

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

ANDREWS FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)).....	145244.43	163069.43
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	145244.43	163069.43
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	227846.00	305603.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	8677.54	8677.54
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	219168.46	296925.53
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2074865.59	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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 02/2003)

Write or Type Committee Name
ANDREWS FOR CONGRESS COMMITTEE

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

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

109319.43

122819.43

(ii) Unitemized.....

2425.00

3750.00

(iii) TOTAL of contributions

111744.43

126569.43

from individuals..... ▶

0.00

0.00

(b) Political Party Committees.....

33500.00

36500.00

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

0.00

0.00

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS

(other than loans)

145244.43

163069.43

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

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.).....

8677.54

8677.54

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

24774.79

37801.59

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

178696.76

209548.56

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	227846.00	305603.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	29322.10	50207.10
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	257168.10	355810.17

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2153336.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	178696.76
25. SUBTOTAL (add Line 23 and Line 24).....	2332033.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	257168.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2074865.59

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 130
	<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)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Craig Aberle

Mailing Address 5020 Clark ROad
315

City State Zip Code
Sarasota FL 34233

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

Name of Employer self Occupation realtor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2007

Transaction ID: SA11A1.17391

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
James Albins

Mailing Address 3700 Massachusets Ave NW

City State Zip Code
Washington DC 20016

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

Name of Employer Mary Baker Eddie Library Occupation executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 08 / 2007

Transaction ID: SA11A1.17241

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)
Angela Baker

Mailing Address 130 Bellmawr Avenue

City State Zip Code
Haddon Heights NJ 08035

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

Name of Employer none Occupation homemaker

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt
M M / D D / Y Y Y Y
02 / 04 / 2007

Transaction ID: SA11A1.17227

Amount of Each Receipt this Period
1250.00

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

SUBTOTAL of Receipts This Page (optional) ► **1800.00**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Leonard Baker		Date of Receipt MM / DD / YYYY 02 / 04 / 2007
Mailing Address 130 Bellmawr Avenue		Transaction ID: SA11A1.17226
City Haddon Heights	State NJ	Zip Code 08035
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1250.00
Name of Employer Mitnick Josselson etc	Occupation attorney	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1250.00	

Full Name (Last, First, Middle Initial) B. Lynn Ballen		Date of Receipt MM / DD / YYYY 02 / 05 / 2007
Mailing Address 200 West Washington Square. Apt.4202		Transaction ID: SA11A1.17215
City Philadelphia	State PA	Zip Code 19106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2300.00
Name of Employer none	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) C. B. Lynn Ballen		Date of Receipt MM / DD / YYYY 02 / 05 / 2007
Mailing Address 200 West Washington Square. Apt.4202		Transaction ID: SA11A1.17217
City Philadelphia	State PA	Zip Code 19106
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1900.00
Name of Employer none	Occupation retired	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4200.00	

SUBTOTAL of Receipts This Page (optional)	5450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
E. Lawrence Ballen

Mailing Address 9 Brandywine Falls Rd.

City State Zip Code
Wilmington DE 19806

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

Name of Employer
Ballen Associates

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.17222

Amount of Each Receipt this Period
2300.00

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

B. Full Name (Last, First, Middle Initial)
E. Lawrence Ballen

Mailing Address 9 Brandywine Falls Rd.

City State Zip Code
Wilmington DE 19806

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

Name of Employer
Ballen Associates

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
MM / DD / YYYY
02 / 06 / 2007

Transaction ID: SA11A1.17224

Amount of Each Receipt this Period
1700.00

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

C. Full Name (Last, First, Middle Initial)
Morris Ballen

Mailing Address 200 Munn Lane

City State Zip Code
Cherry Hill NJ 08034

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

Name of Employer
Discmakers

Occupation
executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2300.00

Date of Receipt
MM / DD / YYYY
01 / 29 / 2007

Transaction ID: SA11A1.17208

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	6300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Morris Ballen

Mailing Address 200 Munn Lane

City State Zip Code
Cherry Hill NJ 08034

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

Name of Employer Discmakers Occupation
executive

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: SA11A1.17209

Amount of Each Receipt this Period
1900.00

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

B. Full Name (Last, First, Middle Initial)
Anne Ballen Ladenson

Mailing Address 797 S. 2nd Street

City State Zip Code
Philadelphia PA 19147

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

Name of Employer Discmakers Occupation
VP Graphics

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 2300.00

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

Transaction ID: SA11A1.17312

Amount of Each Receipt this Period
2300.00

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

C. Full Name (Last, First, Middle Initial)
Anne Ballen Ladenson

Mailing Address 797 S. 2nd Street

City State Zip Code
Philadelphia PA 19147

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

Name of Employer Discmakers Occupation
VP Graphics

Receipt For: 2008 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼ 4200.00

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

Transaction ID: SA11A1.17314

Amount of Each Receipt this Period
1900.00

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

SUBTOTAL of Receipts This Page (optional)	6100.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Bruce Barrett

Mailing Address 541 Hereford Lane

City Mickleton State NJ Zip Code 08056

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

Name of Employer Margolis Edelstein Occupation executive

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2007

Transaction ID: SA11A1.17249

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 Bildersee

Mailing Address PO box 3038

City Meadwobrook State PA Zip Code 19046

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
01 / 17 / 2007

Transaction ID: SA11A1.17184

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)
Samuel Bitonti

Mailing Address 2046 Appletree Street

City Philadelphia State PA Zip Code 19103

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

Name of Employer self Occupation contractor

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
01 / 31 / 2007

Transaction ID: SA11A1.17235

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) ► **1750.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Robert Bocchino		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 405 Ocean Avenue		Transaction ID: SA11A1.17388
City State Zip Code Avon By the Sea NJ 07747	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation DeVry University executive	Election Cycle-to-Date 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

B. Full Name (Last, First, Middle Initial) Jim Brennan, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 09 / 2007
Mailing Address 404 Providence Drive		Transaction ID: SA11A1.17293
City State Zip Code Moorestown NJ 08057	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation EXECUCUTVE	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

C. Full Name (Last, First, Middle Initial) Peter J. Burke		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007
Mailing Address 1801 Buttonwood Street 1418		Transaction ID: SA11A1.17384
City State Zip Code Philadelphia PA 19130	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Brandywine Senior Living Exec VP of Development	Election Cycle-to-Date 1000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Richard Busillo

Mailing Address 202 Sundhine Lakes Drive

City State Zip Code
Voorhees NJ 08043

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

Name of Employer RTD Financial Advisors, Inc. Occupation President

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

250.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2007

Transaction ID: SA11A1.17189

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)
G Patrick Byrnes

Mailing Address 316 6th Street

City State Zip Code
Manhattan Beach CA 90266

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

Name of Employer Actuarial Consultants Inc Occupation actuary

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

250.00

Date of Receipt
MM / DD / YYYY
03 / 24 / 2007

Transaction ID: SA11A1.17323

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)
William Cahill

Mailing Address 479 Loucroft Road

City State Zip Code
Haddonfeild NJ 08033

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

Name of Employer Cahill Wilinski Rhodes & Joyce Occupation attorney

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

2300.00

Date of Receipt
MM / DD / YYYY
03 / 14 / 2007

Transaction ID: SA11A1.17298

Amount of Each Receipt this Period
2300.00

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

SUBTOTAL of Receipts This Page (optional)	2800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. William Cahill		Date of Receipt M M / D D / Y Y Y Y 03 / 14 / 2007
Mailing Address 479 Loucroft Road		Transaction ID: SA11A1.17299
City State Zip Code Haddonfeild NJ 08033	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Cahill Wilinski Rhodes & Joyce	Occupation attorney	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) B. William Cann		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 487 Strawtown Road		Transaction ID: SA11A1.17373
City State Zip Code West Nyack NY 10994	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer APEX Technical School	Occupation executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Daniel Czermak		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007
Mailing Address 808 South Lake Drive		Transaction ID: SA11A1.17263
City State Zip Code Lakewood NJ 08701	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Acutecare Health Systems	Occupation CEO	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

SUBTOTAL of Receipts This Page (optional) ▶	6600.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Daniel Czermak		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 808 South Lake Drive		Transaction ID: SA11A1.17265	
City State Zip Code Lakewood NJ 08701		Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Acutecare Health Systems	Occupation CEO		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00		

Full Name (Last, First, Middle Initial) B. James Delaplaine, Jr.		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 4421 45th Street NW		Transaction ID: SA11A1.17387	
City State Zip Code Washington DC 20016		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Davis & Harman LLP	Occupation attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Anthony DiBernardo		Date of Receipt M M / D D / Y Y Y Y 03 / 24 / 2007	
Mailing Address One World Trade Center Suite 2340		Transaction ID: SA11A1.17319	
City State Zip Code Long Beach CA 90831		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer FIP Inc	Occupation sales		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	3300.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 14 / 130
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gene DiMedio

Mailing Address 400 Station Avenue

City State Zip Code
Haddonfield NJ 08033

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

Name of Employer Occupation
Dubell Lumber owner

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

500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 27 / 2007

Transaction ID: SA11A1.17329

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)
Stephen Dobrow

Mailing Address PO Box 2754

City State Zip Code
El Granada CA 94018

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

Name of Employer Occupation
Primark Benefits President

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 23 / 2007

Transaction ID: SA11A1.17386

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)
Brian Dougherty

Mailing Address 344 Station Avenue

City State Zip Code
Haddonfield NJ 08033

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

Name of Employer Occupation
Morgan Lewis & Bockius attorney

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

250.00

Date of Receipt
M M / D D / Y Y Y Y Y
01 / 04 / 2007

Transaction ID: SA11A1.17182

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) ► **1000.00**

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Thomas Downey		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address 1225 I Street NW		Transaction ID: SA11A1.17302	
City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Downey McGrath Group Inc	Occupation chairman		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Erin Essig		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2007	
Mailing Address 26 Coniston Court		Transaction ID: SA11A1.17248	
City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period 1900.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer none	Occupation housewife		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1900.00		

Full Name (Last, First, Middle Initial) C. Stuart Essig		Date of Receipt M M / D D / Y Y Y Y 02 / 21 / 2007	
Mailing Address 26 Coniston Court		Transaction ID: SA11A1.17247	
City Princeton	State NJ	Zip Code 08540	Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Integra Lifesciences Corp	Occupation executive		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00		

SUBTOTAL of Receipts This Page (optional) ▶	5200.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Jay Feinman Mailing Address 215 W. End Ave City Haddonfield State NJ Zip Code 08033 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.17339 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	1		2	0	0	7	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	1		2	0	0	7														
2000.00																							
Name of Employer Rutgers law School Occupation professor Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																					
2000.00																							

B. Full Name (Last, First, Middle Initial) Steven Friedman Mailing Address 1019 North Lane City Gladwyne State PA Zip Code 19035 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.17346 Amount of Each Receipt this Period <table border="1"> <tr> <td>2300.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	0	7	2300.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	3		2	0	0	7														
2300.00																							
Name of Employer Dilworth Paxson LLP Occupation attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2300.00</td> </tr> </table>		2300.00																					
2300.00																							

C. Full Name (Last, First, Middle Initial) Leon Goldenberg Mailing Address 1360 East 14th Street Suite 101 City Brooklyn State NY Zip Code 11230 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.17361 Amount of Each Receipt this Period <table border="1"> <tr> <td>2000.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	3		2	0	0	7	2000.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	3		2	0	0	7														
2000.00																							
Name of Employer self Occupation developer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>2000.00</td> </tr> </table>		2000.00																					
2000.00																							

