

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Pascrell for Congress

ADDRESS (number and street) PO Box 640

Check if different than previously reported. (ACC)

Totowa NJ 07511

2. **FEC IDENTIFICATION NUMBER** C00313510

**CITY** STATE ZIP CODE STATE DISTRICT

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

NJ 08

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on [ ] [ ] [ ] in the State of [ ]

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

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

Election on [ ] [ ] [ ] in the State of [ ]

5. Covering Period 07 01 2007 through 09 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edward Farmer

Signature of Treasurer Electronically Filed by Edward Farmer Date 08 14 2008

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

Pascrell for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

|   | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|---|-------------------------|------------------------------------|
| <b>6. Net Contributions (other than loans)</b>  |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)).....  | 106814.60               | 528154.60                          |
| (b) Total Contribution Refunds<br>(from Line 20(d)).....  | 0.00                    | 2900.00                            |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)).....                              | 106814.60               | 525254.60                          |
| <b>7. Net Operating Expenditures</b>  |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17).....   | 81795.98                | 334451.19                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....  | 18.12                   | 1311.59                            |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)).....  | 81777.86                | 333139.60                          |
| <b>8. Cash on Hand at Close of<br/>Reporting Period (from Line 27).....</b>                                       | <b>1034489.64</b>       |                                    |
| <b>9. Debts and Obligations Owed TO<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b>  | <b>0.00</b>             |                                    |
| <b>10. Debts and Obligations Owed BY<br/>the Committee (Itemize all on<br/>Schedule C and/or Schedule D).....</b> | <b>0.00</b>             |                                    |

**For further information contact:**

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

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name  
 Pascrell for Congress

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 7 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 9 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 7 |

**I. RECEIPTS**

**COLUMN A**  
 Total This Period

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

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

32505.00

271640.00

(ii) Unitemized.....

400.00

8805.00

(iii) TOTAL of contributions

32905.00

280445.00

from individuals..... ▶

0.00

1100.00

(b) Political Party Committees.....

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

73909.60

246609.60

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS

(other than loans)

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

106814.60

528154.60

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

0.00

0.00

13. LOANS

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

18.12

1311.59

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

4135.74

15200.53

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

110968.46

544666.72

**DETAILED SUMMARY PAGE**  
of Disbursements

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Election Cycle-to-Date</b> |
|--|---------------------------------------|--|
| 17. OPERATING EXPENDITURES.....  | 81795.98                              | 334451.19                                  |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES.....                         | 0.00                                  | 0.00                                       |
| 19. LOAN REPAYMENTS:   |                                       |  |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                                  | 0.00                                       |
| (b) Of all Other Loans.....  | 0.00                                  | 0.00                                       |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                                  | 0.00                                       |
| 20. REFUNDS OF CONTRIBUTIONS TO:   |                                       |  |
| (a) Individuals/Persons Other<br>Than Political Committees.....              | 0.00                                  | 2900.00                                    |
| (b) Political Party Committees.....  | 0.00                                  | 0.00                                       |
| (c) Other Political Committees<br>(such as PACs).....                        | 0.00                                  | 0.00                                       |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                                  | 2900.00                                    |
| 21. OTHER DISBURSEMENTS.....   | 13845.00                              | 102570.00                                  |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶ | 95640.98                              | 439921.19                                  |

**III. CASH SUMMARY**

|   |            |
|---|------------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 1019162.16 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....                             | 110968.46  |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 1130130.62 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 95640.98   |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 1034489.64 |

**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 5 / 83                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   | <input type="checkbox"/> 15             |                              |

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

|   |   |                          |  |
|---|---|--------------------------|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Richard L Ackerman       |                          | Date of Receipt  |
|   | Mailing Address 1911 Spruce Hills Dr                                |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>09 / 28 / 2007 |
|   | City  | State                    | Zip Code   |
|   | Glen Gardner  | NJ                       | 08826-3718   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | Transaction ID: C4090610   |
| Name of Employer<br>P.A. Post Agency, LLC   |   | Occupation<br>Partner    | Amount of Each Receipt this Period   |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼ | <input type="text"/><br>1500.00  |
|   |   |                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)          |

|   |   |                          |  |
|---|---|--------------------------|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Nicole Albano            |                          | Date of Receipt  |
|   | Mailing Address 21 Aspen Way  |                          | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>07 / 05 / 2007 |
|   | City  | State                    | Zip Code   |
|   | Morristown  | NJ                       | 07960-6370   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | Transaction ID: C4090563   |
| Name of Employer<br>Lowenstein Sandler  |   | Occupation<br>Attorney   | Amount of Each Receipt this Period   |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼ | <input type="text"/><br>250.00   |
|   |   |                          | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)          |

|   |   |                                   |  |
|---|---|-----------------------------------|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Barbara L Ballard        |                                   | Date of Receipt  |
|   | Mailing Address 3103 Winchester Way                                 |                                   | <input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y<br>09 / 28 / 2007 |
|   | City  | State                             | Zip Code   |
|   | Fallston  | MD                                | 21047-2408   |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                   | Transaction ID: C4090606   |
| Name of Employer seeking information  |   | Occupation<br>seeking information | Amount of Each Receipt this Period   |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Election Cycle-to-Date ▼          | <input type="text"/><br>1500.00  |
|   |   |                                   | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)          |

|  |  |
|--|--|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text"/><br><b>3250.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                   |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Marilyn Berry Thompson

Mailing Address 236 Westwood Rd.

City State Zip Code  
Annapolis MD 21401

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Jordan Burt LLP Government Relations Principal

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090900

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Robert H Beutel

Mailing Address 1848 Jason Cir

City State Zip Code  
Rochester Hills MI 48306-3640

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
All Star Transportation Inc. Owner

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090641

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 154 Cranberry Ave

City State Zip Code  
Bay Head NJ 08742-5020

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Information Requested Retired

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

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

**Transaction ID:** C4090602

Amount of Each Receipt this Period  
250.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... 1550.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 83

(check only one)

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

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 (Last, First, Middle Initial)  
Robert A Briant, Jr., Jr.

Mailing Address 75 Morris Ave

City State Zip Code  
Manasquan NJ 08736-3521

FEC ID number of contributing federal political committee. C

Name of Employer  
Utility and Transportation  
Con Occupation  
Executive Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
09 / 10 / 2007

**Transaction ID:** C4090951

Amount of Each Receipt this Period  
250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Gerard L. Burdi

Mailing Address 37 Pacer Ct

City State Zip Code  
Basking Ridge NJ 07920-3435

FEC ID number of contributing federal political committee. C

Name of Employer  
Union Paving & Constructi-  
on Occupation  
Principal

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
09 / 10 / 2007

**Transaction ID:** C4090603

Amount of Each Receipt this Period  
500.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Pete Corelli

Mailing Address 1209 Wyndmoor Rd

City State Zip Code  
Cherry Hill NJ 08034-2823

FEC ID number of contributing federal political committee. C

Name of Employer  
Lakeview Custom Coach Occupation  
Owner

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
09 / 28 / 2007

**Transaction ID:** C4090609

Amount of Each Receipt this Period  
1500.00

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

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

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

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 83                  |
|   | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
|   | <input type="checkbox"/> 12             | <input type="checkbox"/> 13a |
|   | <input type="checkbox"/> 11c            | <input type="checkbox"/> 11d |
|   | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  |
|   |   | <input type="checkbox"/> 15  |

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 (Last, First, Middle Initial)  
Barbara R Curtis

Mailing Address 5220 S Sherman St

City Littleton State CO Zip Code 80121-1030

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

Name of Employer Two Step Limousine Inc. Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt 09 / 28 / 2007

Transaction ID: C4090615

Amount of Each Receipt this Period 250.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Virginia Dabney

Mailing Address 376 Knollwood Rd

City Ridgewood State NJ Zip Code 07450-4815

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

Name of Employer homemaker Occupation homemaker

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2007

Transaction ID: C4090597

Amount of Each Receipt this Period 1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Diane K Forgy

Mailing Address 10515 Ensley Ln

City Leawood State KS Zip Code 66206-2548

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

Name of Employer Overland Limousine Service Occupation Manager

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2007

Transaction ID: C4090626

Amount of Each Receipt this Period 300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1550.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
John M Haddow  
Mailing Address 13516 Compton Rd  
City Clifton State VA Zip Code 20124-1203  
FEC ID number of contributing federal political committee. C  
Name of Employer Parry, Romani, DeConcini & Symms Occupation Partner  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 08 / 17 / 2007  
**Transaction ID:** C4090593  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Thomas Hardell  
Mailing Address 416 10th Ave  
City Manchester State NJ Zip Code 08759-5623  
FEC ID number of contributing federal political committee. C  
Name of Employer George Harms Construction Co. Occupation President  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00  
Date of Receipt 09 / 10 / 2007  
**Transaction ID:** C4090604  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David Harris  
Mailing Address 25 Warren Ct  
City South Orange State NJ Zip Code 07079-2335  
FEC ID number of contributing federal political committee. C  
Name of Employer Lowenstein Sandler Occupation Attorney  
Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 0.00  
Date of Receipt 07 / 10 / 2007  
**Transaction ID:** C4090970  
Amount of Each Receipt this Period 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... 1500.00  
**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 83  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
David Harris

Mailing Address 25 Warren Ct

City State Zip Code  
South Orange NJ 07079-2335

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

Name of Employer Occupation  
Lowenstein Sandler Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
07 / 20 / 2007

**Transaction ID:** C4090971

Amount of Each Receipt this Period  
-500.00

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

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

Mailing Address 45 Grant St

City State Zip Code  
Elmwood Park NJ 07407-2239

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

Name of Employer Occupation  
Self-employed Contractor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 16 / 2007

**Transaction ID:** C4090582

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 47 Prospect Ave

City State Zip Code  
Ardsley NY 10502-2319

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

Name of Employer Occupation  
Lowenstein Sandler Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2007

**Transaction ID:** C4090573

Amount of Each Receipt this Period  
500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **500.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 83  
(check only one)

