount of Each Disbursement This Period \$ 1,130.
H. Full Name, Mailing Address and ZIP Code Robert John Maikis, Jr. 27 BERGEN BLVD W. Paterson NJ 07624	Purpose of Disbursement Gas Reimbursement Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/28/96	Amount of Each Disbursement This Period \$ 12.
I. Full Name, Mailing Address and ZIP Code Fenn King Murphy 1043 Cecil Pl. N.W. Washington, D.C.	Purpose of Disbursement Consultant Fees Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 5/28/96	Amount of Each Disbursement This Period \$ 1,919.03

SUBTOTAL of Disbursements This Page (optional)

\$ 11,199.43

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3

FOR LINE NUMBER 17

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

NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

Erickson & Co. Inc.
38 Ivy St., S.E.
Washington, DC 20003

Purpose of Disbursement

Consulting Fees

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

5/28/96

Amount of Each
Disbursement This Period

\$ 2,038.12

B. Full Name, Mailing Address and ZIP Code

Puccini's Restaurant
1064 West Side Ave.
Jersey City, N.J.

Purpose of Disbursement

Catering 5/29
Reception

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

5/29/96

Amount of Each
Disbursement This Period

\$ 1,950.

C. Full Name, Mailing Address and ZIP Code

Kelvin Quince
267 Rosa Parks Blvd.
Paterson, N.J. 07501

Purpose of Disbursement

Musical Services
6/3 Reception

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/3/96

Amount of Each
Disbursement This Period

\$ 350.

D. Full Name, Mailing Address and ZIP Code

Evergreen Partners Inc.
2014 Rt. 22 East
Scotch Plains, N.J. 07076

Purpose of Disbursement

Consulting Fees

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/7/96

Amount of Each
Disbursement This Period

\$ 3,000.

E. Full Name, Mailing Address and ZIP Code

Evergreen Partners Inc.
2014 Rt. 22 East
Scotch Plains, N.J. 07076

Purpose of Disbursement

Consulting Fees

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/7/96

Amount of Each
Disbursement This Period

\$ 500.

F. Full Name, Mailing Address and ZIP Code

First Union national Bank
466 Chamberlain Ave.
Paterson, N.J. 07522

Purpose of Disbursement

Employment Tax

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/14/96

Amount of Each
Disbursement This Period

\$ 576.

G. Full Name, Mailing Address and ZIP Code

Fenn King Murphy
1043 Cecil Pl. N.W.
Washington, DC 20007

Purpose of Disbursement

Consulting Fees

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/14/96

Amount of Each
Disbursement This Period

\$ 2,314.43

H. Full Name, Mailing Address and ZIP Code

Montclair Times
114 valley road
Montclair, N.J. 07042

Purpose of Disbursement

Subscription

Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/16/96

Amount of Each
Disbursement This Period

\$ 18.

I. Full Name, Mailing Address and ZIP Code

Passaic Valley Today
10 Park Place
Butler, N.J. 07405

Purpose of Disbursement

Subscription

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/16/96

Amount of Each
Disbursement This Period

\$ 31.20

SUBTOTAL of Disbursements This Page (optional)

\$ 10,777.75

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 3 OF 3
FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

PASCARELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Dateline Journal 10 Park Place Butler, N.J. 07405	Purpose of Disbursement Subscription Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/16/96	Amount of Each Disbursement This Period \$ 20.
B. Full Name, Mailing Address and ZIP Code Christopher Blanda 4515 Willard Ave. Apt. 2119S Chevy Chase, MD 20815	Purpose of Disbursement Salary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/18/96	Amount of Each Disbursement This Period \$ 1,522.50
C. Full Name, Mailing Address and ZIP Code Bell Atlantic, N.J. PO Box 4833 Trenton, N.J. 08650	Purpose of Disbursement Deposit Hdqtrs. Telephones Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 6/20/96	Amount of Each Disbursement This Period \$ 1,060.
D. Full Name, Mailing Address and ZIP Code Italian Tribune 427 Bloomfield Ave. Newark, N.J. 07107	Purpose of Disbursement Subscription Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period \$ (20.) CHECK NEVER CASH
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

\$ 2,582.50

TOTAL This Period (last page this line number only)

\$ 24,559.68

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
17

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

NAME OF COMMITTEE (in Full)

PASCARELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code

DeYoe, Heissenbuttel & Mattia
401 Hamburg Turnpike
Wayne, N.J. 07470

Purpose of Disbursement

Office Space

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/30/96

Amount of Each
Disbursement This Period

\$ 200.

