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FEC  
FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4MS

Bob Roy for US Senate

ADDRESS (number and street) 1010 Brad E. Murriz

Check if different than previously reported. (ACC)

15 Ashlyn Rd Parsippany NJ 07054

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00376335

2. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on 06 04 2002 in the State of

Withdrawn

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on In the State of

5. Covering Period 07 01 2002 through 12 31 2002

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 Brad E. Murriz

Signature of Treasurer [Signature] Date 01 20 2003

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

SECRETARY OF THE SENATE  
08 AUG -1  
AUG 11 11:11 AM '03

Date original filed

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bob Roy for US Senate

Report Covering the Period:

From:

07 07 2002

To:

12 31 2002

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))...	19,425.00	19,425.00
(b) Total Contribution Refunds (from Line 20(d)) ..	14,452.00	14,452.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))...	4,973.00	4,973.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) ..	20,620.00	20,620.00
(b) Total Offsets to Operating Expenditures (from Line 14) ..	2,500.00	2,500.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))...	18,120.00	18,120.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) ..</b>	3,011.00	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)...</b>		
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) ..</b>	3,334.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name

Bob Roy for US Senate

Report Covering the Period:

From:

09 01 2002

To:

12 31 2002

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) ..		
(ii) Unitemized .....		
(iii) TOTAL of contributions from individuals ..		19,925.00
(b) Political Party Committees ...		
(c) Other Political Committees (such as PACs) ..		
(d) The Candidate .....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))		19,925.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES...</b>		
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate ..		100.00
(b) All Other Loans ...		
(c) TOTAL LOANS (add Lines 13(a) and (b)) ..		100.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) ..</b>		
	2,500.00	2,500.00
<b>15. OTHER RECEIPTS (Dividends, interest, etc.) .....</b>		
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ...</b>	2,500.00	22,025.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES ..	2,062.00	4,562.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES ...		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate ...		
(b) Of All Other Loans .....		
(c) TOTAL LOAN REPAYMENTS (add Lines 18(a) and (b)) ..		
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees ...	14,452.00	14,452.00
(b) Political Party Committees ...		
(c) Other Political Committees (such as PACs) ..		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)) ..	14,452.00	14,452.00
21. OTHER DISBURSEMENTS .....		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	16,514.00	19,014.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD ...	17,025.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3) ..	2,500.00
25. SUBTOTAL (add Line 23 and Line 24) ..	19,525.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22) ..	16,514.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25) ...	3,011.00

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

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

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

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NAME OF COMMITTEE (In Full)

**Bob Roy For US Senate**

Full Name (Last, First, Middle Initial)

**A. KUSSO/MARSH**

Mailing Address

**8201 Corporate Drive**

City

**Landover**

State

**MD**

Zip Code

**20785**

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

**250000**

Date of Receipt

**10 01 2002**

Amount of Each Receipt this Period

**250000**

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(1)-(3))

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(1)-(3))

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Limits Increased Due to Opponent's Spending (2 U.S.C. §441a(j)(4)(1)-(3))

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

**250000**

**250000**

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

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

FOR LINE NUMBER: (check only one)		PAGE / OF /	
<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bob Roy for US Senate**

Full Name (Last, First, Middle Initial) <b>A. Ryan Stone</b>		Date of Disbursement Month: <b>10</b> Day: <b>10</b> Year: <b>2002</b>
Mailing Address <b>1414 Charles St</b>		Amount of Each Disbursement this Period <b>2000.00</b>
City <b>Pt. Pleasant</b>	State <b>NJ</b> Zip Code <b>08742</b>	
Purpose of Disbursement <b>Consulting</b>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Bob Roy</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NJ</b> District:		

Full Name (Last, First, Middle Initial) <b>B. Commerce Bank</b>		Date of Disbursement Month: <b>09</b> Day: <b>20</b> Year: <b>2002</b>
Mailing Address		Amount of Each Disbursement this Period <b>62.00</b>
City <b>Red Bank</b>	State <b>NJ</b> Zip Code	
Purpose of Disbursement <b>Bank Fees</b>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name <b>Bob Roy</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>NJ</b> District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<b>2062.00</b>
TOTAL This Period (last page this line number only)	<b>2062.00</b>