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

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 (Last, First, Middle Initial)<br>Kevin Kelly  |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2007   |
| Mailing Address 7819 Montvale Way   |                                     | <b>Transaction ID:</b> C4090901   |
| City<br>Mc Lean   | State<br>VA                         | Zip Code<br>22102-2029  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer<br>Van Scoyoc Associates   | Occupation<br>Vice President        | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Ron Klink  |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2007   |
| Mailing Address 3410 Lashan Dr  |                                     | <b>Transaction ID:</b> C4090904   |
| City<br>Murrysville   | State<br>PA                         | Zip Code<br>15668-9480  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer<br>Ron Klink & Associates  | Occupation<br>President             | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Richard Kolodziej  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2007   |
| Mailing Address 10000 Valley Creek Ln   |                                    | <b>Transaction ID:</b> C4090877   |
| City<br>Vienna  | State<br>VA                        | Zip Code<br>22182-1350  |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer<br>NGV America   | Occupation<br>President            | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2500.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 83  
(check only one)

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

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 (Last, First, Middle Initial)  
Barry Lefkowitz

Mailing Address 5 Azalea Dr

City State Zip Code  
Lumberton NJ 08048-5239

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

Name of Employer National Limousine Association  
Occupation Government Affairs Representative

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: C4090607

Amount of Each Receipt this Period  
1500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Sharon Levine

Mailing Address 26 Crest Dr

City State Zip Code  
New Providence NJ 07974-2717

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

Name of Employer Lowenstein Sandler  
Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 05 / 2007

Transaction ID: C4090564

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Allen Levithan

Mailing Address 43 Athens Rd

City State Zip Code  
Short Hills NJ 07078-1351

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

Name of Employer Lowenstein Sandler  
Occupation Attorney

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 05 / 2007

Transaction ID: C4090565

Amount of Each Receipt this Period  
500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 13 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Mashantucket Pequot Tribal Mashantucket Pequot

Mailing Address PO Box 3008

City Mashantucket State CT Zip Code 06338-3008

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 31 / 2007  
**Transaction ID: C4089989**  
 Amount of Each Receipt this Period: 2000.00

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

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

Mailing Address 2060 Springdale Rd Ste 800

City Cherry Hill State NJ Zip Code 08003-2099

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

Name of Employer Trip Tracker Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 655.00

Date of Receipt: 09 / 08 / 2007  
**Transaction ID: C4090674**  
 Amount of Each Receipt this Period: 655.00

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

\* In-Kind: Lodging Accommodations

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

Mailing Address 7042 N Keeler Ave

City Lincolnwood State IL Zip Code 60712-2318

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

Name of Employer Metropolitan Limousine Occupation Manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt: 09 / 28 / 2007  
**Transaction ID: C4090629**  
 Amount of Each Receipt this Period: 300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2955.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 83  
(check only one)

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

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 (Last, First, Middle Initial)<br>Daniel Murray  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2007   |
| Mailing Address 1276 N Wayne St<br>Apt 322  |                                    | Transaction ID: C4090857  |
| City<br>Arlington   | State Zip Code<br>VA 22201-5850    |   |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer Information Requested  | Occupation<br>Retired              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |

**B.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>David O'Brien  |                                     | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2007   |
| Mailing Address 201 C St SE   |                                     | Transaction ID: C4090896  |
| City<br>Washington  | State Zip Code<br>DC 20003-1910     |   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>1000.00   |
| Name of Employer<br>David O'Brien & Associates  | Occupation<br>Lobbyist              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1000.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Joseph Perrone   |                                     | Date of Receipt<br>MM / DD / YYYY<br>07 / 12 / 2007   |
| Mailing Address 20 Island Trl   |                                     | Transaction ID: C4090575  |
| City<br>Sparta  | State Zip Code<br>NJ 07871-1602     |   |
| FEC ID number of contributing federal political committee.<br>C   |                                     | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer<br>Traxi, LLC  | Occupation<br>Accountant            | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>1800.00 |   |

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 83  
(check only one)

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

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 (Last, First, Middle Initial)<br>Franklin Phifer, Jr.   |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2007   |
| Mailing Address 3502 Whitehaven Pkwy NW   |                                    | <b>Transaction ID:</b> C4090871   |
| City<br>Washington  | State<br>DC                        | Zip Code<br>20007-2253  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer<br>Self Employed   | Occupation<br>Attorney             | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Gregory Reilly   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 05 / 2007   |
| Mailing Address 56 Bailey Hollow Rd   |                                    | <b>Transaction ID:</b> C4090560   |
| City<br>Morristown  | State<br>NJ                        | Zip Code<br>07960-6203  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>250.00  |
| Name of Employer<br>Lowenstein Sandler  | Occupation<br>Attorney             | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>250.00 |   |

**C.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Michael Renehan  |                                    | Date of Receipt<br>MM / DD / YYYY<br>09 / 28 / 2007   |
| Mailing Address PO Box 627  |                                    | <b>Transaction ID:</b> C4090649   |
| City<br>Farmingdale   | State<br>NJ                        | Zip Code<br>07727-0627  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>300.00  |
| Name of Employer<br>Nat'l Limousine Ass'n   | Occupation<br>Director             | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>300.00 |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>1050.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 16 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Michael L Rodburg

Mailing Address 65 Livingston Ave

City Roseland State NJ Zip Code 07068-1725

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

Name of Employer Lowenstein Sandler Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2007  
**Transaction ID: C4090567**  
 Amount of Each Receipt this Period 500.00

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

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

Mailing Address 13 Woodland Ave

City North Caldwell State NJ Zip Code 07006-4311

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

Name of Employer Lowenstein Sandler Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2007  
**Transaction ID: C4090571**  
 Amount of Each Receipt this Period 500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Andrew M Rosenberg

Mailing Address 112 N Patrick St

City Alexandria State VA Zip Code 22314-3025

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

Name of Employer Ogilvy Governmnet Relations Occupation Senior Vice President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 08 / 17 / 2007  
**Transaction ID: C4090595**  
 Amount of Each Receipt this Period 500.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Scott Rovner

Mailing Address 61 Lenfant Ct

City State Zip Code  
Glen Mills PA 19342-1668

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Tips Insurance Associate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 750.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID:** C4090660  
 Amount of Each Receipt this Period 750.00

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

**B.** Full Name (Last, First, Middle Initial)  
Linda Samson Galese

Mailing Address 4 Pepperidge Tree Ter

City State Zip Code  
Kinnelon NJ 07405-2228

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Williams, Caliri, Miller & Ott Attorney

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 550.00

Date of Receipt 07 / 31 / 2007  
**Transaction ID:** C4090587  
 Amount of Each Receipt this Period 250.00

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

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

Mailing Address 10 Woodbridge Ctr Dr  
Ste 710

City State Zip Code  
Woodbridge NJ 07095-1106

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sprint / Nextel Corp. Communications Associate

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1500.00

Date of Receipt 09 / 08 / 2007  
**Transaction ID:** C4090677  
 Amount of Each Receipt this Period 1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
 \* In-Kind: Reception Sponsorship

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 83  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Steven Siesser

Mailing Address 9 County Rd

City State Zip Code  
Demarest NJ 07627-2502

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

Name of Employer Occupation  
Lowenstein Sandler Attorney

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

Date of Receipt  
MM / DD / YYYY  
07 / 05 / 2007

Transaction ID: C4090569

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 60 Sugar Maple Ln

City State Zip Code  
Tinton Falls NJ 07724-2716

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

Name of Employer Occupation  
Arrow Limousine Owner

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

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

Transaction ID: C4090653

Amount of Each Receipt this Period  
550.00

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

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

Mailing Address 12766 NW 75th St

City State Zip Code  
Parkland FL 33076-4206

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

Name of Employer Occupation  
Aventura Worldwide Transportation Representative

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

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

Transaction ID: C4090636

Amount of Each Receipt this Period  
300.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Richard Scott Thompson

Mailing Address 20 Fowler Road

City Peapack State NJ Zip Code 07797

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

Name of Employer Lowenstein Sandler Occupation Attorney

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt 07 / 05 / 2007  
**Transaction ID: C4090574**  
 Amount of Each Receipt this Period 500.00

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

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

Mailing Address 3564 Magellan Cir Apt 216

City Aventura State FL Zip Code 33180-3710

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

Name of Employer Aventura Worlwide Transportation Occupation Representative

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 300.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID: C4090646**  
 Amount of Each Receipt this Period 300.00

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

**C.** Full Name (Last, First, Middle Initial)  
James A Vajda, Jr.

Mailing Address 600 Buckhorn Ct

City Lewisberry State PA Zip Code 17339-8718

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

Name of Employer All Risks Ltd. Occupation Manager

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID: C4090658**  
 Amount of Each Receipt this Period 750.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 83  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
Edward A Vergopia

Mailing Address 20 Bayberry Dr

City State Zip Code  
Saddle River NJ 07458-2610

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

Name of Employer Occupation  
Westwood Lincoln-Mercury Owner

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

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

**Transaction ID:** C4090613

Amount of Each Receipt this Period  
1500.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Mechelle Wowas

Mailing Address PO Box 4407  
43 Harrier Circle

City State Zip Code  
Eagle CO 81631-4407

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

Name of Employer Occupation  
Elite Limousine Services, Inc. Manager

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

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

**Transaction ID:** C4090622

Amount of Each Receipt this Period  
250.00

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

**C.**

Full Name (Last, First, Middle Initial)  
Washington Strategic Consulting LLC

Mailing Address 2600 Virginia Ave NW  
The Watergate

City State Zip Code  
Washington DC 20037-1906

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

Name of Employer Occupation

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

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

**Transaction ID:** C4090542

Amount of Each Receipt this Period  
500.00

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

PARTNERSHIP--partners below if itemized

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Kyle Mulroy

Mailing Address 2600 Virginia Ave NW  
c/o Washington Consulting

City Washington State DC Zip Code 20037-1906

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

Name of Employer Washington Strategic Cons-ultin Occupation Partner

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 Amount: 1500.00

Date of Receipt: 09 / 28 / 2007  
**Transaction ID:** C4090543  
 Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 \*

**B.** Full Name (Last, First, Middle Initial)  
Clifton Medical Center

Mailing Address 1003-1011 Main Avenue

City Clifton State NJ Zip Code 07011-2333

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

Name of Employer Occupation

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 Amount: 500.00

Date of Receipt: 07 / 20 / 2007  
**Transaction ID:** C4090577  
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**PARTNERSHIP--partners below if itemized**

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

Mailing Address 1003 Main Ave

City Clifton State NJ Zip Code 07011-2333

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

Name of Employer Clifton Medical Center Occupation Medical Doctor

Receipt For: 2008 Election Cycle-to-Date ▼  
 Primary    General    Other (specify) ▼  
 Amount: 250.00