IN-KIND RECEIVED

B. Full Name, Mailing Address and ZIP Code

Steven A. Edwards
2444 Morris Ave.
Union, N.J. 07083

Purpose of Disbursement

Printing Costs

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

6/30/96

Amount of Each
Disbursement This Period

\$ 300.

IN-KIND RECEIVED

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: ☐ Primary ☐ General
☐ Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$ 500.

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 202

Refunds of Contributions to Individuals

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)

PASCARELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Refund of Contribution	Date (month, day, year)	Amount of Each Disbursement This Period
Roma Sport Club 38 Cianci St. Paterson, N.J. 07501	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96	\$ 300.
B. Full Name, Mailing Address and ZIP Code M.J. Lieberman & Co. 8 Wood Hollow Road Parsippany, N.J. 07054	Purpose of Disbursement Refund of Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96	\$ 300.
C. Full Name, Mailing Address and ZIP Code Sarasohn & Co. 128 Passaic Ave. Fairfield, N.J. 07004	Purpose of Disbursement Refund of contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/16/96	\$ 300.
D. Full Name, Mailing Address and ZIP Code Joseph Bigica 316 Prospect Ave. Suite 7K Hackensack, N.J. 07601	Purpose of Disbursement Refund of Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/30/96	\$ 500.
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$ 1,400.

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER
20 (c)

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NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

0

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER
21

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

NAME OF COMMITTEE (in Full)

PASCRELL FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code First Fidelity Bank (First Union) 466 Chamberlain Ave. Paterson, N.J. 07522	Purpose of Disbursement Bank Charges and Maintenance Fees	Date (month, day, year) 3/25/96	Amount of Each Disbursement This Period \$ 12.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	3/29/96	\$ 24.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year) 5/21/96	Amount of Each Disbursement This Period \$ 12.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/31/96	\$ 10.50
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year) 6/12/96	Amount of Each Disbursement This Period \$ 48.00
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/28/96	\$ 36.75
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$ 143.25

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER 13 (c)
(Use separate schedules
for each numbered line)

Name of Committee (in Full)			
A. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured _____	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
List All Endorsers or Guarantors (if any) to Item A			
1. Full Name, Mailing Address and ZIP Code 2. Full Name, Mailing Address and ZIP Code 3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$ Name of Employer Occupation Amount Guaranteed Outstanding: \$ Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded for endorser/guarantor information.)	
B. Full Name, Mailing Address and ZIP Code of Loan Source Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): Terms: Date Incurred _____ Date Due _____ Interest Rate _____ % (apr) Secured _____	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
List All Endorsers or Guarantors (if any) to Item B			
1. Full Name, Mailing Address and ZIP Code 2. Full Name, Mailing Address and ZIP Code 3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: \$ Name of Employer Occupation Amount Guaranteed Outstanding: \$ Name of Employer Occupation Amount Guaranteed Outstanding: \$	(This area is shaded for endorser/guarantor information.)	
SUBTOTALS This Period This Page (optional)			0
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.			

96-01-615-3258

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

N/A

NAME OF COMMITTEE (IN FULL) PASCRELL FOR CONGRESS	FEC IDENTIFICATION NUMBER	
FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)	AMOUNT OF LOAN	INTEREST RATE (APR)
	DATE INCURRED OR ESTABLISHED	DATE DUE

A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred: _____

B. If line of credit, amount of this draw: _____; total outstanding balance: _____

C. Are other parties secondarily liable for the debt incurred?
☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
☐ No ☐ Yes If yes, specify: _____

What is the value of this collateral? _____

Does the lender have a perfected security interest in it? ☐ No ☐ Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?

☐ No ☐ Yes If yes, specify: _____ What is the estimated value? _____

A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established: _____ Location of account: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER	DATE
TYPED NAME	SIGNATURE

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.

II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.