SUBTOTAL of Receipts This Page (optional)	6300.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Roberta Golinkoff		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 9 Braindwine Falls Road		Transaction ID: SA11A1.17219	
City Wilmington	State DE	Zip Code 19806	Amount of Each Receipt this Period 2300.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University of Delaware	Occupation Professor	Election Cycle-to-Date 2300.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		

Full Name (Last, First, Middle Initial) B. Roberta Golinkoff		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 6 / 2 0 0 7	
Mailing Address 9 Braindwine Falls Road		Transaction ID: SA11A1.17221	
City Wilmington	State DE	Zip Code 19806	Amount of Each Receipt this Period 1700.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer University of Delaware	Occupation Professor	Election Cycle-to-Date 4000.00	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		

Full Name (Last, First, Middle Initial) C. Alan Gould		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 7 / 2 0 0 7	
Mailing Address 8801 Seaview Avenue		Transaction ID: SA11A1.17332	
City Wildwood	State NJ	Zip Code 08260	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Alan GOuld PC	Occupation attorney	Election Cycle-to-Date 250.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼		

SUBTOTAL of Receipts This Page (optional) ▶	4250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Nina Gussack Mailing Address 1327 Hillside ROad City Wynnewood State PA Zip Code 19096 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2007 Transaction ID: SA11A1.17365 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Pepper hamilton Occupation: attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Kevin Halpern Mailing Address 1835 Country Club Drive City Cherry Hill State NJ Zip Code 08003 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 18 / 2007 Transaction ID: SA11A1.17308 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: County of camden Occupation: health serices center director Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Randolph Hurst Hardock Mailing Address 6030 Copley Lane City McLean State VA Zip Code 22101 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007 Transaction ID: SA11A1.17351 Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer: Davis & Harman LLP Occupation: attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Dwight Harris		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007
Mailing Address 255 S. Reeves Drive #204		Transaction ID: SA11A1.17398
City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Advanced Pension Programs Inc	Occupation Retirement/Estate Planner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Charles Herzka		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2007
Mailing Address 3177 Bedford Avenue		Transaction ID: SA11A1.17359
City State Zip Code Brooklyn NY 11210	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Broadway Management Co	Occupation developer	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Richard Hevner		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 1105 Green Lake Road		Transaction ID: SA11A1.17354
City State Zip Code Malvern PA 19335	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Wachovia Securities	Occupation Managing Director- Investments	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	3250.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Joel Horowitz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 7
Mailing Address 1692 Lark Lane		Transaction ID: SA11A1.17201
City State Zip Code Cherry Hill NJ 08003	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Michael Inzelbuch		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 555 Madison Avenue		Transaction ID: SA11A1.17286
City State Zip Code Lakewood NJ 08701	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation self attorney	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Arnold Katz		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 8 / 2 0 0 7
Mailing Address 1270 Round Hill		Transaction ID: SA11A1.17371
City State Zip Code Bryn Mawr PA 19010	Amount of Each Receipt this Period 2300.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Brokerage Concepts Inc executive	Election Cycle-to-Date ▼ 2300.00	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	4550.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Arnold Katz		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2007
Mailing Address 1270 Round Hill		Transaction ID: SA11A1.17372
City State Zip Code Bryn Mawr PA 19010	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2300.00
Name of Employer Brokerage Concepts Inc	Occupation executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) B. Scott Kintzing		Date of Receipt M M / D D / Y Y Y Y Y 01 / 12 / 2007
Mailing Address 209 Ogden Station Road		Transaction ID: SA11A1.17183
City State Zip Code West Deptford NJ 08086	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00
Name of Employer The Bank	Occupation exec	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. William Kirkwood		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2007
Mailing Address 408 Lafayette Bldg		Transaction ID: SA11A1.17258
City State Zip Code Philadelphia PA 19106	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer Garden State Benefit Services	Occupation executive	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	3550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Frederick Kirschner		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7	
Mailing Address 518 W. Lancaster		Transaction ID: SA11A1.17225	
City State Zip Code Haverford PA 19041		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Bordentown junction Truck-stop Joint Ve		Occupation executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Melissa Kurtzman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address 7 Progress Place		Transaction ID: SA11A1.17180	
City State Zip Code Voorhees NJ 08043		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wolf Block		Occupation Attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Howard Lebowitz		Date of Receipt M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7	
Mailing Address 190 Glen Avenue South		Transaction ID: SA11A1.17272	
City State Zip Code Lakewood NJ 08701		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer cutecare Health Systems		Occupation physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Shmuel Lefkowitz		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 1559 E 5th Street		Transaction ID: SA11A1.17284	
City State Zip Code Brooklyn NY 11230	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Metropolitan Jewish Health Sys	Occupation Chairman		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Thomas Lonergan		Date of Receipt M M / D D / Y Y Y Y 03 / 12 / 2007	
Mailing Address 14 Brandywyne		Transaction ID: SA11A1.17282	
City State Zip Code Brielle NJ 08730	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lourdes Specialty Hosp	Occupation CEO		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Howard Long		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2007	
Mailing Address 23 Promenade Place		Transaction ID: SA11A1.17301	
City State Zip Code Voorhees NJ 08043	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Wade Long Wood & Kennedy LLC	Occupation attorney		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Catherine Lord		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 0 7	
Mailing Address 300 Lantern Way		Transaction ID: SA11A1.17250	
City State Zip Code Sewell NJ 08080		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lightwave Telecommunications		Occupation executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Stanley Maslowski		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 7	
Mailing Address 130 Wedgewood Lane		Transaction ID: SA11A1.17257	
City State Zip Code Haddonfield NJ 08033		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer self		Occupation Jay West Bridal	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Roanld Massanova		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7	
Mailing Address PO Box 1636		Transaction ID: SA11A1.17179	
City State Zip Code Cherry Hill NJ 08034		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer		Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Ellen McDowell Mailing Address 2869 Colonial Ave City State Zip Code Pennsauken NJ 08110 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.17400 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		3	0		2	0	0	7														
500.00																							
Name of Employer: McDowell Riga Occupation: attorney Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

B. Full Name (Last, First, Middle Initial) John McGowan, Jr. Mailing Address 149 Grubb ROad City State Zip Code Malvern PA 19355 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.17297 Amount of Each Receipt this Period <table border="1"> <tr> <td>500.00</td> </tr> </table> <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	7	500.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		0	7		2	0	0	7														
500.00																							
Name of Employer: Jaeco Fluid Systems Inc Occupation: executive/owner Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

C. Full Name (Last, First, Middle Initial) McGrail and Company Mailing Address 2121 Simpson Avenue City State Zip Code Ocean City NJ 08226 FEC ID number of contributing federal political committee. C		Date of Receipt <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>3</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.17303 Amount of Each Receipt this Period <table border="1"> <tr> <td>400.00</td> </tr> </table> attrib to Joe McGrail <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	0		2	0	0	7	400.00
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		2	0		2	0	0	7														
400.00																							
Name of Employer: Occupation: Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ <table border="1"> <tr> <td>400.00</td> </tr> </table>		400.00																					
400.00																							

SUBTOTAL of Receipts This Page (optional)	1400.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Joseph McGrail		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006
Mailing Address 2121 Simpson Avenue		Transaction ID: SA11A1.17303.0
City State Zip Code Ocean City NJ 08226	Amount of Each Receipt this Period 400.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer McGrail & Company	Occupation partner	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Michael McLaughlin		Date of Receipt M M / D D / Y Y Y Y 01 / 16 / 2007
Mailing Address 337 Station Ave		Transaction ID: SA11A1.17186
City State Zip Code Haddonfield NJ 08033	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer McLaughlin Assesst Mgmt	Occupation President	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Gualberto Medina		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 213 Winchester Court		Transaction ID: SA11A1.17342
City State Zip Code Voorhees NJ 08043	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Technology Enterprise Gro- up	Occupation Director	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jacob Mermelstein		Date of Receipt M M / D D / Y Y Y Y 03 / 11 / 2007
Mailing Address 30 Whispering Pines Lane		Transaction ID: SA11A1.17270
City State Zip Code Lakewood NJ 08701	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Ray Construction	Occupation Principal	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Mitnick Josselson Depersia		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2007
Mailing Address 35 Kings Highway East		Transaction ID: SA11A1.17229
City State Zip Code Haddonfield NJ 08033	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		attribute to Lenoard Baker <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Leonard Baker		Date of Receipt M M / D D / Y Y Y Y 02 / 05 / 2007
Mailing Address 130 Bellmawr Avenue		Transaction ID: SA11A1.17229.0
City State Zip Code Haddon Heights NJ 08035	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) [MEMO ITEM]
Name of Employer Mitnick Josselson etc	Occupation attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Monmouth Management

Mailing Address 1245 Airport Road

City State Zip Code
Lakewood NJ 08701

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: SA11A1.17259

Amount of Each Receipt this Period
1500.00

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

B. Full Name (Last, First, Middle Initial)
Dov Gluck

Mailing Address 1245 Airport Circle

City State Zip Code
Lakewood NJ 08701

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

Name of Employer Occupation
Monmouth Management developer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 12 / 2007

Transaction ID: SA11A1.17259.0

Amount of Each Receipt this Period
1500.00

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

C. Full Name (Last, First, Middle Initial)
George Morrison

Mailing Address 101 Somers Place

City State Zip Code
Moorestown NJ 08057

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

Name of Employer Occupation
Rosen & Assoc 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 Y
01 / 17 / 2007

Transaction ID: SA11A1.17188

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)	1750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Leah Pelfrey		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 2512 Curtis Avenue No 2		Transaction ID: SA11A1.17321
City State Zip Code Redondo Beach CA 90278	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Oppenheimer & co Inc	Occupation exec Dir of Retirement Serv	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Robert Pimienta		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007
Mailing Address 155 Polifly Road Suite 201		Transaction ID: SA11A1.17363
City State Zip Code Hackensack NJ 07601	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Impact Realty Assoc Inc	Occupation executive	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Kurt Piper		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 13060 Morningside Way		Transaction ID: SA11A1.17318
City State Zip Code Los Angeles CA 90066	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Piper Pension & Profit Sharing	Occupation Actuary	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. James F Podheiser		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 312 Peyton Avenue		Transaction ID: SA11A1.17204
City State Zip Code Haddonfield NJ 08033	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Stradley Rorian	Occupation attorney	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. William Rahn		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 110 Henderson Avenue		Transaction ID: SA11A1.17356
City State Zip Code Ridley Park PA 19078	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer AKR Government Solutions Inc	Occupation principal	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. William Rahn		Date of Receipt M M / D D / Y Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address 110 Henderson Avenue		Transaction ID: SA11A1.17561
City State Zip Code Ridley Park PA 19078	Amount of Each Receipt this Period 169.43	
FEC ID number of contributing federal political committee. C		In-kind - event meal expense <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer AKR Government Solutions Inc	Occupation principal	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 419.43	

SUBTOTAL of Receipts This Page (optional) ▶	669.43
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Jack Rajchenbach		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 3737 West Arthur		Transaction ID: SA11A1.17274
City Lincolnwood	State IL	Amount of Each Receipt this Period 2300.00
Zip Code 60646	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ITEX Corp	Occupation Principal	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2300.00	

Full Name (Last, First, Middle Initial) B. Jack Rajchenbach		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007
Mailing Address 3737 West Arthur		Transaction ID: SA11A1.17276
City Lincolnwood	State IL	Amount of Each Receipt this Period 2300.00
Zip Code 60646	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer ITEX Corp	Occupation Principal	
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4600.00	

Full Name (Last, First, Middle Initial) C. Russell Raphaely		Date of Receipt M M / D D / Y Y Y Y 03 / 26 / 2007
Mailing Address 300 Sawmill Road		Transaction ID: SA11A1.17326
City Cherry Hill	State NJ	Amount of Each Receipt this Period 1000.00
Zip Code 08034	FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Dupont HOspital for Children	Occupation physician	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	5600.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Stephen Rosen