Date of Receipt: 07 / 20 / 2007  
**Transaction ID:** C4090907  
 Amount of Each Receipt this Period: 250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
**[MEMO ITEM]**  
 \*

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

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

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

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

FOR LINE NUMBER: PAGE 22 / 83  
(check only one)  
 11a    11b    11c    11d  
 12    13a    13b    14    15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Scarinci & Hollenbeck  
Mailing Address 1100 Valley Brook Ave  
City Lyndhurst State NJ Zip Code 07071-3620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 800.00  
Date of Receipt: 09 / 14 / 2007  
Transaction ID: C4090605  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
PARTNERSHIP--partners below if itemized

**B.** Full Name (Last, First, Middle Initial)  
Donald Scarinci  
Mailing Address 1100 Valley Brook Ave  
City Lyndhurst State NJ Zip Code 07071-3620  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Scarinci & Hollenbeck Occupation Attorney  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 800.00  
Date of Receipt: 09 / 14 / 2007  
Transaction ID: C4090923  
Amount of Each Receipt this Period: 500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
[MEMO ITEM]  
\*

**C.** Full Name (Last, First, Middle Initial)  
Philadelphia Regional Limousine Association  
Mailing Address P.O. Box 653  
City Richboro State PA Zip Code 18954  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary    General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 750.00  
Date of Receipt: 09 / 28 / 2007  
Transaction ID: C4090668  
Amount of Each Receipt this Period: 750.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)  
PARTNERSHIP--partners below if itemized

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1250.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 23 / 83                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 11d  | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a |
| <input type="checkbox"/> 13b  | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |

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 (Last, First, Middle Initial)<br>Hunton & Williams  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 0 7                                 |
| Mailing Address 1900 K St NW  |                                    | <b>Transaction ID:</b> C4090893   |
| City<br>Washington  | State<br>DC                        | Zip Code<br>20006-1108  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer  | Occupation                         | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |

**PARTNERSHIP**--partners below if itemized

**B.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Bert Pena  |                                    | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 0 7                                 |
| Mailing Address 1900 K St NW  |                                    | <b>Transaction ID:</b> C4090950   |
| City<br>Washington  | State<br>DC                        | Zip Code<br>20006-1108  |
| FEC ID number of contributing federal political committee.<br>C   |                                    | Amount of Each Receipt this Period<br>500.00  |
| Name of Employer<br>Hunton & Williams LLP   | Occupation<br>Attorney             | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |
| Receipt For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Election Cycle-to-Date ▼<br>500.00 |   |

**[MEMO ITEM]**  
\*

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 500.00   |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 32505.00 |

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 9.60

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

**Transaction ID:** C4090785

Amount of Each Receipt this Period  
9.60

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

**B.** Full Name (Last, First, Middle Initial)  
Affinity Federal Credit Union PAC

Mailing Address P.O. Box 621  
73 Mountain View Boulevard

City State Zip Code  
Basking Ridge NJ 07920-0621

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C4090128

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AFLAC Incorporated PAC

Mailing Address 1932 Wynnton Road

City State Zip Code  
Columbus GA 31999

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090551

Amount of Each Receipt this Period  
1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2009.60**

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
AFSCME PAC- AFL-CIO

Mailing Address 1625 L Street, N.W.

City Washington State DC Zip Code 20036-5687

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 28 / 2007  
**Transaction ID: C4090550**  
 Amount of Each Receipt this Period: 1500.00

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

**B.** Full Name (Last, First, Middle Initial)  
Aircraft Owners & Pilots Ass'n PAC

Mailing Address 601 Pennsylvania Avenue, N.W.  
Suite 875 South Bldg.

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 09 / 28 / 2007  
**Transaction ID: C4090526**  
 Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION

Mailing Address 1050 31st Street N.W.

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt: 09 / 28 / 2007  
**Transaction ID: C4090539**  
 Amount of Each Receipt this Period: 2500.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 26 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Bankers Association  
Mailing Address 1120 Connecticut Avenue, N.W.  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 09 / 28 / 2007  
Transaction ID: C4090523  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
American Council of Life Insurers PAC  
Mailing Address 101 Constitution Ave NW Ste 700  
City Washington State DC Zip Code 20001-2133  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt 08 / 29 / 2007  
Transaction ID: C4090137  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
American Dental Political Action Cmte.  
Mailing Address 1111 14th St., N.W. Suite 1200  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt 09 / 28 / 2007  
Transaction ID: C4090178  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
American Hospital Ass'n PAC

Mailing Address 325 Seventh Street, NW  
Liberty Place, Suite 700

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 08 / 02 / 2007  
**Transaction ID: C4089250**  
 Amount of Each Receipt this Period: 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
American Hospital Ass'n PAC

Mailing Address 325 Seventh Street, NW  
Liberty Place, Suite 700

City Washington State DC Zip Code 20004

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 6000.00

Date of Receipt: 08 / 03 / 2007  
**Transaction ID: C4089252**  
 Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
American Optometric Ass'n PAC

Mailing Address 1505 Prince Street Suite 300

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4500.00

Date of Receipt: 09 / 28 / 2007  
**Transaction ID: C4090546**  
 Amount of Each Receipt this Period: 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 83  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUAR

Mailing Address 4245 N Fairfax Drive  
Suite 750

City Arlington State VA Zip Code 22203

FEC ID number of contributing federal political committee. **C** C00333104

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 10 / 2007  
Transaction ID: C4090156  
Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 430 First Street, SE

City Washington State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2007  
Transaction ID: C4090528  
Amount of Each Receipt this Period: 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
ANHEUSER-BUSCH COMPANIES INC. POLITICAL ACTION COM

Mailing Address ONE BUSCH PLACE 202-5

City ST. LOUIS State MO Zip Code 63118

FEC ID number of contributing federal political committee. **C** C00034488

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 07 / 17 / 2007  
Transaction ID: C4089235  
Amount of Each Receipt this Period: 2000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

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

Mailing Address 1300 N. 17th Street

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt: 09 / 28 / 2007  
**Transaction ID:** C4090530  
 Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 1201 15th Street, N.W.

City Washington State DC Zip Code 20005-2800

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 5000.00

Date of Receipt: 07 / 10 / 2007  
**Transaction ID:** C4089111  
 Amount of Each Receipt this Period: 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Career College Association PAC

Mailing Address 10 G St NE

City Washington State DC Zip Code 20002-4213

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 02 / 2007  
**Transaction ID:** C4090107  
 Amount of Each Receipt this Period: 1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
CENTERPOINT ENERGY INC. POLITICAL ACTION COMMITTEE

Mailing Address P.O. Box 4567

City State Zip Code  
Houston TX 77210

FEC ID number of contributing federal political committee. **C** C00333534

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090192

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Cmte. on Letter Carriers Pol. Ed.

Mailing Address 100 INDIANA AVE. N. W.

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00023580

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090548

Amount of Each Receipt this Period  
3000.00

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

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

Mailing Address Suite 1250  
1350 I Street, N.W.

City State Zip Code  
Washington DC 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090189

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Credit Suisse Securities (USA)  
Mailing Address 1155 21st Street NW  
Suite 300  
City Washington State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00111559  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 07 / 10 / 2007  
Transaction ID: C4089100  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
CSX Good Gov't Fund  
Mailing Address 1331 Pennsylvania Ave, NW  
Suite 560  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00  
Date of Receipt: 09 / 28 / 2007  
Transaction ID: C4090534  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Electrical Construction PAC  
Mailing Address 3 Bethesda Metro Center  
City Bethesda State MD Zip Code 20814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00  
Date of Receipt: 09 / 28 / 2007  
Transaction ID: C4090531  
Amount of Each Receipt this Period: 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

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

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

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

FOR LINE NUMBER: PAGE 32 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
ENGINEERS POLITICAL EDUCATION COMMITTEE (EPEC)/INT  
Mailing Address 1125 17TH ST. NW  
City WASHINGTON State DC Zip Code 20036  
FEC ID number of contributing federal political committee. **C** C00029504  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 4000.00  
Date of Receipt MM / DD / YYYY 07 / 12 / 2007  
Transaction ID: C4089226  
Amount of Each Receipt this Period 4000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
General Electric Company PAC  
Mailing Address 1299 Pennsylvania Avenue, NW  
Suite 1100W  
City Washington State DC Zip Code 20004  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 1000.00  
Date of Receipt MM / DD / YYYY 08 / 02 / 2007  
Transaction ID: C4090102  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
GlaxoSmithKline PAC  
Mailing Address 1500 K Street, N.W.  
Suite 650  
City Washington State DC Zip Code 20005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 2000.00  
Date of Receipt MM / DD / YYYY 09 / 28 / 2007  
Transaction ID: C4090529  
Amount of Each Receipt this Period 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6000.00  
**TOTAL** This Period (last page this line number only) ..... ►



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

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

FOR LINE NUMBER: PAGE 33 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Honeywell Interantional PAC

Mailing Address 101 Constitution Avenue, N.W.  
Suite 500 W

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2007  
**Transaction ID: C4090552**  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Int'l Assoc. of Firefighters FIREPAC

Mailing Address 1750 New York Avenue, N.W.