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

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

FOR LINE NUMBER: (check only one)

PAGE 1 OF 17

17  18  19a  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

**Bob Ray For US Senate**

Full Name (Last, First, Middle Initial)

**A Kathleen Behan**

Mailing Address

**417 S. Lee ST.**

City

**Alexandria**

State

**VA**

Zip Code

**22314**

Purpose of Disbursement

**Refund**

Candidate Name

**Bob Ray**

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State: **NJ**

District

Date of Disbursement

**10/10/2002**

Amount of Each Disbursement This Period

**727.00**

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

Same throughout

Full Name (Last, First, Middle Initial)

**B. Kathleen Kunzler**

Mailing Address

**905 Massachusetts Ave**

City

**Washington**

State

**DC**

Zip Code

**20002**

Purpose of Disbursement

**Refund**

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

**10/10/2002**

Amount of Each Disbursement this Period

**727.00**

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

Full Name (Last, First, Middle Initial)

**C. Paul S. Rozanzweig**

Mailing Address

**905 Massachusetts Ave**

City

**Washington**

State

**DC**

Zip Code

**20002**

Purpose of Disbursement

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

**10/10/2002**

Amount of Each Disbursement this Period

**727.00**

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

SUBTOTAL of Disbursements This Page (optional)

**2181.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

PAGE 2 OF 14

17  18  19a  
 20a  20b  20c  21

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NAME OF COMMITTEE (in Full)

Bob Ray for US Senate

Full Name (Last, First, Middle Initial)

A. Kim R Widup

Mailing Address  
604 Rock Spring Rd

City: Naperville State: IL Zip Code: 60565

Purpose of Disbursement  
Refund

Candidate Name

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

State: District

Date of Disbursement

10/10/2002

Amount of Each Disbursement this Period

727.00

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

B. David L. Horne

Mailing Address  
2501 Colvert St NW #712

City: Washington State: DC Zip Code: 20008

Purpose of Disbursement  
Refund

Candidate Name

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

State: District

Date of Disbursement

09/01/2002

Amount of Each Disbursement this Period

500.00

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

C. Robert Panchina

Mailing Address  
12 Rubbie Rd

City: Cortland Manor, NY State: NY Zip Code: 10566

Purpose of Disbursement  
Refund

Candidate Name

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

State: District

Date of Disbursement

10/10/2002

Amount of Each Disbursement this Period

545.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

1772.00

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



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

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

FOR LINE NUMBER: (check only one)

PAGE 3 OF 14

17  
 20a  
 18  
 20b  
 19a  
 20c  
 21

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NAME OF COMMITTEE (in Full)

Bob Roy for US Senate

Full Name (Last, First, Middle Initial)

A. Ciarracca, Ciarracca

Mailing Address

1155 West Chestnut St.

City

Union

State

NJ

Zip Code

07083

Purpose of Disbursement

Refund

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District

Date of Disbursement

10 10 2002

Amount of Each Disbursement this Period

18200

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

Full Name (Last, First, Middle Initial)

B. Jeffrey M. Winton

Mailing Address

4830 Rockwood Pkwy

City

Washington

State

DC

Zip Code

20016

Purpose of Disbursement

Refund

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District

Date of Disbursement

10 10 2002

Amount of Each Disbursement this Period

72600

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

Full Name (Last, First, Middle Initial)

C. Carl L. Blumenstein

Mailing Address

576 Boulevard Way

City

Piedmont

State

Co.