Mailing Address 426 Quensboro Lane

City State Zip Code
Haddonfield NJ 08033

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

Name of Employer Rosen & Assoc Occupation executive

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 1 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.17185

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)
Deidre Schena

Mailing Address 424 General Washington Road

City State Zip Code
Wayne PA 19087

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

Name of Employer none Occupation housewife

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 3 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.17353

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)
Robert Schena

Mailing Address 424 General Washington Road

City State Zip Code
Wayne PA 19087

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

Name of Employer Rajant Corp Occupation chairman

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 3 / 2 6 / 2 0 0 7

Transaction ID: SA11A1.17352

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)	4250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Mark Schron		Date of Receipt M M / D D / Y Y Y Y 03 / 07 / 2007	
Mailing Address 1430 Ardenwood Avenue		Transaction ID: SA11A1.17280	
City State Zip Code Lakewood NJ 08701		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Central Jersey Management Principal			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Jon Shreter		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 132 Pheasant Fields		Transaction ID: SA11A1.17368	
City State Zip Code Moorestown NJ 08057		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Allied Orthotics&Prostheti Inc President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Marc Silver		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2007	
Mailing Address 1417 Brace Road		Transaction ID: SA11A1.17485	
City State Zip Code Cherry Hill NJ 08034		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Silver Care Center President			
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 1000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. John Sinnenberg		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 23276 Laureldale ROad		Transaction ID: SA11A1.17305	
City State Zip Code Shaker Heights OH 44122	Amount of Each Receipt this Period 2300.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Key Principal Partners Occupation chairman	Election Cycle-to-Date ▼ 2300.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. John Sinnenberg		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 3 / 2 0 0 7	
Mailing Address 23276 Laureldale ROad		Transaction ID: SA11A1.17306	
City State Zip Code Shaker Heights OH 44122	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Key Principal Partners Occupation chairman	Election Cycle-to-Date ▼ 2500.00		
Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Rayman Solomon		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 7	
Mailing Address 739 S. Highland Ave		Transaction ID: SA11A1.17294	
City State Zip Code Merion Station PA 19066	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Name of Employer Rutgers Law School Occupation Dean	Election Cycle-to-Date ▼ 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
St. John & Wayne LLC

Mailing Address Two Penn Plaza East

City State Zip Code
Newark NJ 07105

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: SA11A1.17255

Amount of Each Receipt this Period
250.00

attribute to Karol Walker

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

B. Full Name (Last, First, Middle Initial)
Karol Corbin Walker

Mailing Address 24 Manor Drive

City State Zip Code
morris Twp NJ 07960

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

Name of Employer Occupation
St. John & Wayne attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 01 / 2007

Transaction ID: SA11A1.17255.0

Amount of Each Receipt this Period
250.00

partnership contrib -

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

C. Full Name (Last, First, Middle Initial)
Peter Stephan

Mailing Address 33 White Sail Drive

City State Zip Code
Laguna Niguel CA 92677

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

Name of Employer Occupation
The PensionGroup President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2007

Transaction ID: SA11A1.17311

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)	500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 36 / 130
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Joseph Szlavik

Mailing Address 2116 Kratz Station Road

City State Zip Code
Upper Salford PA 19438

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

Name of Employer
Scribe Strategies & Advisors

Occupation
President

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11A1.17357

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)
Randolph Taylor

Mailing Address 654 Pine Valley Court

City State Zip Code
Egg Harbor City NJ 08215

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

Name of Employer
ABSECON

Occupation
President/CEO

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	3	/	2	1	/	2	0	0	7

Transaction ID: SA11A1.17340

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)
Walter Timpone

Mailing Address 706 Orange Avenue

City State Zip Code
Cranford NJ 07016

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

Name of Employer
McELroy Deutch Mulvaney, and C

Occupation
attorney

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	2	/	2	3	/	2	0	0	7

Transaction ID: SA11A1.17246

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Tomlin Hopkin & Ferrucci

Mailing Address 338 Haddon Avenue

City State Zip Code
Westmont NJ 08108

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
02 / 16 / 2007

Transaction ID: SA11A1.17242

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)
William Hopkin

Mailing Address 49 Grove Street

City State Zip Code
Haddonfield NJ 08033

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

Name of Employer Occupation
Tomlin & Hopkin attorney

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2007

Transaction ID: SA11A1.17242.0

Amount of Each Receipt this Period
1000.00

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

C. Full Name (Last, First, Middle Initial)
R Dennis Vogt

Mailing Address 121 Sharrow Vale Road

City State Zip Code
Cherry Hill NJ 08034

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 22 / 2007

Transaction ID: SA11A1.17203

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)	1250.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. James Wallace		Date of Receipt M M / D D / Y Y Y Y 03 / 08 / 2007	
Mailing Address 8 White Birch ROad		Transaction ID: SA11A1.17296	
City State Zip Code Medford NJ 08055	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Lourdes Health System Sr VP	Election Cycle-to-Date 500.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. George Weinberger		Date of Receipt M M / D D / Y Y Y Y 02 / 28 / 2007	
Mailing Address 1757 East 23rd Street		Transaction ID: SA11A1.17266	
City State Zip Code Brooklyn NY 11229	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Siemens SMS American Healthwar manager	Election Cycle-to-Date 1000.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. Raymond West Liden		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2007	
Mailing Address 1991 Calaveras Drive		Transaction ID: SA11A1.17369	
City State Zip Code Camarillo CA 93010	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation Liden & Associates pension consultant	Election Cycle-to-Date 250.00		
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) Kwok Ching Wong Mailing Address 32 Millstream Drive City Mt. Laurel State NJ Zip Code 08054 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007 Transaction ID: SA11A1.17337 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer C-Con Inc Occupation executive Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) George Zallie Mailing Address 1230 Blackwood Clementon ROad City Clementon State NJ Zip Code 08021 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 02 / 08 / 2007 Transaction ID: SA11A1.17239 Amount of Each Receipt this Period 2300.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Zallie SUpErmarkets Inc Occupation Executive Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2300.00		

C. Full Name (Last, First, Middle Initial) George Zallie Mailing Address 1230 Blackwood Clementon ROad City Clementon State NJ Zip Code 08021 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 02 / 08 / 2007 Transaction ID: SA11A1.17240 Amount of Each Receipt this Period 1900.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Zallie SUpErmarkets Inc Occupation Executive Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 4200.00		

SUBTOTAL of Receipts This Page (optional)	5200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 130
(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)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Raphael Zucker

Mailing Address 52 Cabinfield Circle

City State Zip Code
Lakewood NJ 08701

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

Name of Employer Occupation
Somerset Development president

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	0	7

Transaction ID: SA11A1.17268

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)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	109319.43

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 130
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE

Mailing Address **1212 NEW YORK AVENUE NW SUITE 1250**

City **WASHINGTON** State **DC** Zip Code **20005**

FEC ID number of contributing federal political committee. **C C00153171**

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	3	/	2	1	/	2	0	0	7

Transaction ID: SA11C.17349

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)
B. AMERICAN COUNCIL OF LIFE INSURERS PAC

Mailing Address **101 Constitution Avenue NW Suite 700 West**

City **Washington** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00147066**

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	3	/	2	6	/	2	0	0	7

Transaction ID: SA11C.17317

Amount of Each Receipt this Period

1000.00

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

Full Name (Last, First, Middle Initial)
C. AMERICAN SOCIETY OF PENSION ACTUARIES PAC (ASPA PAC)

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 ▼ **1500.00**

Date of Receipt

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

Transaction ID: SA11C.17232

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)	3500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 / 130
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ELECTRICAL CONSTRUCTION PAC-NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION, INC (ECCAC)		Date of Receipt M M / D D / Y Y Y Y Y 03 / 27 / 2007
Mailing Address 3 BETHESDA METRO CENTER SUITE 1100		Transaction ID: SA11C.17377
City BETHESDA	State MD	Zip Code 20814
FEC ID number of contributing federal political committee. C C00113811		Amount of Each Receipt this Period 3000.00
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) B. Friends of Lichtenstein and Sernottii c/o Michael R. Bateman		Date of Receipt M M / D D / Y Y Y Y Y 03 / 08 / 2007
Mailing Address 70 E. Water Street Ste 4A		Transaction ID: SA11C.17278
City Toms River	State NJ	Zip Code 08753
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	Lakewood, NJ Township Committee <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE (HIPAC)		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007
Mailing Address 1001 Pennsylvania Avenue Suite 700		Transaction ID: SA11C.17316
City Washington	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. C C00096156		Amount of Each Receipt this Period 2000.00
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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 130
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS COMMITTEE ON POLITICAL EDUCATION

Full Name (Last, First, Middle Initial)
Mailing Address 1125 15TH ST N.W.

City State Zip Code
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C C00027342**

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: SA11C.17334

Amount of Each Receipt this Period
2500.00

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

B. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
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 ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 22 / 2007

Transaction ID: SA11C.17375

Amount of Each Receipt this Period
2000.00

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

C. MECHANICAL CONTRACTORS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (MCA-PAAC)

Full Name (Last, First, Middle Initial)
Mailing Address 1385 PICCARD DRIVE

City State Zip Code
ROCKVILLE MD 20850

FEC ID number of contributing federal political committee. **C C00343590**

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
03 / 27 / 2007

Transaction ID: SA11C.17378

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)	5500.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 130
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007
Mailing Address 27-01 Queens Plaza North Area 4-D Area 4D		Transaction ID: SA11C.17330
City Long Island City State NY Zip Code 11101	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040923	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address 27-01 Queens Plaza North Area 4-D Area 4D		Transaction ID: SA11C.17376
City Long Island City State NY Zip Code 11101	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00040923	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. NATIONAL MULTI HOUSING COUNCIL POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 21 / 2007
Mailing Address 1850 M Street NW Suite 540		Transaction ID: SA11C.17347
City Washington State DC Zip Code 20036	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00130773	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 130
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND		Date of Receipt M M / D D / Y Y Y Y Y 01 / 08 / 2007
Mailing Address Three Commercial Place		Transaction ID: SA11C.17206
City Norfolk State VA Zip Code 23510	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C C00009282	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 500.00	

Full Name (Last, First, Middle Initial) B. POLITICAL EDUCATIONAL FUND OF THE BUILDING AND CONSTRUCTION TRADES DEPARTMENT		Date of Receipt M M / D D / Y Y Y Y Y 03 / 23 / 2007
Mailing Address 815 16TH STREET NW #600		Transaction ID: SA11C.17331
City WASHINGTON State DC Zip Code 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00003160	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2007
Mailing Address 711 HIGH ST/GOVERNMENT RELATIONS		Transaction ID: SA11C.17396
City DES MOINES State IA Zip Code 50392	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00128918	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 130
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)
A. SHEET METAL AND AIR CONDITIONING CONTRACTORS' POLITICAL ACTION COMMITTEE

Mailing Address 4201 LAFAYETTE CENTER DRIVE

City State Zip Code
CHANTILLY VA 22021

FEC ID number of contributing federal political committee. **C** C00013961

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
 03 / 21 / 2007

Transaction ID: SA11C.17381

Amount of Each Receipt this Period
 3000.00

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

Full Name (Last, First, Middle Initial)
B. SHEET METAL WORKER'S INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE PAL

Mailing Address 1750 NEW YORK AVE NW

City State Zip Code
WASHINGTON DC 20006

FEC ID number of contributing federal political committee. **C** C70001136

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 20 / 2007

Transaction ID: SA11C.17335

Amount of Each Receipt this Period
 1500.00

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

Full Name (Last, First, Middle Initial)
C. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.