City Washington State DC Zip Code 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID: C4090538**  
 Amount of Each Receipt this Period 2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
Interstate Natural Gas Ass'n of America

Mailing Address 10 G Street, NE  
Suite 700

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID: C4090544**  
 Amount of Each Receipt this Period 1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 83  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.**

Full Name (Last, First, Middle Initial)  
ITT Industries PAC

Mailing Address Suite 1700  
1650 Tysons Boulevard

City State Zip Code  
McLean VA 22102

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090525

Amount of Each Receipt this Period  
1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
J P MORGAN CHASE & CO. FUND FOR GOOD GOVERNMENT -

Mailing Address 707 TRAVIS STREET 2ND FLOOR NORTH

City State Zip Code  
HOUSTON TX 77002

FEC ID number of contributing federal political committee. **C** C00379388

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

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

**Transaction ID:** C4089257

Amount of Each Receipt this Period  
1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITI

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00118943

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

**Transaction ID:** C4090166

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Medco Health PAC

Mailing Address 601 Pennsylvania Avenue  
#700

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 09 / 28 / 2007  
**Transaction ID: C4090181**  
 Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 40 Landsdowne St

City Cambridge State MA Zip Code 02139-4234

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt: 08 / 17 / 2007  
**Transaction ID: C4090124**  
 Amount of Each Receipt this Period: 1000.00

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

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

Mailing Address 5 Crow Hill Road

City Uncasville State CT Zip Code 06382

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt: 09 / 25 / 2007  
**Transaction ID: C4090540**  
 Amount of Each Receipt this Period: 2000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 36 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
MWW Group PAC

Mailing Address One Meadowlands Plaza  
6th Floor

City State Zip Code  
East Rutherford NJ 07073

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 8 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** C4090200

Amount of Each Receipt this Period  
1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
NAT'L ASSOC. OF INS. AND FINANCIAL ADVISORS PAC

Mailing Address 2901 Telestar Court

City State Zip Code  
Falls Church VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | / | 2 | 0 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** C4089243

Amount of Each Receipt this Period  
2000.00

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

**C.** Full Name (Last, First, Middle Initial)  
National Association of Industrial and Office Prop

Mailing Address 2201 Cooperative Way

City State Zip Code  
Herndon VA 20171-4583

FEC ID number of contributing federal political committee. **C** C00233304

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 | / | 2 | 8 | / | 2 | 0 | 0 | 7 |

**Transaction ID:** C4090524

Amount of Each Receipt this Period  
1000.00

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

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

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

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

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

FOR LINE NUMBER: PAGE 37 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL AC

Mailing Address 1101 King Street  
Suite 600

City State Zip Code  
Alexandria VA 22314-2944

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090547

Amount of Each Receipt this Period  
2500.00

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

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ROOFING CONTRACTORS ASSOCIATION (ROOFPAC)

Mailing Address 324 FOURTH STREET NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

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

**Transaction ID:** C4090142

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ROOFING CONTRACTORS ASSOCIATION (ROOFPAC)

Mailing Address 324 FOURTH STREET NE

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00244863

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 2 8 / 2 0 0 7

**Transaction ID:** C4090196

Amount of Each Receipt this Period  
1000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

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

Mailing Address 49 South Maple Avenue

City Marlton State NJ Zip Code 08053

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1200.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID: C4090541**  
 Amount of Each Receipt this Period 900.00

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

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

Mailing Address 1605 King Street

City Alexandria State VA Zip Code 22314

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt 09 / 07 / 2007  
**Transaction ID: C4090145**  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
Oldcastle Materials Inc. PAC

Mailing Address 101 Constitution Avenue, N.W.  
Suite 600 W

City Washington State DC Zip Code 20001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID: C4090527**  
 Amount of Each Receipt this Period 1000.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2900.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 83

(check only one)

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

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 (Last, First, Middle Initial)  
OPPENHEIMERFUNDS INC. POLITICAL ACTION COMMITTEE

Mailing Address 1295 State Street

City State Zip Code  
Springfield MA 01111

FEC ID number of contributing federal political committee. **C** C00367920

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 14 / 2007

Transaction ID: C4090171

Amount of Each Receipt this Period

1000.00

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

**B.**

Full Name (Last, First, Middle Initial)  
Parsons Brinckerhoff, Inc. PAC

Mailing Address 2 Gateway Center  
18th Floor

City State Zip Code  
Newark NY 07102

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: C4090545

Amount of Each Receipt this Period

1000.00

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

**C.**

Full Name (Last, First, Middle Initial)  
PMA Group PAC

Mailing Address 1755 Jefferson Davis Hwy.  
Suite 1107

City State Zip Code  
Arlington VA 22202-3509

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2007

Transaction ID: C4090535

Amount of Each Receipt this Period

2000.00

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

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

4000.00

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 83  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Prudential Financial Inc. PAC

Mailing Address 751 Broad Street

City State Zip Code  
Newark NJ 07102

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2007

**Transaction ID:** C4090114

Amount of Each Receipt this Period  
1000.00

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

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

Mailing Address 5100 Wisconsin Ave NW  
Ste 307

City State Zip Code  
Washington DC 20016-4130

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2500.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2007

**Transaction ID:** C4090536

Amount of Each Receipt this Period  
2500.00

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

**C.** Full Name (Last, First, Middle Initial)  
SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POL

Mailing Address 1750 New York Avenue NW

City State Zip Code  
Washington DC 20006

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2007

**Transaction ID:** C4090176

Amount of Each Receipt this Period  
2000.00

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

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

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



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 83  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
The Chubb Corp. CHUBBPAC

Mailing Address 15 Mountain View Road  
P.O. Box 1615

City Warren State NJ Zip Code 07061-1615

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt 09 / 10 / 2007  
**Transaction ID: C4090157**  
 Amount of Each Receipt this Period 1000.00

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

**B.** Full Name (Last, First, Middle Initial)  
UAW V CAP (United Auto Workers)

Mailing Address 1757 N Street, N.W.

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID: C4090533**  
 Amount of Each Receipt this Period 1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
UNITE HERE TIP Campaign Cmte.

Mailing Address 275 7th Avenue  
10th Floor

City New York State NY Zip Code 10001

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt 09 / 28 / 2007  
**Transaction ID: C4090549**  
 Amount of Each Receipt this Period 3000.00

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

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

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

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

|   |                              |   |                              |                             |
|---|------------------------------|---|------------------------------|-----------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |   | PAGE 42 / 83                 |                             |
|   | (check only one)             |   |                              |                             |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 11d |                             |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 13a | <input type="checkbox"/> 13b            | <input type="checkbox"/> 14  | <input type="checkbox"/> 15 |

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 (Last, First, Middle Initial)<br>Washington Group Int'l PAC        |                                      | Date of Receipt   |
| Mailing Address 2345 Crystal Drive<br>Suite 708                              |                                      | <input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2007"/> |
| City   | State                                | Zip Code  |
| Arlington  | VA                                   | 22202   |
| FEC ID number of contributing federal political committee.                   |                                      | Transaction ID: C4090532  |
| <input type="text" value="C"/>   |                                      | Amount of Each Receipt this Period  |
| Name of Employer   |                                      | <input type="text" value="1000.00"/>  |
| Occupation   |                                      | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)         |
| Receipt For: 2008  | Election Cycle-to-Date ▼             |   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | <input type="text" value="1000.00"/> |   |
| <input type="checkbox"/> Other (specify) ▼                                   |                                      |   |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1000.00"/>  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text" value="73909.60"/> |

# 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 43 / 83 |
|   | <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d                                      |              |
|   | <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15 |              |

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

|  |   |   |   |
|--|---|---|---|
| <b>A.</b>  | Full Name (Last, First, Middle Initial)<br>Greater Community Bank |   | Date of Receipt   |
|  | Mailing Address Union Boulevard                                   |   | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/> |
|  | City  | State   | Zip Code  |
|  | Totowa  | NJ  | 07512   |
|  | FEC ID number of contributing federal political committee.        |   | <input type="text" value="C"/>  |
| Name of Employer   |   | Occupation  | Transaction ID: C4090961  |
| Receipt For: 2008  |   | Amount of Each Receipt this Period  |   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | Election Cycle-to-Date ▼  | <input type="text" value="1294.89"/>  |   |
| <input type="checkbox"/> Other (specify) ▼                                   | <input type="text" value="4042.54"/>                              | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |   |

|  |  |   |   |
|--|--|---|---|
| <b>B.</b>  | Full Name (Last, First, Middle Initial)<br>PNC Bank        |   | Date of Receipt   |
|  | Mailing Address 1005 Hamburg Tpke                          |   | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/> |
|  | City   | State   | Zip Code  |
|  | Wayne  | NJ  | 07470-3223  |
|  | FEC ID number of contributing federal political committee. |   | <input type="text" value="C"/>  |
| Name of Employer   |  | Occupation  | Transaction ID: C4090954  |
| Receipt For: 2008  |  | Amount of Each Receipt this Period  |   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | Election Cycle-to-Date ▼                                   | <input type="text" value="196.64"/>   |   |
| <input type="checkbox"/> Other (specify) ▼                                   | <input type="text" value="2497.78"/>                       | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |   |

|  |  |   |   |
|--|--|---|---|
| <b>C.</b>  | Full Name (Last, First, Middle Initial)<br>PNC Bank        |   | Date of Receipt   |
|  | Mailing Address 1005 Hamburg Tpke                          |   | <input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2007"/> |
|  | City   | State   | Zip Code  |
|  | Wayne  | NJ  | 07470-3223  |
|  | FEC ID number of contributing federal political committee. |   | <input type="text" value="C"/>  |
| Name of Employer   |  | Occupation  | Transaction ID: C4090955  |
| Receipt For: 2008  |  | Amount of Each Receipt this Period  |   |
| <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General | Election Cycle-to-Date ▼                                   | <input type="text" value="430.71"/>   |   |
| <input type="checkbox"/> Other (specify) ▼                                   | <input type="text" value="2497.78"/>                       | <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="1922.24"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

|   |                              |  |
|---|------------------------------|--|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 44 / 83                           |
|   | (check only one)             |  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c           |
| <input type="checkbox"/> 11d  | <input type="checkbox"/> 12  | <input type="checkbox"/> 13a           |
| <input type="checkbox"/> 13b  | <input type="checkbox"/> 14  | <input checked="" type="checkbox"/> 15 |

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

NAME OF COMMITTEE (In Full)  
Pascrell for Congress

**A.** Full Name (Last, First, Middle Initial)  
Valley National Bank

Mailing Address 1445 Valley Rd

City State Zip Code  
Wayne NJ 07470-2088

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4662.33

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2007

Transaction ID: C4090956

Amount of Each Receipt this Period  
1209.30

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

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

Mailing Address Preakness Shopping Center

City State Zip Code  
Wayne NJ 07470

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

Name of Employer Occupation

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3997.88

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2007

Transaction ID: C4090958

Amount of Each Receipt this Period  
1004.20

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

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>2213.50</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>4135.74</b> |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>A Self Storage, Inc.</p> <p>Mailing Address 400 W Broadway</p> <p>City Haledon State NJ Zip Code 07508-1219</p> <p>Purpose of Disbursement<br/>storage fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149014</p> <p>Date of Disbursement<br/>07 / 02 / 2007</p> <p>Amount of Each Disbursement this Period<br/>256.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>A Self Storage, Inc.</p> <p>Mailing Address 400 W Broadway</p> <p>City Haledon State NJ Zip Code 07508-1219</p> <p>Purpose of Disbursement<br/>Storage Rent</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149066</p> <p>Date of Disbursement<br/>07 / 31 / 2007</p> <p>Amount of Each Disbursement this Period<br/>156.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>A Self Storage, Inc.</p> <p>Mailing Address 400 W Broadway</p> <p>City Haledon State NJ Zip Code 07508-1219</p> <p>Purpose of Disbursement<br/>Storage Fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149118</p> <p>Date of Disbursement<br/>08 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>156.22</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

568.66

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
Alex's Luxury Limousines

Mailing Address 21 Tilley Ave

City Pompton Plains State NJ Zip Code 07444-1901

Purpose of Disbursement  
Transportation for 6/11/07 Event

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149059  
Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

120.00

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

B.