Zip Code

94610

Purpose of Disbursement

Refund

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District

Date of Disbursement

10 10 2002

Amount of Each Disbursement this Period

72600

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

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

163400

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 4 OF 14

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

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NAME OF COMMITTEE (In Full)

*Bob Ray for US Senate*

Full Name (Last, First, Middle Initial)

A. *Hannah Robkin*

Mailing Address

*546 Boulevard Way*

City

*Pittsford*

State

*CA*

Zip Code

*94610*

Purpose of Disbursement

*Refund*

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*09 10 2002*

Amount of Each Disbursement this Period

*1,000.00*

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

Full Name (Last, First, Middle Initial)

B. *Ronald Rutanda*

Mailing Address

*504 E. Pennsylvania Ave*

City

*Champaign*

State

*IL*

Zip Code

*61820-6909*

Purpose of Disbursement

*Refund*

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*10 10 2002*

Amount of Each Disbursement this Period

*145.00*

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

Full Name (Last, First, Middle Initial)

C. *Margaret Ray*

Mailing Address

*4206 Sleepy Hollow Rd*

City

*Annandale*

State

*VA*

Zip Code

*22003-2046*

Purpose of Disbursement

*Refund*

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*10 10 2002*

Amount of Each Disbursement this Period

*726.00*

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

SUBTOTAL of Disbursements This Page (optional)

*1,871.00*

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

PAGE 5 OF 14

17  18  19a  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

**Bob Roy for US Senate**

Full Name (Last, First, Middle Initial)

A. **Robert L. Roy**

Mailing Address

**4206 Sleepy Hollow Rd**

City

**Annandale**

State

**Va.**

Zip Code

**22003-2046**

Purpose of Disbursement

**Refund**

Candidate Name

Office Sought

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**10 10 2002**

Amount of Each Disbursement this Period

**726.00**

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

Full Name (Last, First, Middle Initial)

B. **Karen Lynne Baker**

Mailing Address

**12 Autumn Flower Lane**

City

**Gaithersburg**

State

**MD**

Zip Code

**20878**

Purpose of Disbursement

**Refund**

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**10 10 2002**

Amount of Each Disbursement this Period

**36.00**

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

Full Name (Last, First, Middle Initial)

C. **Ethel R Morgan**

Mailing Address

**4210 Sleepy Hollow Rd**

City

**Annandale**

State

**Va**

Zip Code

**22003**

Purpose of Disbursement

**Refund**

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**10 10 2002**

Amount of Each Disbursement this Period

**4.00**

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

SUBTOTAL of Disbursements This Page (optional)

**766.00**

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 7

17  
 20a  
 18  
 20b  
 19a  
 20c  
 21

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NAME OF COMMITTEE (In Full)

*Bob Roy for US Senate*

Full Name (Last, First, Middle Initial)

A. *John Crawford*

Mailing Address

City State Zip Code

*NJ*

Purpose of Disbursement

*Refund*

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

*10 10 2002*

Amount of Each Disbursement this Period

*36.00*

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

B. *Jennifer Grant*

Mailing Address

City State Zip Code

*NJ*

Purpose of Disbursement

*Refund*

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

*10 10 2002*

Amount of Each Disbursement this Period

*363.00*

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

C. *Dolores Mole*

Mailing Address

*6 Adam Pl*

City State Zip Code

*Mosqueana NY 11758*

Purpose of Disbursement

*Refund*

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

*10 10 2002*

Amount of Each Disbursement this Period

*727.00*

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

SUBTOTAL of Disbursements This Page (optional)

*1120.00*

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 17

17  18  19a  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

*Bob Ray for US Senate*

Full Name (Last, First, Middle Initial)

A. *Christopher London*

Mailing Address

*1401 N. OAK ST. APT. 303*

City

*Arlington*

State

*VA.*

Zip Code

*22209*

Purpose of Disbursement

*Refund*

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*10/10/2002*

Amount of Each Disbursement This Period

*1,450.00*

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

Full Name (Last, First, Middle Initial)

B. *Mary Ahern*

Mailing Address

*1962 Woodbury Rd*

City

*Bethlehem*

State

*PA*

Zip Code

*18017*

Purpose of Disbursement

*Refund*

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*10/10/2002*

Amount of Each Disbursement This Period

*73.00*

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

Full Name (Last, First, Middle Initial)