Mailing Address 430 First St. SE

City State Zip Code
Washington DC 20003

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2007

Transaction ID: SA11C.17367

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) ► 6000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 130
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. UNITEDHEALTH GROUP INCORPORATED POLITICAL FUND		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2007
Mailing Address 9900 BREN ROAD EAST 9900 BREN ROAD EAST		Transaction ID: SA11C.17325
City State Zip Code MINNETONKA MN 55343	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C C00274431		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. UNITED PARCEL SERVICE INC. POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 03 / 19 / 2007
Mailing Address 55 Glenlake Parkway N.E.		Transaction ID: SA11C.17345
City State Zip Code Atlanta GA 30328	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. C C00064766		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. UNITED STATES STEEL CORPORATION PAC		Date of Receipt M M / D D / Y Y Y Y 01 / 30 / 2007
Mailing Address 600 Grant Street Room 675		Transaction ID: SA11C.17237
City State Zip Code Pittsburgh PA 15219	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C C00030676		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 130
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
YELLOW ROADWAY POLITICAL ACTION COMMITTEE

Mailing Address 10990 Roe Ave.

City State Zip Code
Overland Park KS 66211

FEC ID number of contributing federal political committee. **C** C00090209

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 14 / 2007

Transaction ID: SA11C.17350

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)	▶	1500.00
TOTAL This Period (last page this line number only)	▶	33500.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 130
	<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 checked="" type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

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

Mailing Address **99 Jefferson ROad**

City **Parsippany** State **NJ** Zip Code **07054**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **619.52**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 14 / 2007

Transaction ID: SA14.17529

Amount of Each Receipt this Period
619.52

credit for overpayment of emp sal tax
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

B. Full Name (Last, First, Middle Initial)
ADP EasyPay

Mailing Address **99 Jefferson ROad**

City **Parsippany** State **NJ** Zip Code **07054**

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

Name of Employer _____ Occupation _____

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **2682.68**

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 30 / 2007

Transaction ID: SA14.17530

Amount of Each Receipt this Period
2063.16

credit for emp sal tax ov-erpayment
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

C. Full Name (Last, First, Middle Initial)
Stephen Dougherty

Mailing Address **302 Mockingbird Lane**

City **Swedesboro** State **NJ** Zip Code **08085**

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

Name of Employer **self** Occupation **consultant**

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ **5963.47**

Date of Receipt
M M / D D / Y Y Y Y Y
02 / 10 / 2007

Transaction ID: SA14.17252

Amount of Each Receipt this Period
5963.47

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

SUBTOTAL of Receipts This Page (optional)	8646.15
TOTAL This Period (last page this line number only)	8646.15

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 130
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17402	
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 4623.29		
FEC ID number of contributing federal political committee. C		cd- interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 16951.63		

Full Name (Last, First, Middle Initial) B. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7	
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17555	
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 924.66		
FEC ID number of contributing federal political committee. C		interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 17876.29		

Full Name (Last, First, Middle Initial) C. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 7	
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17556	
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 65.79		
FEC ID number of contributing federal political committee. C		interest adj <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Election Cycle-to-Date ▼ 17942.08		

SUBTOTAL of Receipts This Page (optional) ▶	5613.74
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 130
	(check only one)
<input 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 checked="" type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

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

Mailing Address 1040 Haddon Avenue

City State Zip Code
Collingswood NJ 08108

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
18084.30

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

Transaction ID: SA15.17403

Amount of Each Receipt this Period
142.22

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

B. Full Name (Last, First, Middle Initial)
First Colonial National Bank

Mailing Address 1040 Haddon Avenue

City State Zip Code
Collingswood NJ 08108

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
22245.94

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

Transaction ID: SA15.17551

Amount of Each Receipt this Period
4161.64

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

C. Full Name (Last, First, Middle Initial)
First Colonial National Bank

Mailing Address 1040 Haddon Avenue

City State Zip Code
Collingswood NJ 08108

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
23298.59

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

Transaction ID: SA15.17557

Amount of Each Receipt this Period
1052.65

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

SUBTOTAL of Receipts This Page (optional)	5356.51
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 130
	<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	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17404
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 95.77	
FEC ID number of contributing federal political committee. C		interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 23394.36	

Full Name (Last, First, Middle Initial) B. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17552
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 3758.90	
FEC ID number of contributing federal political committee. C		interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 27153.26	

Full Name (Last, First, Middle Initial) C. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17559
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 1842.13	
FEC ID number of contributing federal political committee. C		interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 28995.39	

SUBTOTAL of Receipts This Page (optional) ▶	5696.80
TOTAL This Period (last page this line number only) ▶	[Empty Box]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 53 / 130
	(check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2007
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17542
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 107.16	
FEC ID number of contributing federal political committee. C	interest income <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 29102.55	

Full Name (Last, First, Middle Initial) B. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17553
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 4161.64	
FEC ID number of contributing federal political committee. C	interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 33264.19	

Full Name (Last, First, Middle Initial) C. First Colonial National Bank		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2007
Mailing Address 1040 Haddon Avenue		Transaction ID: SA15.17560
City State Zip Code Collingswood NJ 08108	Amount of Each Receipt this Period 2039.51	
FEC ID number of contributing federal political committee. C	interest <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2008 Election Cycle-to-Date ▼ <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 35303.70	

SUBTOTAL of Receipts This Page (optional) ▶	6308.31
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER: PAGE 54 / 130
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gloucester County Federal Savings Bank

Mailing Address 301 Greentree ROAd

City State Zip Code
Sewell NJ 08080

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1310.78

Date of Receipt

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

Transaction ID: SA15.17405

Amount of Each Receipt this Period
612.32

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

B. Full Name (Last, First, Middle Initial)
Gloucester County Federal Savings Bank

Mailing Address 301 Greentree ROAd

City State Zip Code
Sewell NJ 08080

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1923.10

Date of Receipt

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

Transaction ID: SA15.17406

Amount of Each Receipt this Period
612.32

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

C. Full Name (Last, First, Middle Initial)
Gloucester County Federal Savings Bank

Mailing Address 301 Greentree ROAd

City State Zip Code
Sewell NJ 08080

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2494.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	0	7

Transaction ID: SA15.17543

Amount of Each Receipt this Period
571.58

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

SUBTOTAL of Receipts This Page (optional) ► **1796.22**

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 55 / 130	
	(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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial)
Gloucester County Federal Savings Bank

Mailing Address 301 Greentree ROad

City State Zip Code
Sewell NJ 08080

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

Name of Employer Occupation

Receipt For: 2008
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2497.89

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	7

Transaction ID: SA15.17544

Amount of Each Receipt this Period
3.21

interest

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

SUBTOTAL of Receipts This Page (optional)	▶	3.21
TOTAL This Period (last page this line number only)	▶	24774.79

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17489 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 15798.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Parsippany State NJ Zip Code 07054		
Purpose of Disbursement Payroll expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephen Dougherty		Transaction ID: SB17.17489.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 302 Mockingbird Lane		Amount of Each Disbursement this Period 15798.13 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Swedesboro State NJ Zip Code 08085		
Purpose of Disbursement employee salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17492 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 12932.11 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Parsippany State NJ Zip Code 07054		
Purpose of Disbursement payroll tax expenses Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	28730.24
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17494 Date of Disbursement
Mailing Address 99 Jefferson ROad		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Parsippany	State NJ	Zip Code 07054
Purpose of Disbursement adp tax/financ fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="271.04"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) B. ADP EasyPay		Transaction ID: SB17.17495 Date of Disbursement
Mailing Address 99 Jefferson ROad		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Parsippany	State NJ	Zip Code 07054
Purpose of Disbursement payroll fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="72.00"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17496 Date of Disbursement
Mailing Address 99 Jefferson ROad		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Parsippany	State NJ	Zip Code 07054
Purpose of Disbursement tax/financial fees	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period <input type="text" value="38.73"/>	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="381.77"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17497 Date of Disbursement
Mailing Address 99 Jefferson ROad		<input type="text" value="01"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
City Parsippany	State NJ	Zip Code 07054
Purpose of Disbursement payroll fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="72.00"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ADP EasyPay		Transaction ID: SB17.17498 Date of Disbursement
Mailing Address 99 Jefferson ROad		<input type="text" value="01"/> / <input type="text" value="17"/> / <input type="text" value="2007"/>
City Parsippany	State NJ	Zip Code 07054
Purpose of Disbursement payroll fees	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="47.65"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17501 Date of Disbursement
Mailing Address 99 Jefferson ROad		<input type="text" value="01"/> / <input type="text" value="22"/> / <input type="text" value="2007"/>
City Parsippany	State NJ	Zip Code 07054
Purpose of Disbursement tax financial fee	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="7.41"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="127.06"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17502 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 2964.21	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement salary expense	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Stephen Dougherty		Transaction ID: SB17.17502.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 302 Mockingbird Lane		Amount of Each Disbursement this Period 2964.21	
City Swedesboro State NJ Zip Code 08085	Purpose of Disbursement salary expense	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type [MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17504 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 1207.86	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement tax financial expense	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	4172.07
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17505 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 2999.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Parsippany State NJ Zip Code 07054		
Purpose of Disbursement payroll expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephen Dougherty		Transaction ID: SB17.17505.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 302 Mockingbird Lane		Amount of Each Disbursement this Period 2999.26 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Swedesboro State NJ Zip Code 08085		
Purpose of Disbursement employee salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17509 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 1014.05 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Parsippany State NJ Zip Code 07054		
Purpose of Disbursement tax/ financial fee Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4013.31
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17511 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 3091.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Parsippany State NJ Zip Code 07054		
Purpose of Disbursement salary expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephen Dougherty		Transaction ID: SB17.17511.0 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 302 Mockingbird Lane		Amount of Each Disbursement this Period 3091.08 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Swedesboro State NJ Zip Code 08085		
Purpose of Disbursement employee salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17513 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 1054.69 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Parsippany State NJ Zip Code 07054		
Purpose of Disbursement tax/fianancial fees Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4145.77
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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17515 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 271.03	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement tax/financial fees	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Full Name (Last, First, Middle Initial) B. ADP EasyPay		Transaction ID: SB17.17516 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 3 1 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 72.00	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement payroll fees	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			
Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17518 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 319.98	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement tax/finacial fee	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶

663.01

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17519 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 309.76	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement tax fiancial fees	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. ADP EasyPay		Transaction ID: SB17.17520 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 72.00	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement payroll fees	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17522 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 350.00	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement payroll fees	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	731.76
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17525 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 3091.09
City Parsippany State NJ Zip Code 07054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement salary expense Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephen Dougherty		Transaction ID: SB17.17525.0 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 302 Mockingbird Lane		Amount of Each Disbursement this Period 3091.09
City Swedesboro State NJ Zip Code 08085	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement employee salary Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17527 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 1054.67
City Parsippany State NJ Zip Code 07054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement tax financial services Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	4145.76
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17532 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 319.98	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement tax/financial svc	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) B. ADP EasyPay		Transaction ID: SB17.17533 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 72.00	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement payroll fees	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

Full Name (Last, First, Middle Initial) C. ADP EasyPay		Transaction ID: SB17.17537 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 7	
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 1090.49	
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement tax/financial svcs	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:			