Full Name (Last, First, Middle Initial)  
American Labor Museum

Mailing Address 83 Norwood St

City Haledon State NJ Zip Code 07508-1363

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149043  
Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

100.00

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

C.

Full Name (Last, First, Middle Initial)  
American Society of the Italian Legions of Merit

Mailing Address 8 E 69th St

City New York State NY Zip Code 10021-4906

Purpose of Disbursement  
Contribution for Ad

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149085  
Date of Disbursement

08 / 03 / 2007

Amount of Each Disbursement this Period

150.00

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

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

370.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Bally's AC Hotel & Casino<br><br>Mailing Address Park Place & the Boardwalk<br><br>City Atlantic City State NJ Zip Code 08401<br><br>Purpose of Disbursement Deposit State Convention<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼            | Transaction ID: D149121<br>Date of Disbursement<br>08 / 27 / 2007<br><br>Amount of Each Disbursement this Period<br>2000.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Bally's AC Hotel & Casino<br><br>Mailing Address Park Place & the Boardwalk<br><br>City Atlantic City State NJ Zip Code 08401<br><br>Purpose of Disbursement Catering for State Conference Event<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149167<br>Date of Disbursement<br>09 / 07 / 2007<br><br>Amount of Each Disbursement this Period<br>9019.05<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Bally's AC Hotel & Casino<br><br>Mailing Address Park Place & the Boardwalk<br><br>City Atlantic City State NJ Zip Code 08401<br><br>Purpose of Disbursement Staff Rooms<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                         | Transaction ID: D149169<br>Date of Disbursement<br>09 / 07 / 2007<br><br>Amount of Each Disbursement this Period<br>1663.42<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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

12682.47

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
Balocco

Mailing Address 110 Vincent Drive

City Clifton State NJ Zip Code 07011

Purpose of Disbursement  
Balance Due 6/11 Event  
Candidate Name

Category/  
Type

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

Transaction ID: D149002  
Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

16828.00

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

B.

Full Name (Last, First, Middle Initial)  
Ben Rich

Mailing Address C/O CONGRESSMAN BILL PASCRELL, JR  
1722 Longworth H.O.B.

City Washington State DC Zip Code 20515-0001

Purpose of Disbursement  
reimburse black tie rental and catering  
Candidate Name

Category/  
Type

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

Transaction ID: D149010  
Date of Disbursement

07 / 01 / 2007

Amount of Each Disbursement this Period

383.58

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

C.

Full Name (Last, First, Middle Initial)  
Celia Anderson

Mailing Address 391 Howe Ave  
Apt B29

City Passaic State NJ Zip Code 07055-1923

Purpose of Disbursement  
Reimburse Pete Retirement Party Tickets  
Candidate Name

Category/  
Type

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

Transaction ID: D149191  
Date of Disbursement

09 / 28 / 2007

Amount of Each Disbursement this Period

350.00

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

SUBTOTAL of Disbursements This Page (optional) ▶

17561.58

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Computer Ease, LLC</p> <p>Mailing Address 153 Newark Pompton Tpk</p> <p>City Little Falls State NJ Zip Code 07424-1103</p> <p>Purpose of Disbursement<br/>Service Call</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149125<br/><b>Date of Disbursement</b><br/>08 / 29 / 2007</p> <p>Amount of Each Disbursement this Period<br/>101.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Computer Ease, LLC</p> <p>Mailing Address 153 Newark Pompton Tpk</p> <p>City Little Falls State NJ Zip Code 07424-1103</p> <p>Purpose of Disbursement<br/>service call</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149006<br/><b>Date of Disbursement</b><br/>07 / 01 / 2007</p> <p>Amount of Each Disbursement this Period<br/>140.17</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Computer Ease, LLC</p> <p>Mailing Address 153 Newark Pompton Tpk</p> <p>City Little Falls State NJ Zip Code 07424-1103</p> <p>Purpose of Disbursement<br/>Service Call</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149091<br/><b>Date of Disbursement</b><br/>08 / 07 / 2007</p> <p>Amount of Each Disbursement this Period<br/>101.65</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

343.47

**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 50 / 83

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Dems 2000</p> <p>Mailing Address PO Box 31</p> <p>City Jamesburg State NJ Zip Code 08831-0031</p> <p>Purpose of Disbursement Tickets purchase</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> D149041</p> <p>Date of Disbursement<br/>07 / 11 / 2007</p> <p>Amount of Each Disbursement this Period<br/>450.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Do Good House</p> <p>Mailing Address 50 Duffus Ave<br/>c/o Kenneth Samra</p> <p>City Totowa State NJ Zip Code 07512-2308</p> <p>Purpose of Disbursement Contribute to 9/13/07 Student Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149115</p> <p>Date of Disbursement<br/>08 / 23 / 2007</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Dominican Parade &amp; Festival of NJ</p> <p>Mailing Address 368 21st Ave</p> <p>City Paterson State NJ Zip Code 07501-3639</p> <p>Purpose of Disbursement Contribution for Parade</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>            | <p><b>Transaction ID:</b> D149138</p> <p>Date of Disbursement<br/>09 / 03 / 2007</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

1050.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
Erickson & Co., Inc.

Transaction ID: D149128  
Date of Disbursement

Mailing Address 38 Ivy St SE

/

City Washington State DC Zip Code 20003-4006

Amount of Each Disbursement this Period

Purpose of Disbursement fundraising services  
Candidate Name

Category/Type

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

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

B.

Full Name (Last, First, Middle Initial)  
Erickson & Co., Inc.

Transaction ID: D148999  
Date of Disbursement

Mailing Address 38 Ivy St SE

/

City Washington State DC Zip Code 20003-4006

Amount of Each Disbursement this Period

Purpose of Disbursement fundraising services  
Candidate Name

Category/Type

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

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

C.

Full Name (Last, First, Middle Initial)  
Erickson & Co., Inc.

Transaction ID: D149051  
Date of Disbursement

Mailing Address 38 Ivy St SE

/

City Washington State DC Zip Code 20003-4006

Amount of Each Disbursement this Period

Purpose of Disbursement Fundraising Services  
Candidate Name

Category/Type

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

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

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
Essex County Chiefs of Police

Mailing Address 335 So. Livingston Avenue

City Livingston State NJ Zip Code 07039

Purpose of Disbursement  
Golf Outing Contribution  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D149111  
Date of Disbursement

08 / 20 / 2007

Amount of Each Disbursement this Period

150.00

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

B.

Full Name (Last, First, Middle Initial)  
Fairfax Mailing, Inc.

Mailing Address 10807 Main St Ste 200

City Fairfax State VA Zip Code 22030-4730

Purpose of Disbursement  
Event Mailing  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D149182  
Date of Disbursement

09 / 10 / 2007

Amount of Each Disbursement this Period

891.75

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

C.

Full Name (Last, First, Middle Initial)  
Federal Express

Mailing Address PO Box 1140

City Memphis State TN Zip Code 38101-1140

Purpose of Disbursement  
Invoice Payment  
Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

Transaction ID: D149046  
Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

35.41

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

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

1077.16

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Holy Rosary Young Men's Club<br>Mailing Address 1 Wall St<br>City Passaic State NJ Zip Code 07055-8308<br>Purpose of Disbursement<br>Donation<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149196<br>Date of Disbursement<br>09 / 10 / 2007  |
|   | Amount of Each Disbursement this Period<br>500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Hon. William J. Pascrell, Jr.<br>Mailing Address 441 9th Ave<br>City Paterson State NJ Zip Code 07514-1730<br>Purpose of Disbursement<br>Reimburse Transportation<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149201<br>Date of Disbursement<br>09 / 23 / 2007  |
|   | Amount of Each Disbursement this Period<br>264.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|   |  |
|---|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Hon. William J. Pascrell, Jr.<br>Mailing Address 441 9th Ave<br>City Paterson State NJ Zip Code 07514-1730<br>Purpose of Disbursement<br>reimburse constituent gift<br>Candidate Name<br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149000<br>Date of Disbursement<br>07 / 01 / 2007  |
|   | Amount of Each Disbursement this Period<br>167.31<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 931.31      |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

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

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)  
Hon. William J. Pascrell, Jr.

Mailing Address 441 9th Ave

City Paterson State NJ Zip Code 07514-1730

Purpose of Disbursement reimburse wedding gift constituent

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D149083  
**Date of Disbursement:** 08 / 02 / 2007

Amount of Each Disbursement this Period: 87.00

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

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

Mailing Address 850 N Randolph St # 625

City Arlington State VA Zip Code 22203-4031

Purpose of Disbursement Reimbursement Gift Shop

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D149146  
**Date of Disbursement:** 09 / 05 / 2007

Amount of Each Disbursement this Period: 30.24

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

**C.** Full Name (Last, First, Middle Initial)  
Horizon Blue Cross & Blue Shield

Mailing Address PO Box 989

City Newark State NJ Zip Code 07101-0989

Purpose of Disbursement Medical Employee Premium

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D148998  
**Date of Disbursement:** 07 / 01 / 2007

Amount of Each Disbursement this Period: 286.72

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

**SUBTOTAL** of Disbursements This Page (optional) ..... ► **403.96**

**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 55 / 83

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

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 (Last, First, Middle Initial)<br>Ironworkers Local 483<br><br>Mailing Address 555 Preakness Avenue<br><br>City Totowa State NJ Zip Code 07512<br><br>Purpose of Disbursement Pension Members Assoc. Fund Ad<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149042<br>Date of Disbursement<br>07 / 11 / 2007<br><br>Amount of Each Disbursement this Period<br>250.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial)<br>Jacqueline C. Grindrod<br><br>Mailing Address 563 Terhune St<br><br>City Teaneck State NJ Zip Code 07666-1657<br><br>Purpose of Disbursement reimbursement supplies<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼        | Transaction ID: D149009<br>Date of Disbursement<br>07 / 01 / 2007<br><br>Amount of Each Disbursement this Period<br>33.17<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| C. | Full Name (Last, First, Middle Initial)<br>Jacqueline C. Grindrod<br><br>Mailing Address 563 Terhune St<br><br>City Teaneck State NJ Zip Code 07666-1657<br><br>Purpose of Disbursement reimburse excess mileage<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼      | Transaction ID: D149048<br>Date of Disbursement<br>07 / 18 / 2007<br><br>Amount of Each Disbursement this Period<br>47.27<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

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

**330.44**

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
Jacqueline C. Grindrod

Mailing Address 563 Terhune St

City State Zip Code  
Teaneck NJ 07666-1657

Purpose of Disbursement  
reimburse cards and excess mileage  
Candidate Name

Category/  
Type

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

Transaction ID: D149108  
Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 8 |   | 1 | 9 |   | 2 | 0 | 0 | 7 |

Amount of Each Disbursement this Period

|       |
|-------|
| 37.83 |
|-------|

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

B.

