

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 123
(check only one)

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

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NAME OF COMMITTEE (In Full)
Adler for Congress

A.

Full Name (Last, First, Middle Initial)
Joseph Triolo

Mailing Address 28 Yearling Path

City State Zip Code
Colts Neck NJ 07722-2502

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

Name of Employer Occupation
Saint Barnabas Health Care System Chairman of Radiology

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 07 / 2010

Transaction ID: C18626985

Amount of Each Receipt this Period
250.00

500.00

B.

Full Name (Last, First, Middle Initial)
Carlisle W. Underland

Mailing Address 412 Overhill Rd

City State Zip Code
Haddonfield NJ 08033-3822

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

Name of Employer Occupation
Carlisle & Associates, LLC President and CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: C18636919

Amount of Each Receipt this Period
1000.00

2000.00

C.

Full Name (Last, First, Middle Initial)
Robert Van Dyk

Mailing Address 304 S. Van Dien Ave

City State Zip Code
Ridgewood NJ 07450

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

Name of Employer Occupation
Van Dyk Health Care President/CEO

Receipt For: 2010 Election Cycle-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
05 / 19 / 2010

Transaction ID: C18637584

Amount of Each Receipt this Period
1000.00

1000.00

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

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