SUBTOTAL of Disbursements This Page (optional) ▶	1482.47
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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. ADP EasyPay		Transaction ID: SB17.17538 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 99 Jefferson ROad		Amount of Each Disbursement this Period 3055.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Parsippany State NJ Zip Code 07054	Purpose of Disbursement salary expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Stephen Dougherty		Transaction ID: SB17.17538.0 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address 302 Mockingbird Lane		Amount of Each Disbursement this Period 3055.27 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Swedesboro State NJ Zip Code 08085	Purpose of Disbursement employee salary Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. AT&T		Transaction ID: SB17.17523 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 7
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 34.45 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Omaha State NE Zip Code 68103	Purpose of Disbursement phone expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3089.72
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. AT&T		Transaction ID: SB17.17534 Date of Disbursement M M / D D / Y Y Y Y 03 / 19 / 2007	
Mailing Address PO Box 2969		Amount of Each Disbursement this Period 29.06	
City Omaha State NE Zip Code 68103	Purpose of Disbursement phone expense Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) B. Au Premiere Transportation		Transaction ID: SB17.17417 Date of Disbursement M M / D D / Y Y Y Y 01 / 05 / 2007	
Mailing Address 805 Creek Road		Amount of Each Disbursement this Period 1762.25	
City Bellmawr State NJ Zip Code 08031	Purpose of Disbursement transportation expense Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) C. Au Premiere Transportation		Transaction ID: SB17.17454 Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 805 Creek Road		Amount of Each Disbursement this Period 457.00	
City Bellmawr State NJ Zip Code 08031	Purpose of Disbursement transportation expense Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		<input type="checkbox"/>	

SUBTOTAL of Disbursements This Page (optional) ▶	2248.31
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Brand Law Group		Transaction ID: SB17.17435 Date of Disbursement 01 / 11 / 2007	
Mailing Address 923 15th Street NW		Amount of Each Disbursement this Period 304.90	
City Washington State DC Zip Code 20005	Purpose of Disbursement attorney fees	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Capital City Limousine		Transaction ID: SB17.17416 Date of Disbursement 01 / 05 / 2007	
Mailing Address PO Box 91077		Amount of Each Disbursement this Period 383.52	
City Washington State DC Zip Code 20090	Purpose of Disbursement transportation expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Capital One Visa		Transaction ID: SB17.17493 Date of Disbursement 01 / 04 / 2007	
Mailing Address PO Box 85184		Amount of Each Disbursement this Period 9646.45	
City Richmond State VA Zip Code 23285	Purpose of Disbursement visa expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name	Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	10334.87
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. office max</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1190 Nixon Drive</p> <p>City Mount Laurel State NJ Zip Code 08054</p> <p>Purpose of Disbursement 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>Transaction ID: SB17.17493.0</p> <p>Date of Disbursement</p> <p>12 / 04 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>216.07</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Three Little Bakers</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 3540 Three Little Bakers</p> <p>City Wilmington State DE Zip Code 19808</p> <p>Purpose of Disbursement food exepenses</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>Transaction ID: SB17.17493.1</p> <p>Date of Disbursement</p> <p>12 / 05 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>1855.25</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>C. Marriott Marquis</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address 1535 Broadway</p> <p>City New York State NY Zip Code 10036</p> <p>Purpose of Disbursement lodging expense</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>Transaction ID: SB17.17493.6</p> <p>Date of Disbursement</p> <p>12 / 09 / 2006</p> <p>Amount of Each Disbursement this Period</p> <p>976.33</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Marriott Marquis		Transaction ID: SB17.17493.7 Date of Disbursement 12 / 09 / 2006
Mailing Address 1535 Broadway		Amount of Each Disbursement this Period 4475.40
City New York State NY Zip Code 10036	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement lodging expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ralph's & Francesca's		Transaction ID: SB17.17493.8 Date of Disbursement 12 / 11 / 2006
Mailing Address Station Avenue		Amount of Each Disbursement this Period 35.04
City Haddon Heights State NJ Zip Code 08035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement meal expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. April Robin Florist		Transaction ID: SB17.17493.10 Date of Disbursement 12 / 13 / 2006
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 299.60
City Haddon Heights State NJ Zip Code 08035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement flowers for donors/vol Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. Best Buy</p>		<p>Transaction ID: SB17.17493.11 Date of Disbursement <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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	4		2	0	0	6														
<p>Mailing Address Deptford Center ROAd</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>550.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		550.00																			
550.00																							
<p>City Deptford State NJ Zip Code 08096</p>	<p>Purpose of Disbursement gift expenses for vol/donors</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>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:</p>																						
<p>Full Name (Last, First, Middle Initial) B. Spectacular Limo Link</p>		<p>Transaction ID: SB17.17493.12 Date of Disbursement <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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	4		2	0	0	6														
<p>Mailing Address 250 W. 61st St</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>1495.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		1495.00																			
1495.00																							
<p>City New York State NY Zip Code 10023</p>	<p>Purpose of Disbursement transportation exzpanse</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>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:</p>																						
<p>Full Name (Last, First, Middle Initial) C. Spectacular Limo Link</p>		<p>Transaction ID: SB17.17493.13 Date of Disbursement <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>1</td><td>2</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	4		2	0	0	6														
<p>Mailing Address 250 W. 61st St</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>635.00</td> </tr> </table> <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM] </p>		635.00																			
635.00																							
<p>City New York State NY Zip Code 10023</p>	<p>Purpose of Disbursement transportation</p>	<p>Category/Type</p>																					
<p>Candidate Name</p>	<p>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:</p>																						

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Barnes & Noble		Transaction ID: SB17.17493.14 Date of Disbursement 12 / 14 / 2006
Mailing Address 200 West Rt 70		Amount of Each Disbursement this Period 376.51
City Marlton State NJ Zip Code 08057	Purpose of Disbursement gift expenses for donors/vols Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. american music theatre		Transaction ID: SB17.17493.16 Date of Disbursement 12 / 14 / 2006
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 460.00
City lancaster State PA Zip Code 17605	Purpose of Disbursement gift expense for donor/vol Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.17493.17 Date of Disbursement 12 / 15 / 2006
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 183.89
City Baltimore State MD Zip Code 21297	Purpose of Disbursement cell phone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. american music theatre		Transaction ID: SB17.17493.21 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 40.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift expense for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. american music theatre		Transaction ID: SB17.17493.23 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 160.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Macy's East		Transaction ID: SB17.17493.24 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address Cherry Hill Mall		Amount of Each Disbursement this Period 60.44 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Cherry Hill State NJ Zip Code 08002		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Three Little Bakers		Transaction ID: SB17.17493.25 Date of Disbursement 12 / 20 / 2006
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 336.00
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Three Little Bakers		Transaction ID: SB17.17493.26 Date of Disbursement 12 / 20 / 2006
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 187.00
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Three Little Bakers		Transaction ID: SB17.17493.27 Date of Disbursement 12 / 20 / 2006
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 107.50
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Three Little Bakers		Transaction ID: SB17.17493.29 Date of Disbursement 12 / 21 / 2006
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 101.50
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Three Little Bakers		Transaction ID: SB17.17493.30 Date of Disbursement 12 / 22 / 2006
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 89.00
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Wegman's		Transaction ID: SB17.17493.31 Date of Disbursement 12 / 24 / 2006
Mailing Address 2 Centerton Road		Amount of Each Disbursement this Period 1047.59
City Mt. Laurel State NJ Zip Code 08054	Purpose of Disbursement catering event expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. April Robin Florist		Transaction ID: SB17.17493.32 Date of Disbursement 12 / 27 / 2006
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 299.60
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flowers expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. April Robin Florist		Transaction ID: SB17.17493.33 Date of Disbursement 12 / 27 / 2006
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 248.24
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flower expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Ralph's & Francesca's		Transaction ID: SB17.17493.34 Date of Disbursement 12 / 29 / 2006
Mailing Address Station Avenue		Amount of Each Disbursement this Period 2120.00
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement catered event Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Wegman's		Transaction ID: SB17.17493.36 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 2 Centerton Road		Amount of Each Disbursement this Period 681.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Mt. Laurel State NJ Zip Code 08054	Purpose of Disbursement catering expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Capital One Visa		Transaction ID: SB17.17521 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 7
Mailing Address PO Box 85184		Amount of Each Disbursement this Period 3558.89 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Richmond State VA Zip Code 23285	Purpose of Disbursement visa expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Ralph's & Francesca's		Transaction ID: SB17.17521.1 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 8 / 2 0 0 7
Mailing Address Station Avenue		Amount of Each Disbursement this Period 55.18 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement food expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3558.89
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.17521.2 Date of Disbursement 01 / 15 / 2007	
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 183.89	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement cel phone expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. April Robin Florist		Transaction ID: SB17.17521.3 Date of Disbursement 01 / 16 / 2007	
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 141.24	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flowers expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ralph's & Francesca's		Transaction ID: SB17.17521.4 Date of Disbursement 01 / 17 / 2007	
Mailing Address Station Avenue		Amount of Each Disbursement this Period 178.62	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement food expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ralph's & Francesca's		Transaction ID: SB17.17521.11 Date of Disbursement 01 / 25 / 2007	
Mailing Address Station Avenue		Amount of Each Disbursement this Period 77.38	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement food expense	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. April Robin Florist		Transaction ID: SB17.17521.12 Date of Disbursement 01 / 26 / 2007	
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 87.74	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flowers expense	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. April Robin Florist		Transaction ID: SB17.17521.13 Date of Disbursement 01 / 31 / 2007	
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 374.49	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flowers expenses	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Ralph's & Francesca's</p>		<p>Transaction ID: SB17.17521.15 Date of Disbursement 02 / 02 / 2007</p>	
<p>Mailing Address Station Avenue</p>		<p>Amount of Each Disbursement this Period 44.69</p>	
<p>City Haddon Heights State NJ Zip Code 08035</p>	<p>Purpose of Disbursement food expense</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>B. Full Name (Last, First, Middle Initial) Capital One Visa</p>		<p>Transaction ID: SB17.17535 Date of Disbursement 03 / 20 / 2007</p>	
<p>Mailing Address PO Box 85184</p>		<p>Amount of Each Disbursement this Period 3810.13</p>	
<p>City Richmond State VA Zip Code 23285</p>	<p>Purpose of Disbursement visa expense</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>C. Full Name (Last, First, Middle Initial) America</p>		<p>Transaction ID: SB17.17535.0 Date of Disbursement 02 / 05 / 2007</p>	
<p>Mailing Address 50 Massachusetts AveNE</p>		<p>Amount of Each Disbursement this Period 53.88</p>	
<p>City Washington State DC Zip Code 20002</p>	<p>Purpose of Disbursement food expense</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>[MEMO ITEM]</p>	
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>State: District:</p>			

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>3810.13</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Best Buy		Transaction ID: SB17.17535.1 Date of Disbursement 02 / 07 / 2007	
Mailing Address Deptford Center ROAd		Amount of Each Disbursement this Period 75.00	
City Deptford State NJ Zip Code 08096	Purpose of Disbursement office expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Incredibly Edible Delites Inc		Transaction ID: SB17.17535.2 Date of Disbursement 02 / 07 / 2007	
Mailing Address 201 A Broadway		Amount of Each Disbursement this Period 233.26	
City Westville State NJ Zip Code 08093	Purpose of Disbursement gifts for donors/vols	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Staples		Transaction ID: SB17.17535.3 Date of Disbursement 02 / 07 / 2007	
Mailing Address Rt. 70		Amount of Each Disbursement this Period 391.49	
City Cherry Hill State NJ Zip Code 08003	Purpose of Disbursement toner expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ralph's & Francesca's		Transaction ID: SB17.17535.5 Date of Disbursement 02 / 09 / 2007	
Mailing Address Station Avenue		Amount of Each Disbursement this Period 41.94	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement food expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. April Robin Florist		Transaction ID: SB17.17535.6 Date of Disbursement 02 / 12 / 2007	
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 92.02	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flower expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Incredibly Edible Delites Inc		Transaction ID: SB17.17535.8 Date of Disbursement 02 / 12 / 2007	
Mailing Address 201 A Broadway		Amount of Each Disbursement this Period 415.16	
City Westville State NJ Zip Code 08093	Purpose of Disbursement gifts for donors/vols	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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FOR LINE NUMBER:
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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. April Robin Florist		Transaction ID: SB17.17535.9 Date of Disbursement 02 / 13 / 2007	
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 219.35	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flower expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Staples		Transaction ID: SB17.17535.10 Date of Disbursement 02 / 13 / 2007	
Mailing Address Rt. 70		Amount of Each Disbursement this Period 159.36	
City Cherry Hill State NJ Zip Code 08003	Purpose of Disbursement office supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.17535.11 Date of Disbursement 02 / 15 / 2007	
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 232.50	
City Baltimore State MD Zip Code 21297	Purpose of Disbursement cell phone expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Toys R US		Transaction ID: SB17.17535.16 Date of Disbursement 02 / 24 / 2007	
Mailing Address Rt. 38 East		Amount of Each Disbursement this Period 90.80	
City Cherry Hill	State NJ	Zip Code 08002	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement baby gift for donor/vol		Category/ Type	
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: _____			