Full Name (Last, First, Middle Initial)  
Karen Palkevich

Mailing Address 57 Westmoreland Ave

City State Zip Code  
Montvale NJ 07645-2224

Purpose of Disbursement  
reimbursement  
Candidate Name

Category/  
Type

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

Transaction ID: D149049  
Date of Disbursement

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

Amount of Each Disbursement this Period

|        |
|--------|
| 461.19 |
|--------|

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

C.

Full Name (Last, First, Middle Initial)  
Karen Palkevich

Mailing Address 57 Westmoreland Ave

City State Zip Code  
Montvale NJ 07645-2224

Purpose of Disbursement  
1/2 Month's Salary  
Candidate Name

Category/  
Type

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

Transaction ID: D149069  
Date of Disbursement

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

Amount of Each Disbursement this Period

|         |
|---------|
| 1268.41 |
|---------|

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

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

|         |
|---------|
| 1767.43 |
|---------|

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

|  |
|--|
|  |
|--|



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

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)<br>Karen Palkevich   | Transaction ID: D148994<br>Date of Disbursement<br>07 / 01 / 2007                                   |
|    | Mailing Address 57 Westmoreland Ave  | Amount of Each Disbursement this Period<br>2536.83  |
|    | City Montvale State NJ Zip Code 07645-2224   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Purpose of Disbursement Salary<br>Candidate Name   |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | Category/Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Lawyers Diary   | Transaction ID: D149082<br>Date of Disbursement<br>08 / 02 / 2007                                   |
|    | Mailing Address PO Box 1227  | Amount of Each Disbursement this Period<br>166.92   |
|    | City Newark State NJ Zip Code 07101-1227   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Purpose of Disbursement Annual Manual<br>Candidate Name  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | Category/Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>MarcoG Properties, LLC  | Transaction ID: D149123<br>Date of Disbursement<br>08 / 29 / 2007                                   |
|    | Mailing Address 60 Roseland Ave  | Amount of Each Disbursement this Period<br>709.60   |
|    | City Caldwell State NJ Zip Code 07006-5955   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
|    | Purpose of Disbursement 1 and 1/2 Months Rent<br>Candidate Name  |   |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:                 | Category/Type   |
|    | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>3413.35</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)<br>Matthew Fields Scholarship Fund<br><hr/> Mailing Address 126 Stevens Ave<br><hr/> City Little Falls State NJ Zip Code 07424-2227<br><hr/> Purpose of Disbursement<br>Donation<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149064<br>Date of Disbursement<br>07 / 30 / 2007<br><hr/> Amount of Each Disbursement this Period<br>50.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| B. | Full Name (Last, First, Middle Initial)<br>Millenium Strategies<br><hr/> Mailing Address 60 Roseland Ave<br><hr/> City Caldwell State NJ Zip Code 07006-5955<br><hr/> Purpose of Disbursement<br>fundraising services<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: D149086<br>Date of Disbursement<br>08 / 03 / 2007<br><hr/> Amount of Each Disbursement this Period<br>3000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| C. | Full Name (Last, First, Middle Initial)<br>Millenium Strategies<br><hr/> Mailing Address 60 Roseland Ave<br><hr/> City Caldwell State NJ Zip Code 07006-5955<br><hr/> Purpose of Disbursement<br>fundraising services<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼    | Transaction ID: D149022<br>Date of Disbursement<br>07 / 03 / 2007<br><hr/> Amount of Each Disbursement this Period<br>3000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

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

**6050.00**

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|           |   |  |
|-----------|---|--|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Millenium Strategies<br><br>Mailing Address 60 Roseland Ave<br><br>City Caldwell State NJ Zip Code 07006-5955<br><br>Purpose of Disbursement fundraising services<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                    | Transaction ID: D149130<br>Date of Disbursement<br>09 / 03 / 2007<br><br>Amount of Each Disbursement this Period<br>3000.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Morningside Greenhouse<br><br>Mailing Address 1 Central Ave at West Broadway<br><br>City Haledon State NJ Zip Code 07508-1112<br><br>Purpose of Disbursement Sympathy Basket Flowers<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149104<br>Date of Disbursement<br>08 / 16 / 2007<br><br>Amount of Each Disbursement this Period<br>88.76<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53   |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Morningside Greenhouse<br><br>Mailing Address 1 Central Ave at West Broadway<br><br>City Haledon State NJ Zip Code 07508-1112<br><br>Purpose of Disbursement Sympathy Wreath<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br><br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼         | Transaction ID: D149060<br>Date of Disbursement<br>07 / 25 / 2007<br><br>Amount of Each Disbursement this Period<br>169.01<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |

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

3257.77

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
Mr. Jim Mosely

Transaction ID: D150209  
Date of Disbursement

Mailing Address 2060 Springdale Rd  
Ste 800

/   /

City State Zip Code  
Cherry Hill NJ 08003-2099

Amount of Each Disbursement this Period

Purpose of Disbursement  
Lodging Accommodations

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

Candidate Name

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

\* in-kind received

State: District:

B.

Full Name (Last, First, Middle Initial)  
Mr. Austin Ayers

Transaction ID: D149114  
Date of Disbursement

Mailing Address 209 Comly Rd  
Apt B18

/   /

City State Zip Code  
Lincoln Park NJ 07035-1187

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement mileage & various

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

Candidate Name

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

State: District:

C.

Full Name (Last, First, Middle Initial)  
Mr. Austin Ayers

Transaction ID: D149199  
Date of Disbursement

Mailing Address 209 Comly Rd  
Apt B18

/   /

City State Zip Code  
Lincoln Park NJ 07035-1187

Amount of Each Disbursement this Period

Purpose of Disbursement  
Reimbursement Medical Premium

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

Candidate Name

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

State: District:

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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

|   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
|---|--|---|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|---|---------|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Austin Ayers</p> <hr/> <p>Mailing Address 209 Comly Rd<br/>Apt B18</p> <hr/> <p>City Lincoln Park State NJ Zip Code 07035-1187</p> <hr/> <p>Purpose of Disbursement Salary</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>                             | <p><b>Transaction ID:</b> D149126</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">2328.31</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 3 | 1 |  | 2 | 0 | 7 | 7 | 2328.31 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 8  |   | 3 | 1 |   | 2 | 0 | 7 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 2328.31   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Austin Ayers</p> <hr/> <p>Mailing Address 209 Comly Rd<br/>Apt B18</p> <hr/> <p>City Lincoln Park State NJ Zip Code 07035-1187</p> <hr/> <p>Purpose of Disbursement reimburse medical premium</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> D149090</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>8</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">344.50</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 8 |  | 0 | 7 |  | 2 | 0 | 7 | 7 | 344.50  |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 8  |   | 0 | 7 |   | 2 | 0 | 7 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 344.50  |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mr. Loni Youngblood</p> <hr/> <p>Mailing Address 279 Liberty St<br/>Apt 23</p> <hr/> <p>City Little Ferry State NJ Zip Code 07643-1369</p> <hr/> <p>Purpose of Disbursement State Conference Entertainment</p> <p>Candidate Name</p> <hr/> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <hr/> <p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149165</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>7</td><td>7</td> </tr> </table> <hr/> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: right;">1500.00</td> </tr> </table> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> | M | M | / | D | D | / | Y | Y | Y | Y | 0 | 9 |  | 0 | 7 |  | 2 | 0 | 7 | 7 | 1500.00 |
| M   | M  | / | D | D | / | Y | Y | Y | Y |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 0   | 9  |   | 0 | 7 |   | 2 | 0 | 7 | 7 |   |   |   |   |  |   |   |  |   |   |   |   |         |
| 1500.00   |  |   |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |   |         |

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

|                |
|----------------|
| <b>4172.81</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)

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

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

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Mr. Vincent Marchese<br><br>Mailing Address Po Box AZ<br><br>City Paterson State NJ Zip Code 07509-0848<br><br>Purpose of Disbursement<br>Printing Fees<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:        | Transaction ID: D149084<br>Date of Disbursement<br>08 / 03 / 2007<br><br>Amount of Each Disbursement this Period<br>600.00<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Claire Pagano<br><br>Mailing Address 99 Central Ave<br><br>City North Haledon State NJ Zip Code 07508-2809<br><br>Purpose of Disbursement<br>Rent and Fax<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D149067<br>Date of Disbursement<br>08 / 01 / 2007<br><br>Amount of Each Disbursement this Period<br>875.60<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Mrs. Claire Pagano<br><br>Mailing Address 99 Central Ave<br><br>City North Haledon State NJ Zip Code 07508-2809<br><br>Purpose of Disbursement<br>Rent and Fax<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D149007<br>Date of Disbursement<br>07 / 01 / 2007<br><br>Amount of Each Disbursement this Period<br>878.60<br><br><input type="checkbox"/> Refund or Disposal of Excess<br>Contributions Required Under<br>11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 2354.20     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mrs. Claire Pagano</p> <p>Mailing Address 99 Central Ave</p> <p>City North Haledon State NJ Zip Code 07508-2809</p> <p>Purpose of Disbursement<br/>Online Corporate Report Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149008</p> <p>Date of Disbursement<br/>07 / 01 / 2007</p> <p>Amount of Each Disbursement this Period<br/>90.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Mrs. Claire Pagano</p> <p>Mailing Address 99 Central Ave</p> <p>City North Haledon State NJ Zip Code 07508-2809</p> <p>Purpose of Disbursement<br/>Rent, Fax, and Postage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> D149129</p> <p>Date of Disbursement<br/>09 / 01 / 2007</p> <p>Amount of Each Disbursement this Period<br/>883.80</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Ms. Ritzly Moralez</p> <p>Mailing Address 153 Amsterdam Ave.</p> <p>City Passaic State NJ Zip Code 07055</p> <p>Purpose of Disbursement<br/>Cell Phone reimburse</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> D149024</p> <p>Date of Disbursement<br/>07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period<br/>200.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