III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

AUTHORIZED REPRESENTATIVE	TITLE	DATE
TYPED NAME	SIGNATURE	

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 2 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
PASCARELL FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Rocco Press 171 Walnut St. Paterson, N.J. 07522		\$ 218.36	0	\$ 218.36
Nature of Debt (Purpose): Reponse Cards/Printing Costs				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Rocco Press 171 walnut St. Paterson, N.J. 07522		\$ 244.63	0	\$ 244.63
Nature of Debt (Purpose): Printing Costs/Envelopes				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor David Alan Caterers 5C Littell Road East Hanover, N.J. 07936		\$ 508.80	0	\$ 508.80
Nature of Debt (Purpose): Catering 6/18 House Party				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Robin Hood Inn 1129 Valley Road Clifton, N.J. 07013		\$ 262.60	0	\$ 262.60
Nature of Debt (Purpose): Catering 5/8 Beefsteak				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Alexander Hamilton Printing Co. 678 Madison Ave. Paterson, N.J. 07504		\$1,726.02	0	\$ 1,726.02
Nature of Debt (Purpose): Printing 6/3 Invitations Invoice 8225				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Alexander Hamilton Printing Co. 678 Madison Ave. Paterson, N.J. 07504		\$ 362.05	0	\$ 362.05
Nature of Debt (Purpose): Printing Costs/Envelopes Invoice 8243				
1) SUBTOTALS This Period This Page (optional)				\$ 3,322.46
2) TOTALS This Period (last page in this line only)				
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 2 of 2 for
LINE NUMBER 10
(Use separate schedules
for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
PASCRELL FOR CONGRESS				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Alexander Hamilton Printing Co. 678 Madison Ave. Paterson, N.J. 07504		\$ 271.92	0	\$ 271.92
Nature of Debt (Purpose): Printing 6/3 Response Cards 8251 Invoice				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Wayne Manor 1515 Rte. 23 Wayne, N.J. 07470		\$3,183.50	0	\$ 3,183.50
Nature of Debt (Purpose): Catering 6/3 Cocktail Party				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Brownstone House 351 West Broadway Paterson, N.J. 07522		\$ 664.80	0	\$ 664.80
Nature of Debt (Purpose): Catering 5/11 Breakfast				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
1) SUBTOTALS This Period This Page (optional)				\$ 4,120.22
2) TOTALS This Period (last page in this line only)				\$ 7,442.68
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)				0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				\$ 7,442.68

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL

ADDRESS (number and street)

CITY, STATE, and ZIP CODE

2. NAME OF CANDIDATE

3. OFFICE SOUGHT (State and District)

4. FEC IDENTIFICATION NUMBER

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.

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount
	Occupation		
SIGNATURE (optional)		DATE	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-219-3420

FEC FORM 6
(11/93)

FESAN111

CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS (To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee						Report Covering Period:		
						From:	To:	
	Committee Name(s)	(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Cmtes.	(b) Line No. 11(b) Total Contributions From Political Party Committees	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions		
A								
B								
C								
D								
E								
F								
G								
H								
I	Column Total This Page							
J	Column Total Last Page Only							
	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guar- anteed by the Candidate	(h) Line No. 13(b) Total All Other Loans	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures
A								
B								
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G								
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J								
	(n) Line No. 18 Total Transfers to Other Authorized Committees	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Candidate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribu- tion Refunds to Individuals/ Persons	(s) Line No. 20(b) Total Contribu- tion Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribu- tion Refunds to Other Political Committees	(u) Line No. 20(d) Total Contribution Refunds
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	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Oblig. Owed TO the Committee	(aa) Line No. 10 Debts & Oblig. Owed BY the Committee	(bb) Line No. 6(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures
A								
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96-01-615-3263

Federal Election Commission
ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS

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

☒

Hand Delivered

DATE OF RECEIPT

7/19/96

☐

First Class Mail

POSTMARKED

☐

Registered/Certified Mail

POSTMARKED

☐

No Postmark

☐

Postmark Illegible

☐

Received from the House Office of Records
and Registration

DATE OF RECEIPT

☐

Received from the Senate Office of Public
Records

DATE OF RECEIPT

☐

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

S.P.

PREPARER

7/19/96

DATE PREPARED