Full Name (Last, First, Middle Initial) B. Edible Arrangements		Transaction ID: SB17.17535.17 Date of Disbursement 02 / 26 / 2007	
Mailing Address 350 Main Street		Amount of Each Disbursement this Period 75.97	
City Hackensack	State NJ	Zip Code 07601	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement gift for donor/vol		Category/ Type	
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: _____			

Full Name (Last, First, Middle Initial) C. Ralph's & Francesca's		Transaction ID: SB17.17535.18 Date of Disbursement 02 / 27 / 2007	
Mailing Address Station Avenue		Amount of Each Disbursement this Period 45.26	
City Haddon Heights	State NJ	Zip Code 08035	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement food expense		Category/ Type	
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: _____			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. America		Transaction ID: SB17.17535.19 Date of Disbursement 02 / 27 / 2007
Mailing Address 50 Massachusetts AveNE		Amount of Each Disbursement this Period 45.49
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement food expense	Candidate Name	[MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) B. Ralph's & Francesca's		Transaction ID: SB17.17535.20 Date of Disbursement 02 / 28 / 2007
Mailing Address Station Avenue		Amount of Each Disbursement this Period 116.97
City Haddon Heights State NJ Zip Code 08035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement food expenses	Candidate Name	[MEMO ITEM]
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:	

Full Name (Last, First, Middle Initial) C. April Robin Florist		Transaction ID: SB17.17535.21 Date of Disbursement 03 / 01 / 2007
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 60.99
City Haddon Heights State NJ Zip Code 08035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement flower expense	Candidate Name	[MEMO ITEM]
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:	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. cheesecake factory		Transaction ID: SB17.17535.22 Date of Disbursement 03 / 01 / 2007	
Mailing Address rt.70		Amount of Each Disbursement this Period 79.71	
City Cherry Hill	State NJ	Zip Code 08034	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement meal expense		Category/ Type	
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:	

Full Name (Last, First, Middle Initial) B. Caffe Lamberti		Transaction ID: SB17.17535.23 Date of Disbursement 03 / 01 / 2007	
Mailing Address Rt 38		Amount of Each Disbursement this Period 209.06	
City Cherry Hill	State NJ	Zip Code 08034	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement food expense		Category/ Type	
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:	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: SB17.17535.25 Date of Disbursement 03 / 02 / 2007	
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 35.90	
City Pittsburgh	State PA	Zip Code 15250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Purpose of Disbursement courier service		Category/ Type	
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:	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ponzio's Restaurant		Transaction ID: SB17.17535.26 Date of Disbursement 03 / 02 / 2007
Mailing Address 7 Rt 70 West		Amount of Each Disbursement this Period 53.76
City Cherry Hill State NJ Zip Code 08034	Purpose of Disbursement food expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) B. April Robin Florist		Transaction ID: SB17.17535.27 Date of Disbursement 03 / 02 / 2007
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 213.98
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flowers expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

Full Name (Last, First, Middle Initial) C. April Robin Florist		Transaction ID: SB17.17535.28 Date of Disbursement 03 / 02 / 2007
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 69.54
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flower expenses Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Edible Arrangements		Transaction ID: SB17.17535.29 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address 350 Main Street		Amount of Each Disbursement this Period 78.73
City Hackensack State NJ Zip Code 07601	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gift for donor/expense Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Toys R US		Transaction ID: SB17.17535.31 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7
Mailing Address Rt. 38 East		Amount of Each Disbursement this Period 43.12
City Cherry Hill State NJ Zip Code 08002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement baby gift for donor/vol Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: SB17.17535.32 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 7
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 89.88
City Pittsburgh State PA Zip Code 15250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement courier service Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Amanda Caruso		Transaction ID: SB17.17423 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 3207 Avalon COurt		Amount of Each Disbursement this Period 20000.00
City Voorhees State NJ Zip Code 08043	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement compliance/legal consulting Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Bill Caruso		Transaction ID: SB17.17422 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 3207 Avalon Court		Amount of Each Disbursement this Period 30000.00
City Voorhees State NJ Zip Code 08043	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign management consulting Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Bill Caruso		Transaction ID: SB17.17466 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address 3207 Avalon Court		Amount of Each Disbursement this Period 142.00
City Voorhees State NJ Zip Code 08043	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement reimburse phone expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	50142.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Bill Caruso		Transaction ID: SB17.17473 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address 3207 Avalon Court		Amount of Each Disbursement this Period 257.47 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Voorhees State NJ Zip Code 08043	Purpose of Disbursement reimburse phone expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) B. Commerce Bank Visa		Transaction ID: SB17.17433 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address PO Box 2580		Amount of Each Disbursement this Period 27324.61 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Cherry Hill State NJ Zip Code 08034	Purpose of Disbursement visa expenses Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type

Full Name (Last, First, Middle Initial) C. Three Little Bakers		Transaction ID: SB17.17433.4 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 1 7 / 2 0 0 6
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 101.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expense Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶	27582.08
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Three Little Bakers		Transaction ID: SB17.17433.5 Date of Disbursement 11 / 17 / 2006	
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 107.50	
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expesne	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Three Little Bakers		Transaction ID: SB17.17433.10 Date of Disbursement 11 / 20 / 2006	
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 276.00	
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expense	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Chocolate Heaven		Transaction ID: SB17.17433.12 Date of Disbursement 11 / 21 / 2006	
Mailing Address Atlantic & Station Avenue		Amount of Each Disbursement this Period 187.25	
City HaddonHeights State NJ Zip Code 08035	Purpose of Disbursement gifts for donors/vols	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. american music theatre		Transaction ID: SB17.17433.15 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 172.00
City lancaster State PA Zip Code 17605	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement gift for donor/vol Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Wegman's		Transaction ID: SB17.17433.17 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6
Mailing Address 2 Centerton Road		Amount of Each Disbursement this Period 509.65
City Mt. Laurel State NJ Zip Code 08054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement food expense Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Three Little Bakers		Transaction ID: SB17.17433.21 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 4 / 2 0 0 6
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 145.00
City Wilmington State DE Zip Code 19808	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement food expense Candidate Name		[MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Palm Restaurant		Transaction ID: SB17.17433.23 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 7 / 2 0 0 6
Mailing Address 200 S. Broad Street		Amount of Each Disbursement this Period 1829.82 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Philadelphia State PA Zip Code 19102		
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. american music theatre		Transaction ID: SB17.17433.24 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 43.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. american music theatre		Transaction ID: SB17.17433.26 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 944.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. american music theatre		Transaction ID: SB17.17433.27 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 595.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. american music theatre		Transaction ID: SB17.17433.28 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 38.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Chocolate Heaven		Transaction ID: SB17.17433.29 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address Atlantic & Station Avenue		Amount of Each Disbursement this Period 69.55 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City HaddonHeights State NJ Zip Code 08035		
Purpose of Disbursement gift basket expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

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

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. american music theatre		Transaction ID: SB17.17433.31 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 180.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. american music theatre		Transaction ID: SB17.17433.32 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. american music theatre		Transaction ID: SB17.17433.33 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 86.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Best Photo		Transaction ID: SB17.17433.35 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 2 / 2 0 0 6	
Mailing Address 14889 Brace ROad		Amount of Each Disbursement this Period 232.30	
City Cherry Hill State NJ Zip Code 08002	Purpose of Disbursement photo expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) B. Ponzio's Restaurant		Transaction ID: SB17.17433.36 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 7 Rt 70 West		Amount of Each Disbursement this Period 286.83	
City Cherry Hill State NJ Zip Code 08034	Purpose of Disbursement food expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

Full Name (Last, First, Middle Initial) C. Italian Bistro		Transaction ID: SB17.17433.37 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 211 S. broad Street		Amount of Each Disbursement this Period 335.74	
City Philadelphia State PA Zip Code 19107	Purpose of Disbursement food expense Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. The Village Cheese Shop		Transaction ID: SB17.17433.38 Date of Disbursement 12 / 04 / 2006	
Mailing Address 516 Station Avneue		Amount of Each Disbursement this Period 393.19	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement food expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) B. Party City		Transaction ID: SB17.17433.39 Date of Disbursement 12 / 04 / 2006	
Mailing Address Haddonfield Berlin Road		Amount of Each Disbursement this Period 588.19	
City Voorhees State NJ Zip Code 08043	Purpose of Disbursement catering expenses	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

Full Name (Last, First, Middle Initial) C. Ralph's & Francesca's		Transaction ID: SB17.17433.40 Date of Disbursement 12 / 04 / 2006	
Mailing Address Station Avenue		Amount of Each Disbursement this Period 869.12	
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement food expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type	

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

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. american music theatre		Transaction ID: SB17.17433.45 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 70.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. american music theatre		Transaction ID: SB17.17433.46 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 105.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City lancaster State PA Zip Code 17605		
Purpose of Disbursement gift for donor/vol Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. mccormick & Schmick		Transaction ID: SB17.17433.47 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address One South Broad Street		Amount of Each Disbursement this Period 377.37 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Philadelphia State PA Zip Code 19107		
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. american music theatre		Transaction ID: SB17.17433.49 Date of Disbursement 12 / 08 / 2006	
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 80.00	
City lancaster State PA Zip Code 17605	Purpose of Disbursement gift for donor/vol Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. american music theatre		Transaction ID: SB17.17433.50 Date of Disbursement 12 / 08 / 2006	
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 129.00	
City lancaster State PA Zip Code 17605	Purpose of Disbursement gift for donor/vol Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Macy's East		Transaction ID: SB17.17433.51 Date of Disbursement 12 / 08 / 2006	
Mailing Address Cherry Hill Mall		Amount of Each Disbursement this Period 501.38	
City Cherry Hill State NJ Zip Code 08002	Purpose of Disbursement gifts for donors/vol Candidate Name	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) american music theatre</p> <p>Mailing Address 2425 Lincoln hwy</p> <p>City lancaster State PA Zip Code 17605</p> <p>Purpose of Disbursement gift for donor/vol</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.17433.52</p> <p>Date of Disbursement 12 / 08 / 2006</p> <p>Amount of Each Disbursement this Period 520.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) american music theatre</p> <p>Mailing Address 2425 Lincoln hwy</p> <p>City lancaster State PA Zip Code 17605</p> <p>Purpose of Disbursement gifts for donor/vol</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.17433.53</p> <p>Date of Disbursement 12 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 120.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) Holiday Inns onthe Hill</p> <p>Mailing Address 550 C Street SW</p> <p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement lodging expenses</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.17433.54</p> <p>Date of Disbursement 12 / 11 / 2006</p> <p>Amount of Each Disbursement this Period 419.78</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p>[MEMO ITEM]</p>