1173.80

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

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

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

FOR LINE NUMBER: (check only one)

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

Any Information copied from such Reports and Statements and 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 (Last, First, Middle Initial)<br>Nat'l Council of Negro Women  | Transaction ID: D149122<br>Date of Disbursement<br>08 / 27 / 2007  |
|    | Mailing Address 446 E 27th St<br>Passaic County Section  | Amount of Each Disbursement this Period<br>30.00   |
|    | City Paterson State NJ Zip Code 07514-1814   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>Event Ticket<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>National Democratic Club  | Transaction ID: D149004<br>Date of Disbursement<br>07 / 01 / 2007  |
|    | Mailing Address 30 Ivy St SE   | Amount of Each Disbursement this Period<br>202.80  |
|    | City Washington State DC Zip Code 20003-4006   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>catering<br>Candidate Name  |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>National Democratic Club  | Transaction ID: D149005<br>Date of Disbursement<br>07 / 01 / 2007  |
|    | Mailing Address 30 Ivy St SE   | Amount of Each Disbursement this Period<br>860.26  |
|    | City Washington State DC Zip Code 20003-4006   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Purpose of Disbursement<br>catering 6/6/07 event<br>Candidate Name   |  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>1093.06</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
National Democratic Club

Transaction ID: D149103  
Date of Disbursement

Mailing Address 30 Ivy St SE

08 / 16 / 2007

City Washington State DC Zip Code 20003-4006

Amount of Each Disbursement this Period

823.19

Purpose of Disbursement  
Payment for 8/1/07 event  
Candidate Name

Category/  
Type

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

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

B.

Full Name (Last, First, Middle Initial)  
Next Wave Printing

Transaction ID: D149052  
Date of Disbursement

Mailing Address 229 Marshall St

07 / 18 / 2007

City Paterson State NJ Zip Code 07503-3121

Amount of Each Disbursement this Period

1551.50

Purpose of Disbursement  
Printing for 6/11/07 Event  
Candidate Name

Category/  
Type

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

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

C.

Full Name (Last, First, Middle Initial)  
NGP Software

Transaction ID: D149113  
Date of Disbursement

Mailing Address 1101 Vermont Avenue. NW  
Suite 710

08 / 23 / 2007

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement  
fundraising software  
Candidate Name

Category/  
Type

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

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

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

3874.69

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)<br>NJ State PBA  | Transaction ID: D149200   |
|    | Mailing Address 158 Main St  | Date of Disbursement<br>09 / 17 / 2007  |
|    | City Woodbridge State NJ Zip Code 07095-2108   | Amount of Each Disbursement this Period<br>125.00   |
|    | Purpose of Disbursement Ad Journal Donation  | <input type="checkbox"/> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>Office Depot  | Transaction ID: D149119   |
|    | Mailing Address PO Box 30292   | Date of Disbursement<br>08 / 26 / 2007  |
|    | City Salt Lake City State UT Zip Code 84130-0292   | Amount of Each Disbursement this Period<br>93.28  |
|    | Purpose of Disbursement Stationary and Supplies  | <input type="checkbox"/> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Office Depot  | Transaction ID: D149056   |
|    | Mailing Address PO Box 30292   | Date of Disbursement<br>07 / 23 / 2007  |
|    | City Salt Lake City State UT Zip Code 84130-0292   | Amount of Each Disbursement this Period<br>92.79  |
|    | Purpose of Disbursement Stationary and Supplies  | <input type="checkbox"/> 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: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |   |
|    | State: District:   |   |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>311.07</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Office Depot</p> <p>Mailing Address PO Box 30292</p> <p>City Salt Lake City State UT Zip Code 84130-0292</p> <p>Purpose of Disbursement office supplies</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> D149003</p> <p>Date of Disbursement<br/>07 / 01 / 2007</p> <p>Amount of Each Disbursement this Period<br/>162.61</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Passaic County Retired Educators Association</p> <p>Mailing Address</p> <p>City Clifton State NJ Zip Code 07011</p> <p>Purpose of Disbursement Donation in Memory of</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149195</p> <p>Date of Disbursement<br/>09 / 07 / 2007</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Passaic PAL</p> <p>Mailing Address 40 4th St</p> <p>City Passaic State NJ Zip Code 07055-7419</p> <p>Purpose of Disbursement Donation</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                                | <p><b>Transaction ID:</b> D149093</p> <p>Date of Disbursement<br/>08 / 09 / 2007</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

362.61

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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 (Last, First, Middle Initial)  
Paterson Public School District

Mailing Address 33-35 Church St

City Paterson State NJ Zip Code 07505-1306

Purpose of Disbursement  
Brownstone Breakfast for Students

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149087

Date of Disbursement

08 / 04 / 2007

Amount of Each Disbursement this Period

400.00

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

B.

Full Name (Last, First, Middle Initial)  
Richard Thomas

Mailing Address 914 S Carolina Ave SE  
No. 3

City Washington State DC Zip Code 20003-2162

Purpose of Disbursement  
Reimbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149131

Date of Disbursement

09 / 03 / 2007

Amount of Each Disbursement this Period

114.00

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

C.

Full Name (Last, First, Middle Initial)  
Jimmy Rodriguez

Mailing Address 230 E 21st St

City Paterson State NJ Zip Code 07513-1508

Purpose of Disbursement  
Photography Services

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149089

Date of Disbursement

08 / 06 / 2007

Amount of Each Disbursement this Period

104.00

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

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

618.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Jimmy Rodriguez</p> <p>Mailing Address 230 E 21st St</p> <p>City Paterson State NJ Zip Code 07513-1508</p> <p>Purpose of Disbursement<br/>Photography services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> D149023</p> <p>Date of Disbursement<br/>07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period<br/>675.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Jimmy Rodriguez</p> <p>Mailing Address 230 E 21st St</p> <p>City Paterson State NJ Zip Code 07513-1508</p> <p>Purpose of Disbursement<br/>Photography Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>      | <p><b>Transaction ID:</b> D149047</p> <p>Date of Disbursement<br/>07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period<br/>72.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Roger Williams Baptist Church</p> <p>Mailing Address 362 Oak St</p> <p>City Passaic State NJ Zip Code 07055-3016</p> <p>Purpose of Disbursement<br/>Ticket Purchase</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149016</p> <p>Date of Disbursement<br/>07 / 02 / 2007</p> <p>Amount of Each Disbursement this Period<br/>110.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

857.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Second Baptist Church</p> <p>Mailing Address 72 Albert M Tyler Pl</p> <p>City Paterson State NJ Zip Code 07501-1281</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>              | <p><b>Transaction ID:</b> D149029<br/><b>Date of Disbursement</b><br/>07 / 05 / 2007</p> <p>Amount of Each Disbursement this Period<br/>100.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>                            |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mr. Nelson Seda</p> <p>Mailing Address 10 Woodbridge Ctr Dr Ste 710</p> <p>City Woodbridge State NJ Zip Code 07095-1106</p> <p>Purpose of Disbursement<br/>Reception Sponsorship</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D150210<br/><b>Date of Disbursement</b><br/>09 / 08 / 2007</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>* in-kind received</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Selective Insurance</p> <p>Mailing Address PO Box 371468</p> <p>City Pittsburgh State PA Zip Code 15250-7468</p> <p>Purpose of Disbursement<br/>Insurance Premium</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                | <p><b>Transaction ID:</b> D149179<br/><b>Date of Disbursement</b><br/>09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period<br/>137.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>                            |

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

1737.00

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Selective Insurance</p> <p>Mailing Address PO Box 371468</p> <p>City Pittsburgh State PA Zip Code 15250-7468</p> <p>Purpose of Disbursement Insurance Premium</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>    | <p><b>Transaction ID:</b> D149044</p> <p>Date of Disbursement<br/>07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period<br/>137.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Silk City Calendar Co.</p> <p>Mailing Address 375 Totowa Ave</p> <p>City Paterson State NJ Zip Code 07502-2126</p> <p>Purpose of Disbursement 700 Coupon Holders</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149088</p> <p>Date of Disbursement<br/>08 / 06 / 2007</p> <p>Amount of Each Disbursement this Period<br/>471.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Silk City Calendar Co.</p> <p>Mailing Address 375 Totowa Ave</p> <p>City Paterson State NJ Zip Code 07502-2126</p> <p>Purpose of Disbursement Shipping Charges</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> D149175</p> <p>Date of Disbursement<br/>09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period<br/>45.38</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |

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

653.38

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Silk City Calendar Co.</p> <p>Mailing Address 375 Totowa Ave</p> <p>City Paterson State NJ Zip Code 07502-2126</p> <p>Purpose of Disbursement<br/>Lapel Stickers</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149116<br/><b>Date of Disbursement</b><br/>08 / 26 / 2007</p> <p>Amount of Each Disbursement this Period<br/>394.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Sprint</p> <p>Mailing Address PO Box 530504</p> <p>City Atlanta State GA Zip Code 30353-0504</p> <p>Purpose of Disbursement<br/>Phone services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> D149107<br/><b>Date of Disbursement</b><br/>08 / 16 / 2007</p> <p>Amount of Each Disbursement this Period<br/>35.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Sprint</p> <p>Mailing Address PO Box 530504</p> <p>City Atlanta State GA Zip Code 30353-0504</p> <p>Purpose of Disbursement<br/>Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                   | <p><b>Transaction ID:</b> D149050<br/><b>Date of Disbursement</b><br/>07 / 18 / 2007</p> <p>Amount of Each Disbursement this Period<br/>29.74</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>  |

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

459.13

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
St. Paul's Community Development Corp.