C. *Joseph Tedeschi*

Mailing Address

*14 Ramocas Lane*

City

*Madford*

State

*NJ*

Zip Code

*08055-9006*

Purpose of Disbursement

*Refund*

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*10/10/2002*

Amount of Each Disbursement This Period

*363.00*

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

SUBTOTAL of Disbursements This Page (optional) ▶

*581.00*

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

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

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

FOR LINE NUMBER: (check only one)  
 17  
 20a  
 18  
 20b  
 19a  
 20c  
 21  
 PAGE 8 OF 19

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NAME OF COMMITTEE (In Full)

*Bob Ray for US Senate*

Full Name (Last, First, Middle Initial)

A. *Kenneth E. Dahlenman*

Mailing Address

*4104 Parkedge Lane*

City

*Annandale*

State

*Va.*

Zip Code

*2203*

Purpose of Disbursement

*Refund*

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*10 10 2002*

Amount of Each Disbursement this Period

*2500*

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

Full Name (Last, First, Middle Initial)

B. *Robert M. Joyce*

Mailing Address

*1817 Green Village Pl*

City

*Amelia Island*

State

*FL*

Zip Code

*32074*

Purpose of Disbursement

*Refund*

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*10 10 2002*

Amount of Each Disbursement this Period

*73000*

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

Full Name (Last, First, Middle Initial)

C. *Beverly Raszewicz*

Mailing Address

City

State

*NJ*

Zip Code

Purpose of Disbursement

*Refund*

Candidate Name

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

*10 10 2002*

Amount of Each Disbursement this Period

*72700*

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

SUBTOTAL of Disbursements This Page (optional) ▶

*82500*

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

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

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

FOR LINE NUMBER: **PAGE 9 OF 17**  
(check only one)  
 17  18  19a  
 20a  20b  20c  21

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NAME OF COMMITTEE (In Full)

**Bob Roy for US Senate**

Full Name (Last, First, Middle Initial)

**A Brooke D. Baxter**

Mailing Address

**168 Rt 39 W**

City

**Sherman**

State

**CT**

Zip Code

**06781-1114**

Purpose of Disbursement

**Refund**

Candidate Name

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**10 10 2002**

Amount of Each Disbursement this Period

**36.00**

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

Full Name (Last, First, Middle Initial)

**B. Frank Van Roten**

Mailing Address

**1902 Arclude Dr.**

City

**VIRGIA**

State

**VA**

Zip Code

**22182**

Purpose of Disbursement

**Refund**

Candidate Name

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**10 10 2002**

Amount of Each Disbursement this Period

**730.00**

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

Full Name (Last, First, Middle Initial)

**C. Patricia Van Roten**

Mailing Address

**1902 Arclude Dr**

City

**VIRGIA**

State

**VA**

Zip Code

**22182**

Purpose of Disbursement

**Refund**

Candidate Name

Category/Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

**10 10 2002**

Amount of Each Disbursement this Period

**730.00**

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

SUBTOTAL of Disbursements This Page (optional)

**1820.00**

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Bob Roy for US Senate**

Full Name (Last, First, Middle Initial) <b>A. William O'Leary</b>		Date of Disbursement <b>10 10 2002</b>
Mailing Address <b>50 Old Oak Trail</b>		Amount of Each Disbursement this Period <b>7.00</b>
City <b>Dahlonega</b>	State <b>GA</b>	
Zip Code <b>30533</b>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>Refund</b>		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Coyner</b>		Date of Disbursement <b>10 10 2002</b>
Mailing Address <b>403 S. Grant St.</b>		Amount of Each Disbursement this Period <b>727.00</b>
City <b>Hingsdale</b>	State <b>IL</b>	
Zip Code <b>60521</b>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>Refund</b>		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Roseann Coyner</b>		Date of Disbursement <b>10 10 2002</b>
Mailing Address <b>403 S. Grant St.</b>		Amount of Each Disbursement this Period <b>727.00</b>
City <b>Hingsdale</b>	State <b>IL</b>	
Zip Code <b>60521</b>		Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement <b>Refund</b>		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:	District:	

SUBTOTAL of Disbursements This Page (optional) .....	<b>1461.00</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

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

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NAME OF COMMITTEE (in Full)