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Palm Restaurant		Transaction ID: SB17.17433.55 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6
Mailing Address 200 S. Broad Street		Amount of Each Disbursement this Period 1215.63 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Philadelphia State PA Zip Code 19102		
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Three Little Bakers		Transaction ID: SB17.17433.56 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 65.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Wilmington State DE Zip Code 19808		
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Three Little Bakers		Transaction ID: SB17.17433.57 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 2 / 2 0 0 6
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 167.84 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Wilmington State DE Zip Code 19808		
Purpose of Disbursement food expenses Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Macy's East		Transaction ID: SB17.17433.61 Date of Disbursement 12 / 12 / 2006	
Mailing Address Cherry Hill Mall		Amount of Each Disbursement this Period 155.45	
City Cherry Hill	State NJ	Zip Code 08002	
Purpose of Disbursement gift for donor/vol		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
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:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) B. Macy's East		Transaction ID: SB17.17433.62 Date of Disbursement 12 / 12 / 2006	
Mailing Address Cherry Hill Mall		Amount of Each Disbursement this Period 187.25	
City Cherry Hill	State NJ	Zip Code 08002	
Purpose of Disbursement gift for donor/vol		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
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:	[MEMO ITEM]		

Full Name (Last, First, Middle Initial) C. Three Little Bakers		Transaction ID: SB17.17433.63 Date of Disbursement 12 / 12 / 2006	
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 796.25	
City Wilmington	State DE	Zip Code 19808	
Purpose of Disbursement food expense		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name		Category/ Type	
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:	[MEMO ITEM]		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Three Little Bakers		Transaction ID: SB17.17433.64 Date of Disbursement 12 / 12 / 2006
Mailing Address 3540 Three Little Bakers		Amount of Each Disbursement this Period 2535.30
City Wilmington State DE Zip Code 19808	Purpose of Disbursement food expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. american music theatre		Transaction ID: SB17.17433.65 Date of Disbursement 12 / 13 / 2006
Mailing Address 2425 Lincoln hwy		Amount of Each Disbursement this Period 86.00
City lancaster State PA Zip Code 17605	Purpose of Disbursement gift for vol/donors	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. April Robin Florist		Transaction ID: SB17.17433.67 Date of Disbursement 12 / 14 / 2006
Mailing Address 620 Station Avenue		Amount of Each Disbursement this Period 85.60
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement flower expense	
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. victor's liquor		Transaction ID: SB17.17433.68 Date of Disbursement 12 / 14 / 2006	
Mailing Address white horse pike		Amount of Each Disbursement this Period 342.38	
City Barringotn State NJ Zip Code 08035	Purpose of Disbursement holiday gifts for donors/vol Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Palm Restaurant		Transaction ID: SB17.17433.69 Date of Disbursement 12 / 14 / 2006	
Mailing Address 200 S. Broad Street		Amount of Each Disbursement this Period 1260.89	
City Philadelphia State PA Zip Code 19102	Purpose of Disbursement food expense Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. giumarelos		Transaction ID: SB17.17433.70 Date of Disbursement 12 / 15 / 2006	
Mailing Address haddon Avenue		Amount of Each Disbursement this Period 298.45	
City westmont State NJ Zip Code 08108	Purpose of Disbursement food expense Candidate Name	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Toys R US		Transaction ID: SB17.17433.71 Date of Disbursement 12 / 15 / 2006	
Mailing Address Rt. 38 East		Amount of Each Disbursement this Period 323.33	
City Cherry Hill	State NJ	Zip Code 08002	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement charitable donation		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Office Depot		Transaction ID: SB17.17433.72 Date of Disbursement 12 / 15 / 2006	
Mailing Address Haddonfield Berlin Road		Amount of Each Disbursement this Period 394.06	
City Voorhees	State NJ	Zip Code 08043	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement office supplies		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Toys R US		Transaction ID: SB17.17433.73 Date of Disbursement 12 / 15 / 2006	
Mailing Address Rt. 38 East		Amount of Each Disbursement this Period 759.20	
City Cherry Hill	State NJ	Zip Code 08002	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement charitable donation of items		Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Palm Restaurant		Transaction ID: SB17.17433.74 Date of Disbursement 12 / 15 / 2006	
Mailing Address 200 S. Broad Street		Amount of Each Disbursement this Period 1766.95	
City Philadelphia State PA Zip Code 19102	Purpose of Disbursement food expense	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) B. Spectacular Limo Link		Transaction ID: SB17.17433.75 Date of Disbursement 12 / 15 / 2006	
Mailing Address 250 W. 61st St		Amount of Each Disbursement this Period 1800.00	
City New York State NY Zip Code 10023	Purpose of Disbursement transportation	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) C. Commerce Bank Visa		Transaction ID: SB17.17487 Date of Disbursement 02 / 01 / 2007	
Mailing Address PO Box 2580		Amount of Each Disbursement this Period 3911.82	
City Cherry Hill State NJ Zip Code 08034	Purpose of Disbursement visa expenses	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3911.82
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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. Commerce Bank Visa</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address PO Box 2580</p> <p>City Cherry Hill State NJ Zip Code 08034</p> <p>Purpose of Disbursement visa expense</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>Transaction ID: SB17.17451</p> <p>Date of Disbursement</p> <p><input type="text" value="03"/> <input type="text" value="02"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13571.80"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p>

<p>B. Postmaster</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address Clements bridge ROad</p> <p>City Barrington State NJ Zip Code 08007</p> <p>Purpose of Disbursement postage</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>Transaction ID: SB17.17451.0</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="316.40"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>[MEMO ITEM]</p>

<p>C. giuamarelos</p> <p>Full Name (Last, First, Middle Initial)</p> <p>Mailing Address haddon Avenue</p> <p>City westmont State NJ Zip Code 08108</p> <p>Purpose of Disbursement food expense</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>Transaction ID: SB17.17451.2</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="07"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="87.60"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Disbursement For: 2008</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify) ▼</p>		<p>Category/Type</p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="13571.80"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) chez Josephine		Transaction ID: SB17.17451.4 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 2 / 2 0 0 7
Mailing Address 414 w. 42nd		Amount of Each Disbursement this Period 654.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City New York State NY Zip Code 10036		
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B. Full Name (Last, First, Middle Initial) America		Transaction ID: SB17.17451.6 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 50 Massachusetts AveNE		Amount of Each Disbursement this Period 33.34 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Washington State DC Zip Code 20002		
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C. Full Name (Last, First, Middle Initial) Ralph's & Francesca's		Transaction ID: SB17.17451.8 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address Station Avenue		Amount of Each Disbursement this Period 63.49 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Haddon Heights State NJ Zip Code 08035		
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Holiday Inns onthe Hill		Transaction ID: SB17.17451.10 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 7
Mailing Address 550 C Street SW		Amount of Each Disbursement this Period 343.59
City Washington State DC Zip Code 20515	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement lodging expense	Category/ Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) B. US Airways		Transaction ID: SB17.17451.11 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 100.00
City Arlington State VA Zip Code 22202	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement travel expense	Category/ Type	[MEMO ITEM]
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:		

Full Name (Last, First, Middle Initial) C. New Jersey Chamber of Commerce		Transaction ID: SB17.17451.13 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 9 / 2 0 0 7
Mailing Address state street		Amount of Each Disbursement this Period 1230.00
City trenton State NJ Zip Code 08608	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement event expense	Category/ Type	[MEMO ITEM]
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:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Midway car rental		Transaction ID: SB17.17451.14 Date of Disbursement 01 / 30 / 2007
Mailing Address 6225 W Century Blvd		Amount of Each Disbursement this Period 490.13
City Los Angeles State CA Zip Code 90045	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Purpose of Disbursement transportation Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) B. America		Transaction ID: SB17.17451.15 Date of Disbursement 01 / 31 / 2007
Mailing Address 50 Massachusetts AveNE		Amount of Each Disbursement this Period 42.79
City Washington State DC Zip Code 20002	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

Full Name (Last, First, Middle Initial) C. Ralph's & Francesca's		Transaction ID: SB17.17451.16 Date of Disbursement 01 / 31 / 2007
Mailing Address Station Avenue		Amount of Each Disbursement this Period 113.15
City Haddon Heights State NJ Zip Code 08035	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]	
Purpose of Disbursement food expense Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. Holiday Inns onthe Hill</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 550 C Street SW</p>		<p>Transaction ID: SB17.17451.17 Date of Disbursement 01 / 31 / 2007</p>
<p>City Washington State DC Zip Code 20515</p> <p>Purpose of Disbursement lodging expense</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 282.39</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>

<p>B. Beverly Hills Plaza Hotel</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 10300 Wilshire Blvd</p>		<p>Transaction ID: SB17.17451.18 Date of Disbursement 02 / 01 / 2007</p>
<p>City Los Angeles State CA Zip Code 90024</p> <p>Purpose of Disbursement lodging expense</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 3533.44</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>

<p>C. extra space storage</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 339 White Horse Pike</p>		<p>Transaction ID: SB17.17451.19 Date of Disbursement 02 / 02 / 2007</p>
<p>City Lawnside State NJ Zip Code 08045</p> <p>Purpose of Disbursement storage fee</p> <p>Candidate Name</p>		<p>Amount of Each Disbursement this Period 172.27</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>[MEMO ITEM]</p>

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) spark's limo		Transaction ID: SB17.17451.21 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 7
Mailing Address		Amount of Each Disbursement this Period 2350.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City New York	State NY	
Purpose of Disbursement transportation	Category/ Type	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

B. Full Name (Last, First, Middle Initial) Postmaster		Transaction ID: SB17.17451.22 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address Clements bridge ROad		Amount of Each Disbursement this Period 94.75 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Barrington	State NJ	
Purpose of Disbursement postage	Category/ Type	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

C. Full Name (Last, First, Middle Initial) Wegman's		Transaction ID: SB17.17451.23 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 5 / 2 0 0 7
Mailing Address 2 Centerton Road		Amount of Each Disbursement this Period 581.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Mt. Laurel	State NJ	
Purpose of Disbursement food expense	Category/ Type	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. US House Members Dining Room		Transaction ID: SB17.17451.24 Date of Disbursement 02 / 06 / 2007	
Mailing Address Capitol building		Amount of Each Disbursement this Period 94.20	
City Washington	State DC	Zip Code 20515	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement food expense		Category/ Type	
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:			

Full Name (Last, First, Middle Initial) B. Ralph's & Francesca's		Transaction ID: SB17.17451.25 Date of Disbursement 02 / 06 / 2007	
Mailing Address Station Avenue		Amount of Each Disbursement this Period 115.95	
City Haddon Heights	State NJ	Zip Code 08035	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement food expense		Category/ Type	
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:			

Full Name (Last, First, Middle Initial) C. cheesecake factory		Transaction ID: SB17.17451.27 Date of Disbursement 02 / 09 / 2007	
Mailing Address rt.70		Amount of Each Disbursement this Period 132.91	
City Cherry Hill	State NJ	Zip Code 08034	[MEMO ITEM] <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement food expense		Category/ Type	
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:			