Transaction ID: D149034

Date of Disbursement

/   /

Mailing Address 451 Van Houten St

Amount of Each Disbursement this Period

City Paterson State NJ Zip Code 07501-2119

Purpose of Disbursement  
donation

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)  
St. Peter's Haven

Transaction ID: D149030

Date of Disbursement

/   /

Mailing Address 380 Clifton Blvd

Amount of Each Disbursement this Period

City Clifton State NJ Zip Code 07013-1808

Purpose of Disbursement  
contribution

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)  
Star of Hope Ministries

Transaction ID: D149058

Date of Disbursement

/   /

Mailing Address 34 Broadway

Amount of Each Disbursement this Period

City Paterson State NJ Zip Code 07505

Purpose of Disbursement  
donation

Category/  
Type

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

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
State of New Jersey - NJ 927

Mailing Address PO Box 632

City Trenton State NJ Zip Code 08646-0632

Purpose of Disbursement  
Employee Quarterly Taxes

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149062  
Date of Disbursement

07 / 26 / 2007

Amount of Each Disbursement this Period

417.55

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

B.

Full Name (Last, First, Middle Initial)  
State of New Jersey - NJ 927

Mailing Address PO Box 632

City Trenton State NJ Zip Code 08646-0632

Purpose of Disbursement  
Employee Taxable Wages

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149105  
Date of Disbursement

08 / 16 / 2007

Amount of Each Disbursement this Period

17.16

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

C.

Full Name (Last, First, Middle Initial)  
Thankful Baptist Church

Mailing Address 80 Godwin Ave

City Paterson State NJ Zip Code 07501-1505

Purpose of Disbursement  
Donation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149025  
Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

100.00

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

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

534.71

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)<br>The Jones Family<br><br>Mailing Address 256 Rosa Parks Blvd<br>c/o Bragg Funeral Home<br><br>City Paterson State NJ Zip Code 07501-1612<br><br>Purpose of Disbursement<br>Donation<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:             | Transaction ID: D149054<br>Date of Disbursement<br>07 / 20 / 2007<br><br>Amount of Each Disbursement this Period<br>100.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |
| B. | Full Name (Last, First, Middle Initial)<br>United Puerto Rican Council<br><br>Mailing Address 214 Randolph St<br><br>City Passaic State NJ Zip Code 07055-2618<br><br>Purpose of Disbursement<br>Ticket purchase<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District:                          | Transaction ID: D149110<br>Date of Disbursement<br>08 / 20 / 2007<br><br>Amount of Each Disbursement this Period<br>20.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
| C. | Full Name (Last, First, Middle Initial)<br>United States Postal Service<br><br>Mailing Address 10301 Democracy Ln<br>c/o Mayerhofer Associates<br><br>City Fairfax State VA Zip Code 22030-2545<br><br>Purpose of Disbursement<br>Postage<br>Candidate Name<br><br>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼<br>State: District: | Transaction ID: D149117<br>Date of Disbursement<br>08 / 26 / 2007<br><br>Amount of Each Disbursement this Period<br>205.00<br><br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | <b>325.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | _____         |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>United States Postal Service</p> <p>Mailing Address 10301 Democracy Ln<br/>c/o Mayerhofer Associates</p> <p>City Fairfax State VA Zip Code 22030-2545</p> <p>Purpose of Disbursement<br/>Postmaster annual fee for POB</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149001<br/><b>Date of Disbursement</b><br/>07 / 01 / 2007</p> <p>Amount of Each Disbursement this Period<br/>104.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Verizon Wireless</p> <p>Mailing Address PO Box 489</p> <p>City Newark State NJ Zip Code 07101-0489</p> <p>Purpose of Disbursement<br/>telephone services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> D149013<br/><b>Date of Disbursement</b><br/>07 / 02 / 2007</p> <p>Amount of Each Disbursement this Period<br/>127.36</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Verizon Wireless</p> <p>Mailing Address PO Box 489</p> <p>City Newark State NJ Zip Code 07101-0489</p> <p>Purpose of Disbursement<br/>Phone Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> D149061<br/><b>Date of Disbursement</b><br/>07 / 25 / 2007</p> <p>Amount of Each Disbursement this Period<br/>108.77</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

340.13

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)<br>Verizon Wireless  | Transaction ID: D149120  |
|    | Mailing Address PO Box 489   | Date of Disbursement<br>08 / 26 / 2007   |
|    | City Newark State NJ Zip Code 07101-0489   | Amount of Each Disbursement this Period<br>103.45  |
|    | Purpose of Disbursement Phone Service<br>Candidate Name  | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Verizon   | Transaction ID: D149106  |
|    | Mailing Address PO Box 4833  | Date of Disbursement<br>08 / 16 / 2007   |
|    | City Trenton State NJ Zip Code 08650-4833  | Amount of Each Disbursement this Period<br>86.07   |
|    | Purpose of Disbursement Phone services<br>Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| C. | Full Name (Last, First, Middle Initial)<br>Verizon   | Transaction ID: D149045  |
|    | Mailing Address PO Box 4833  | Date of Disbursement<br>07 / 18 / 2007   |
|    | City Trenton State NJ Zip Code 08650-4833  | Amount of Each Disbursement this Period<br>115.89  |
|    | Purpose of Disbursement Phone Services<br>Candidate Name   | <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>305.41</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |               |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

|   |   |
|---|---|
| <p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Wachovia</p> <p>Mailing Address Preakness Shopping Center<br/>Hamburg Turnpike</p> <p>City Wayne State NJ Zip Code 07470</p> <p>Purpose of Disbursement<br/>Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> D149021</p> <p>Date of Disbursement<br/>07 / 03 / 2007</p> <p>Amount of Each Disbursement this Period<br/>826.88</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Wachovia</p> <p>Mailing Address Preakness Shopping Center<br/>Hamburg Turnpike</p> <p>City Wayne State NJ Zip Code 07470</p> <p>Purpose of Disbursement<br/>Payroll Taxes (K.P. 1/2 Month)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149112</p> <p>Date of Disbursement<br/>08 / 20 / 2007</p> <p>Amount of Each Disbursement this Period<br/>413.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial)<br/>Wachovia</p> <p>Mailing Address Preakness Shopping Center<br/>Hamburg Turnpike</p> <p>City Wayne State NJ Zip Code 07470</p> <p>Purpose of Disbursement<br/>Payroll Taxes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                  | <p><b>Transaction ID:</b> D149198</p> <p>Date of Disbursement<br/>09 / 13 / 2007</p> <p>Amount of Each Disbursement this Period<br/>734.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

1974.82

**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 79 / 83

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

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 (Last, First, Middle Initial)  
Wachovia

Transaction ID: D150503

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 9 |   | 3 | 0 |   | 2 | 0 | 0 | 7 |

Mailing Address Preakness Shopping Center  
Hamburg Turnpike

City State Zip Code  
Wayne NJ 07470

Amount of Each Disbursement this Period

|       |
|-------|
| 75.75 |
|-------|

Purpose of Disbursement  
Bank Charges

|  |
|--|
|  |
|--|

Category/  
Type

Candidate Name

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

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

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

|       |
|-------|
| 75.75 |
|-------|

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

|          |
|----------|
| 81795.98 |
|----------|

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

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

FOR LINE NUMBER: (check only one)

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

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

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>4th Ward Alliance</p> <p>Mailing Address PO Box 6047</p> <p>City Paterson State NJ Zip Code 07509-6047</p> <p>Purpose of Disbursement<br/>4th Ward Alliance Disney Trip</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>        | <p><b>Transaction ID:</b> D149092</p> <p>Date of Disbursement<br/>08 / 09 / 2007</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Cmte. to Elect Elease Evans</p> <p>Mailing Address PO Box 1186</p> <p>City Paterson State NJ Zip Code 07509-1186</p> <p>Purpose of Disbursement<br/>Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> D149020</p> <p>Date of Disbursement<br/>07 / 02 / 2007</p> <p>Amount of Each Disbursement this Period<br/>120.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Cmte. to Re-elect Jose 'Joey' Torres</p> <p>Mailing Address 100 Hamilton Plz</p> <p>City Paterson State NJ Zip Code 07505-2109</p> <p>Purpose of Disbursement<br/>contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> D149017</p> <p>Date of Disbursement<br/>07 / 02 / 2007</p> <p>Amount of Each Disbursement this Period<br/>300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> |

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

920.00

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

|   |   |
|---|---|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Democratic Congressional Cmpn. Cmte.<br><hr/> Mailing Address 430 So. Capitol Street, S.E.<br>2nd Floor<br><hr/> City Washington State DC Zip Code 20003<br><hr/> Purpose of Disbursement<br>Contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149186<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 9 / 2 8 / 2 0 0 7   |
|   | Amount of Each Disbursement this Period<br>5000.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|   |  |
|---|--|
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Election Fund of Pat Lepore<br><hr/> Mailing Address 66 Hamilton St<br>c/o Frank Sciro, Jr. Attorney at L<br><hr/> City Paterson State NJ Zip Code 07505-2079<br><hr/> Purpose of Disbursement<br>Contribution<br>Candidate Name<br>Election Fund of Pat Lepore<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149081<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 8 / 0 2 / 2 0 0 7  |
|   | Amount of Each Disbursement this Period<br>300.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |  |
|--|--|
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Election Fund of Sen. John A. Girenti<br><hr/> Mailing Address 18 Woodland Ave<br><hr/> City North Haledon State NJ Zip Code 07508-3057<br><hr/> Purpose of Disbursement<br>contribution<br>Candidate Name<br><hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District:<br>Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: D149040<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 7 / 0 9 / 2 0 0 7  |
|  | Amount of Each Disbursement this Period<br>500.00<br><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 |

|  |             |
|--|-------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶      | 5800.00     |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ | (Empty box) |

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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 (Last, First, Middle Initial)  
Essex County Democratic Committee

Mailing Address 50 Park Pl  
Ste 1430

City Newark State NJ Zip Code 07102-4308

Purpose of Disbursement  
Contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149109  
Date of Disbursement

08 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

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

**B.** Full Name (Last, First, Middle Initial)  
Friends of Tahesha Way

Mailing Address 29 Sunset Ter  
c/o Frank Covello treasurer

City Wayne State NJ Zip Code 07470-4216

Purpose of Disbursement  
Contribution

Candidate Name  
Friends of Tahesha Way

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149012  
Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

125.00

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

**C.** Full Name (Last, First, Middle Initial)  
NJ Democratic St. Cmte.

Mailing Address 150 W State St

City Trenton State NJ Zip Code 08608-1105

Purpose of Disbursement  
contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D149124  
Date of Disbursement

08 / 29 / 2007

Amount of Each Disbursement this Period

5000.00

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

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

7125.00

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

13845.00

Image# 28991714325

Form/Schedule: **F3A**

Amended in response to FEC letter dated July 17, 2008

Transaction ID:

\*\*\*\*\*