Bob Roy for US Senate

Full Name (Last, First, Middle Initial)

A. Donald T. Bucklin

Mailing Address

4046 MANSION DR. NW

City

Washington

State

DC

Zip Code

20007-2117

Purpose of Disbursement

Refund

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

10/10/2002

Amount of Each Disbursement this Period

363.00

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

Full Name (Last, First, Middle Initial)

B. Sole & Growth Inc

Mailing Address

64 Hilton Ave

City

Hempstead

State

NY

Zip Code

11550

Purpose of Disbursement

Refund

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

10/10/2002

Amount of Each Disbursement this Period

73.00

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

Full Name (Last, First, Middle Initial)

C. John Baker

Mailing Address

P.O. Box 15937

City

Fernandina Beach

State

FL

Zip Code

32033

Purpose of Disbursement

Refund

Candidate Name

Office Sought:

House

Senate

President

Disbursement For:

Primary

General

Other (specify) ▼

State:

District:

Date of Disbursement

10/10/2002

Amount of Each Disbursement this Period

18.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

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

458.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 14

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 18a 20c	<input type="checkbox"/> 21
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NAME OF COMMITTEE (In Full)

*Bob Ray for US Senate*

Full Name (Last, First, Middle Initial)

A. *Karentha Weinstein*

Mailing Address

City State Zip Code

*MS*

Purpose of Disbursement

*Refund*

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

*10/10/2002*

Amount of Each Disbursement this Period

*73.00*

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

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

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

*73.00*

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

*14,452.00*

**SCHEDULE D (FEC Form 3)  
DEBTS AND OBLIGATIONS**  
Excluding Loans

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

PAGE / OF 2

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (If Full)  
*Bob Roy for US Senate*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Contribution Refund</i>	Nature of Debt (Purpose): <i>Contributions</i>
Mailing Address <i>Allocation to be determined</i>	
City State Zip Code	

Outstanding Balance Beginning This Period <i>13,925.00</i>	Amount Incurred This Period <i>527.00</i>	Payment This Period <i>14,452.00</i>	Outstanding Balance at Close of This Period <i>0</i>
---	--	---	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Ryan Skorre</i>	Nature of Debt (Purpose): <i>Consulting</i>
Mailing Address <i>1914 Charles St.</i>	
City State Zip Code <i>Pt Pleasant NJ 08742</i>	

Outstanding Balance Beginning This Period <i>2,000.00</i>	Amount Incurred This Period	Payment This Period <i>2,000.00</i>	Outstanding Balance at Close of This Period <i>0</i>
--	-----------------------------	--	---

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>Brad E. Muir</i>	Nature of Debt (Purpose): <i>Consulting</i>
Mailing Address <i>5 Aphya Rd</i>	
City State Zip Code <i>Parsippany NJ 07054</i>	

Outstanding Balance Beginning This Period <i>1,000.00</i>	Amount Incurred This Period <i>1,000.00</i>	Payment This Period	Outstanding Balance at Close of This Period <i>2,000.00</i>
--	--	---------------------	--

1) SUBTOTALS This Period This Page (optional)	<i>2,000.00</i>
2) TOTALS This Period (last page this line number 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 (FEC Form 3)  
DEBTS AND OBLIGATIONS**

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

FOR LINE NUMBER: (check only one)

9  
 10

**Excluding Loans**

NAME OF COMMITTEE (in Full)

*Bob Roy for US Senate*

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

*Bob Roy*

Nature of Debt (Purpose):

*Cell Phone  
Fed Ex  
Telephone  
Travel  
LORV* } *Reimbursed*

Mailing Address

*Candidate*

City

State

Zip Code

Outstanding Balance Beginning This Period

*100.00*

Amount Incurred This Period

*1,234.00*

Payment This Period

Outstanding Balance at Close of This Period

*1,334.00*

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional) ▶

*1,334.00*

2) TOTALS This Period (last page this line number only) ▶

*3,534.00*

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) ▶

*3,334.00*

OX 400  
THA, NJ 07034

REC  
REC  
199 B S Street  
Washington DC  
20463

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M. J. J.  
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