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Ponzio's Restaurant		Transaction ID: SB17.17451.29 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 7
Mailing Address 7 Rt 70 West		Amount of Each Disbursement this Period 199.40 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Cherry Hill State NJ Zip Code 08034	Purpose of Disbursement food expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Ralph's & Francesca's		Transaction ID: SB17.17451.30 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 7
Mailing Address Station Avenue		Amount of Each Disbursement this Period 121.73 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 [MEMO ITEM]
City Haddon Heights State NJ Zip Code 08035	Purpose of Disbursement food expense Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. DCS Campaign LLC		Transaction ID: SB17.17408 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 0 7
Mailing Address 600 Pennsylvania Ave SE		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003	Purpose of Disbursement internet commun/strategy consult Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. DCS Campaign LLC		Transaction ID: SB17.17478 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 600 Pennsylvania Ave SE		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet commun/strategy consulting Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. DCS Campaign LLC		Transaction ID: SB17.17479 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 3 / 2 0 0 7
Mailing Address 600 Pennsylvania Ave SE		Amount of Each Disbursement this Period 500.00
City Washington State DC Zip Code 20003	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement internet communications Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Federal Express		Transaction ID: SB17.17452 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address PO Box 371461		Amount of Each Disbursement this Period 272.61
City Pittsburgh State PA Zip Code 15250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement airbill expenses Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1272.61
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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. Federal Express</p> <p>Full Name (Last, First, Middle Initial) Mailing Address PO Box 371461</p>		<p>Transaction ID: SB17.17474 Date of Disbursement 03 / 20 / 2007</p>
<p>City Pittsburgh State PA Zip Code 15250</p>	<p>Purpose of Disbursement airbill expense</p>	<p>Amount of Each Disbursement this Period 284.09</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>B. First Colonial National Bank</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1040 Haddon Avenue</p>		<p>Transaction ID: SB17.17464 Date of Disbursement 03 / 07 / 2007</p>
<p>City Collingswood State NJ Zip Code 08108</p>	<p>Purpose of Disbursement 1120-POL taxes</p>	<p>Amount of Each Disbursement this Period 5716.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>C. First Colonial National Bank</p> <p>Full Name (Last, First, Middle Initial) Mailing Address 1040 Haddon Avenue</p>		<p>Transaction ID: SB17.17541 Date of Disbursement 03 / 30 / 2007</p>
<p>City Collingswood State NJ Zip Code 08108</p>	<p>Purpose of Disbursement service fees</p>	<p>Amount of Each Disbursement this Period 2.90</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>6002.99</p>
<p>TOTAL This Period (last page this line number only)</p>	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Joshua Freed		Transaction ID: SB17.17428 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address PO Box 295		Amount of Each Disbursement this Period 2500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oaklyn State NJ Zip Code 08107	Purpose of Disbursement campaign press consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Kolodzey & Cox		Transaction ID: SB17.17465 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 7 / 2 0 0 7
Mailing Address 20 East Clementon Road Suite 1010 North		Amount of Each Disbursement this Period 512.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Gibbsboro State NJ Zip Code 08026	Purpose of Disbursement accountant fees Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Christina Morales		Transaction ID: SB17.17424 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address P.O. Box 295		Amount of Each Disbursement this Period 15000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Oaklyn State NJ Zip Code 08107	Purpose of Disbursement reporting and compliance consulting Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	18012.00
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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Petty Cash		Transaction ID: SB17.17444 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 7
Mailing Address PO Box 295		Amount of Each Disbursement this Period 400.00
City Oaklyn State NJ Zip Code 08107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement expenses for F/R trip Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Petty Cash		Transaction ID: SB17.17448 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address PO Box 295		Amount of Each Disbursement this Period 100.00
City Oaklyn State NJ Zip Code 08107	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement petty cash expenses - tips,tolls Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Selective Insurance		Transaction ID: SB17.17445 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 7
Mailing Address Box 371468		Amount of Each Disbursement this Period 2886.00
City Pittsburgh State PA Zip Code 15250	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement auto insurance Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	3386.00
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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) SJS Realty Management</p> <p>Mailing Address 1110 Wynnwood Avenue</p> <p>City Cherry Hill State NJ Zip Code 08002</p> <p>Purpose of Disbursement storage space fee</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.17429</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="210.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Full Name (Last, First, Middle Initial) Francis Tagmire</p> <p>Mailing Address PO box 295</p> <p>City Oaklyn State NJ Zip Code 08035</p> <p>Purpose of Disbursement reporting and complaine consulting</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.17425</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Full Name (Last, First, Middle Initial) RONald Tallarida</p> <p>Mailing Address PO Box 295</p> <p>City Oaklyn State NJ Zip Code 08107</p> <p>Purpose of Disbursement campagin management consutling</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 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB17.17427</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4000.00"/></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) ▶

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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Trenton Printing		Transaction ID: SB17.17436 Date of Disbursement
Mailing Address 150 Southard Street		<input type="text" value="01"/> / <input type="text" value="11"/> / <input type="text" value="2007"/>
City Trenton	State NJ	Zip Code 08638
Purpose of Disbursement printing services		Amount of Each Disbursement this Period <input type="text" value="2662.52"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Trenton Printing		Transaction ID: SB17.17439 Date of Disbursement
Mailing Address 150 Southard Street		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
City Trenton	State NJ	Zip Code 08638
Purpose of Disbursement printing expense		Amount of Each Disbursement this Period <input type="text" value="3443.26"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Trenton Printing		Transaction ID: SB17.17440 Date of Disbursement
Mailing Address 150 Southard Street		<input type="text" value="01"/> / <input type="text" value="25"/> / <input type="text" value="2007"/>
City Trenton	State NJ	Zip Code 08638
Purpose of Disbursement printing expense		Amount of Each Disbursement this Period <input type="text" value="898.80"/>
Candidate Name	Category/ Type	<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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7004.58"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon NJ		Transaction ID: SB17.17536
Mailing Address PO Box 4833		Date of Disbursement 03 / 22 / 2007
City Trenton	State NJ	Zip Code 08650
Purpose of Disbursement phone expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 45.89	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.17488
Mailing Address PO Box 17464		Date of Disbursement 01 / 02 / 2007
City Baltimore	State MD	Zip Code 21297
Purpose of Disbursement cell phone expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 707.75	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

Full Name (Last, First, Middle Initial) C. Verizon Wireless		Transaction ID: SB17.17510
Mailing Address PO Box 17464		Date of Disbursement 01 / 30 / 2007
City Baltimore	State MD	Zip Code 21297
Purpose of Disbursement cell phone expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Amount of Each Disbursement this Period 643.92	
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53		

SUBTOTAL of Disbursements This Page (optional)	1397.56
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. Verizon Wireless		Transaction ID: SB17.17531 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 7
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 655.80
City Baltimore State MD Zip Code 21297	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement cel phone expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Verizon Wireless		Transaction ID: SB17.17540 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 7
Mailing Address PO Box 17464		Amount of Each Disbursement this Period 814.01
City Baltimore State MD Zip Code 21297	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement cell phone expense	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. David Yancey		Transaction ID: SB17.17426 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 7
Mailing Address 28 Farnwood Court		Amount of Each Disbursement this Period 7000.00
City Mt.Laurel State NJ Zip Code 08054	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement campaign advance consulting	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8469.81
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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. David Yancey		Transaction ID: SB17.17472 Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2007	
Mailing Address 28 Farnwood Court		Amount of Each Disbursement this Period 67.00	
City Mt.Laurel State NJ Zip Code 08054	Purpose of Disbursement travel reimbursement	<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 State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type	

SUBTOTAL of Disbursements This Page (optional) ►

67.00

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

227165.39

**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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) Chocolate Heaven</p>		<p>Transaction ID: SB21.17441 Date of Disbursement 01 / 25 / 2007</p>
<p>Mailing Address Atlantic & Station Avenue</p>		<p>Amount of Each Disbursement this Period 9917.10</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City HaddonHeights State NJ Zip Code 08035</p>	<p>Purpose of Disbursement Holiday baskets for donors/volunteers</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Amount of Each Disbursement this Period 300.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>B. Full Name (Last, First, Middle Initial) Congressional Club</p>		<p>Transaction ID: SB21.17449 Date of Disbursement 03 / 02 / 2007</p>
<p>Mailing Address 2001 New Hampshire Avenue</p>		<p>Amount of Each Disbursement this Period 20.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>City Washington State DC Zip Code 20009</p>	<p>Purpose of Disbursement event ticket purchase</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Amount of Each Disbursement this Period 10237.10</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	
<p>C. Full Name (Last, First, Middle Initial) Congressional Club</p>		<p>Transaction ID: SB21.17450 Date of Disbursement 03 / 02 / 2007</p>
<p>Mailing Address 2001 New Hampshire Avenue</p>		<p>Amount of Each Disbursement this Period 10237.10</p>
<p>City Washington State DC Zip Code 20009</p>	<p>Purpose of Disbursement event expense</p>	
<p>Candidate Name</p>	<p>Category/Type</p>	<p>Amount of Each Disbursement this Period 10237.10</p>
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	

SUBTOTAL of Disbursements This Page (optional) ▶

10237.10

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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial) A. CP United Freedom		Transaction ID: SB21.17437 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 6 / 2 0 0 7
Mailing Address c/o Maria Metzler 5 Dogwood Avenue		Amount of Each Disbursement this Period 300.00
City Glassboro State NJ Zip Code 08028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement sponsorship of team Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. CP United Freedom		Transaction ID: SB21.17475 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 7
Mailing Address c/o Maria Metzler 5 Dogwood Avenue		Amount of Each Disbursement this Period 200.00
City Glassboro State NJ Zip Code 08028	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement team sponsorship Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. LOEBSACK FOR CONGRESS		Transaction ID: SB21.17470 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 2 / 2 0 0 7
Mailing Address PO Box 1457		Amount of Each Disbursement this Period 1000.00
City Iowa City State IA Zip Code 52244	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Purpose of Disbursement CONTRIBUTION Candidate Name	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

A. Mental Health Assoc SWNJ Full Name (Last, First, Middle Initial) Mailing Address PO Box 40 City Haddonfield State NJ Zip Code 08033 Purpose of Disbursement Bell Ball ad purchase Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.17447 Date of Disbursement 02 / 13 / 2007 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
B. Military Support Group of NJ Full Name (Last, First, Middle Initial) Mailing Address c/o Doris Bednarczyk 31 Winding Way Road City Stratford State NJ Zip Code 08084 Purpose of Disbursement donation Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.17476 Date of Disbursement 03 / 21 / 2007 Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
C. ROck School of Dance Full Name (Last, First, Middle Initial) Mailing Address 1101 S. Broad Street City Philadelphia State PA Zip Code 19147 Purpose of Disbursement outreach contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB21.17460 Date of Disbursement 03 / 06 / 2007 Amount of Each Disbursement this Period 5000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional)	6000.00
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)

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

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NAME OF COMMITTEE (In Full)
ANDREWS FOR CONGRESS COMMITTEE

<p>A. Rutgers University Foundation</p> <p>Full Name (Last, First, Middle Initial) Rutgers University Foundation</p> <p>Mailing Address 217 North Fifth Street</p> <p>City Camden State NJ Zip Code 08102</p> <p>Purpose of Disbursement Alfredo Santiago Scholarship Fund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.17407</p> <p>Date of Disbursement 01 / 05 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>B. Walnut Street Theatre</p> <p>Full Name (Last, First, Middle Initial) Walnut Street Theatre</p> <p>Mailing Address 825 Walnut Street</p> <p>City Philadelphia State PA Zip Code 19107</p> <p>Purpose of Disbursement event sponsorship</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.17446</p> <p>Date of Disbursement 02 / 13 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>C. Woodbury Public Schools</p> <p>Full Name (Last, First, Middle Initial) Woodbury Public Schools</p> <p>Mailing Address 25 N Broad Street</p> <p>City Woodbury State NJ Zip Code 08096</p> <p>Purpose of Disbursement transportation for students</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: SB21.17430</p> <p>Date of Disbursement 01 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 235.00</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) ▶

10235.00

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

27972.10